Accreditation Decision

**Decision to re-accredit service following a site audit**

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Estia Health Salisbury East |
| **RACS ID:** | 6253 |
| **Name of approved provider:** | Estia Investments Pty Ltd |
| **Address details:** | 8 Oakmont Court SALISBURY EAST SA 5109 |
| **Date of site audit:** | 26 November 2019 to 27 November 2019 |

**Summary of decision**

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| --- | --- | --- |
| **Decision made on:** | 27 December 2019 | |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. | |
| **Decision:** | To re-accredit the service under section 41 of the Rules. | |
| **Further period of accreditation:** | 01 March 2020 to 01 March 2023 | |
| **Assessment of performance with the Aged Care Quality Standards** | | |
| Standard 1 Consumer dignity and choice | | Met |
| Requirement 1(3)(a) | | Met |
| Requirement 1(3)(b) | | Met |
| Requirement 1(3)(c) | | Met |
| Requirement 1(3)(d) | | Met |
| Requirement 1(3)(e) | | Met |
| Requirement 1(3)(f) | | Met |
| Standard 2 Ongoing assessment and planning with consumers | | Met |
| Requirement 2(3)(a) | | Met |
| Requirement 2(3)(b) | | Met |
| Requirement 2(3)(c) | | Met |
| Requirement 2(3)(d) | | Met |
| Requirement 2(3)(e) | | Met |
| Standard 3 Personal care and clinical care | | Met |
| Requirement 3(3)(a) | | Met |
| Requirement 3(3)(b) | | Met |
| Requirement 3(3)(c) | | Met |
| Requirement 3(3)(d) | | Met |
| Requirement 3(3)(e) | | Met |
| Requirement 3(3)(f) | | Met |
| Requirement 3(3)(g) | | Met |
| Standard 4 Services and supports for daily living | | Met |
| Requirement 4(3)(a) | | Met |
| Requirement 4(3)(b) | | Met |
| Requirement 4(3)(c) | | Met |
| Requirement 4(3)(d) | | Met |
| Requirement 4(3)(e) | | Met |
| Requirement 4(3)(f) | | Met |
| Requirement 4(3)(g) | | Met |
| Standard 5 Organisation’s service environment | | Met |
| Requirement 5(3)(a) | | Met |
| Requirement 5(3)(b) | | Met |
| Requirement 5(3)(c) | | Met |
| Standard 6 Feedback and complaints | | Met |
| Requirement 6(3)(a) | | Met |
| Requirement 6(3)(b) | | Met |
| Requirement 6(3)(c) | | Met |
| Requirement 6(3)(d) | | Met |
| Standard 7 Human resources | | Met |
| Requirement 7(3)(a) | | Met |
| Requirement 7(3)(b) | | Met |
| Requirement 7(3)(c) | | Met |
| Requirement 7(3)(d) | | Met |
| Requirement 7(3)(e) | | Met |
| Standard 8 Organisational governance | | Met |
| Requirement 8(3)(a) | | Met |
| Requirement 8(3)(b) | | Met |
| Requirement 8(3)(c) | | Met |
| Requirement 8(3)(d) | | Met |
| Requirement 8(3)(e) | | Met |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 48 of the Rules.**

Site Audit Performance   
Assessment Report

The Commission makes the decision taking into account this Site audit report, any response by the provider, and any other relevant information.

The met/not met recommendations made by the Assessment Team in this Site audit report may differ from the findings in the decision.

## Introduction

**This is the report of an assessment of Estia Health Salisbury East (the Service) conducted from 26 November 2019 to 27 November 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report contains detailed findings about the performance assessment of the Service against each Quality Standard and the requirements within each Quality Standard. The Quality Standard and assessed requirements are rated as either Met or Not Met.

A Met rating for the Quality Standard means that all requirements of that Quality Standard have been assessed and rated as Met.

A Not Met rating for the Quality Standard means that one or more requirements of that Quality Standard has been assessed and one or more of those requirements have been rated as Not Met.

There will be no rating of the Quality Standard if only some of the requirements have been assessed and those requirements have been rated as Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers | 17 |
| Consumer representatives | 2 |
| Corporate management | 4 |
| Site manager | 1 |
| Clinical and care staff | 11 |
| Lifestyle staff | 1 |
| Hospitality staff | 1 |
| Environmental staff | 4 |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Met

#### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

#### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

#### Summary of Assessment of Standard 1:

The Assessment Team found the organisation met all the requirements in relation to Standard 1.

Of consumers and representatives interviewed as part of the consumer experience report, 100% of consumers said staff treat them with respect, they feel safe, have a say in their daily activities and are encouraged to do as much as possible for themselves most of the time or always. Consumers said the staff support them to maintain their independence through respecting their choices in relation to activities of daily living, lifestyle activities and meals. Consumers confirmed staff respect their privacy and that their personal information is kept confidential.

The organisation demonstrated processes to ensure consumers are treated with dignity, are respected and are supported to exercise choice. The organisation demonstrated that services provided are inclusive of each consumer’s culture diversity. The service has a range of risk assessments which are completed to inform care planning on entry into the service and ongoing.

Management and staff demonstrated how they assist consumers to make choices and support them to take risks. Staff provided examples of their understanding of consumer’s individual care and service preferences and culture. Staff were observed interacting with consumers in a respectful and polite manner and treating consumers with dignity.

The organisation demonstrated a range of monitoring tools which include monthly resident meetings, observation of staff practice, and a care plan review schedule.

#### Requirements:

##### **Standard 1 Requirement 3(a) Met**

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### **Standard 1 Requirement 3(b) Met**

The organisation demonstrates that care and services are culturally safe.

##### **Standard 1 Requirement 3(c) Met**

The organisation demonstrates that each consumer is supported to exercise choice and independence, including to:

1. make decisions about their own care and the way care and services are delivered; and
2. make decisions about when family, friends, carers or others should be involved in their care; and
3. communicate their decisions; and
4. make connections with others and maintain relationships of choice, including intimate relationships.

##### **Standard 1 Requirement 3(d) Met**

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

##### **Standard 1 Requirement 3(e) Met**

The organisation demonstrates that information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.

##### **Standard 1 Requirement 3(f) Met**

The organisation demonstrates that each consumer’s privacy is respected and personal information is kept confidential.

### Standard 2: Ongoing assessment and planning with consumers Met

#### Consumer outcome:

1. I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

#### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

#### Summary of Assessment of Standard 2:

The Assessment Team found that the organisation has met all requirements in relation to Standard 2.

Of the consumers and representatives interviewed as part of the consumer experience report, 100% of consumers said they have a say in their daily activities most of the time or always.

Consumers and representatives interviewed said that staff are supportive in their care needs and that they are satisfied staff assist them with the care that meets their needs, goals and preferences. The organisation demonstrated that initial and ongoing assessment and planning is in partnership with consumers and representatives. Assessment and care planning are reviewed three-monthly or as required to ensure consumer’s needs, goals and preferences remain current and that it optimises health and well-being for the consumer.

Risk assessments are completed to ensure those who are at risk have interventions implemented to inform the delivery of safe and effective care and services. Outcomes of assessment and planning are communicated to consumer and representative and care plans are available to the consumer and where care and services are provided. Advance care planning and end of life wishes are recorded on entry and are reviewed three-monthly or as required if the consumer wishes.

Staff interviewed described how they involve consumers in their assessment and care planning to ensure it optimises consumer’s health and well-being and that it meets the consumer’s needs, goals and preferences. Care plan review schedules remind staff when care plan services are reviewed to ensure they remain effective or as needed when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

The organisation monitors and reviews their performance through audits, surveys, feedback and consultations with the consumers and their representative to ensure assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

#### Requirements:

##### **Standard 2 Requirement 3(a) Met**

The organisation demonstrates that assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.

##### **Standard 2 Requirement 3(b) Met**

The organisation demonstrates that assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.

##### **Standard 2 Requirement 3(c) Met**

The organisation demonstrates that assessment and planning:

1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and
2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

##### **Standard 2 Requirement 3(d) Met**

The organisation demonstrates that the outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.

##### **Standard 2 Requirement 3(e) Met**

The organisation demonstrates that care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

### Standard 3: Personal care and clinical care Met

#### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

#### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

#### Summary of Assessment of Standard 3:

The Assessment Team found that the organisation has met all requirements in relation to Standard 3.

Of the consumers and representatives interviewed as part of the consumer experience report, 100% of consumers confirmed they get the care they need and that they feel safe at the service most of the time or always.

Consumers and representatives interviewed described ways staff assist them to meet their personal and clinical care needs that is safe and right for them and confirmed they have access to allied health professionals and external services when required. Staff interviewed described how they use care plans, handovers and consultation with consumers and representatives to deliver safe and effective personal and clinical care in accordance with the consumer’s needs, goals and preferences to optimise consumer’s health and well-being.

Staff said they receive training which is relevant to their role, how they recognise and response to deterioration or change of a consumer’s condition, ways they reduce the risks related infection, how information is communicated within the service and individualised care they provide to each consumer to optimise the consumer’s health and well-being.

Three-monthly or as required care plan reviews are completed by qualified staff to ensure consumer’s needs, goals and preferences remain current and in consultation with the consumer and representative. Referrals are made to medical officers, allied health professionals and external services as required or when deterioration in a consumer’s mental health, cognitive or physical function, capacity or condition is recognised in a timely manner.

Policies and procedures and care plans guide staff to deliver personal and clinical care that is best practice, tailored to the consumers’ needs and optimises the consumers’ health and well-being. The organisation monitors and reviews their performance through scheduled audits, care plan reviews, incident data review and evaluation, monthly clinical indicators and consultation with consumers and representatives. Improvements are identified and actioned through the service’s continuous improvement process.

#### Requirements:

##### **Standard 3 Requirement 3(a) Met**

The organisation demonstrates that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

1. is best practice; and
2. is tailored to their needs; and
3. optimises their health and well-being.

##### **Standard 3 Requirement 3(b) Met**

The organisation demonstrates effective management of high impact or high prevalence risks associated with the care of each consumer.

##### **Standard 3 Requirement 3(c) Met**

The organisation demonstrates that the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

##### **Standard 3 Requirement 3(d) Met**

The organisation demonstrates that deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.

##### **Standard 3 Requirement 3(e) Met**

The organisation demonstrates that information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.

##### **Standard 3 Requirement 3(f) Met**

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### **Standard 3 Requirement 3(g) Met**

The organisation demonstrates minimisation of infection related risks through implementing:

1. standard and transmission based precautions to prevent and control infection; and
2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

### Standard 4: Services and supports for daily living Met

#### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and   
   well-being and that enable me to do the things I want to do.

#### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

#### Summary of Assessment of Standard 4:

The Assessment Team found the organisation met all requirements in relation to Standard 4.

Of consumers and representatives interviewed as part of the consumer experience report, 100% of consumers stated they are encouraged to do as much as possible for themselves always or most of the time. In addition, 73% of consumers said they like the food most of the time or always, while 27% of consumers said they like the food some of the time and are not always satisfied with the taste and presentation of the food.

Consumers said they have access to a range of lifestyle activities and can choose whether to participate in the activity program. Some consumers said they enjoy remaining in their rooms and have their own interests and staff respect this choice. Consumers are provided with emotional, spiritual and psychological support by staff and other people from outside religious organisations as well as participating in community events.

The organisation demonstrated processes to ensure consumers get services and supports for daily living that are important to their health and well-being and have things to do. Consumers have a range of assessments completed which identifies what it is important to the consumer and forms part of the initial and ongoing goal setting and review process. When required, consumers are referred to external allied health or specialist medical practitioners.

Lifestyle staff described completing a range of assessments to identify emotional and spiritual needs in addition to lifestyle and activity preferences. A review of consumer files showed information on consumer’s individual goals, needs and preferences in relation to lifestyle activities are documented and this information is available to staff. The service has two activity programs, one for all consumers at the service and a specific program for consumers in the service’s memory support area.

The organisation has a corporate four-week rotating menu which is varied according to the season. The menu has been reviewed by a dietitian. Feedback to management on the meals is provided through the service’s resident meetings. Any feedback raised by consumers is discussed personally with them by management or catering staff. Daily menu slips have been introduced and meals are prepared and served according to each consumer’s dietary requirements, taking into account their likes and dislikes, allergies, texture, and any special dietary requirements. Staff said they are provided with information about changes in consumer’s care needs.

Staff confirmed there have sufficient supplies and equipment to provide personal and clinical care. Preventative maintenance is undertaken by either maintenance staff or external contractors to ensure all equipment is clean and safe to use.

#### Requirements:

##### **Standard 4 Requirement 3(a) Met**

The organisation demonstrates that each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.

##### **Standard 4 Requirement 3(b) Met**

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

##### **Standard 4 Requirement 3(c) Met**

The organisation demonstrates that services and supports for daily living assist each consumer to:

1. participate in their community within and outside the organisation’s service environment; and
2. have social and personal relationships; and
3. do the things of interest to them.

##### **Standard 4 Requirement 3(d) Met**

The organisation demonstrates that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

##### **Standard 4 Requirement 3(e) Met**

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### **Standard 4 Requirement 3(f) Met**

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

##### **Standard 4 Requirement 3(g) Met**

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

### Standard 5: Organisation’s service environment Met

#### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

#### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

#### Summary of Assessment of Standard 5:

The Assessment Team found the organisation met all requirements in relation to Standard 5.

Of the consumers and representatives interviewed as part of the consumer experience report, 79% of consumers said they feel at home at the service most of the time or always, while 21% of consumers provided a ‘never’ or a ‘some of the time’ response. Consumers said they would rather be living in their home than living in the service.

Consumers said they are satisfied with their room and the overall environment of the service and can freely access the outdoor areas, Consumers said their rooms are cleaned regularly and they are satisfied with the laundry services provided.

The service was observed to be welcoming with individual rooms decorated with memorabilia, photographs and other personal items. The rooms, which are all single rooms with ensuites, were observed to be clean and well maintained. Consumers can move freely around the service and there is appropriate signage to guide them. Consumers have access to clean and tidy outdoor garden areas. The service has a large room which is used for activities and a large dining room where consumers can have their meals. The service has quiet lounge areas where consumers can sit or meet and spend time with family members. The service also has a gymnasium, a reflection room and a café.

Cleaning of consumer’s rooms and public areas is undertaken according to a schedule. The service launders flat linen and consumer clothing.

Preventative maintenance schedules and reactive maintenance requests ensure the service is well maintained. Staff interviewed were aware of the processes for reporting maintenance issues to maintenance staff. Consumers and staff said maintenance is undertaken in a timely manner. Electrical items are tested and tagged to ensure they are safe to use, and fire safety is monitored by an external contractor.

#### Requirements:

##### **Standard 5 Requirement 3(a) Met**

The organisation demonstrates that the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

##### **Standard 5 Requirement 3(b) Met**

The organisation demonstrates that the service environment:

1. is safe, clean, well maintained and comfortable; and
2. enables consumers to move freely, both indoors and outdoors.

##### **Standard 5 Requirement 3(c) Met**

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

### Standard 6: Feedback and complaints Met

#### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

#### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

#### Summary of Assessment of Standard 6:

The Assessment Team found that the organisation has met all requirements in relation to Standard 6.

Of the consumers and representatives interviewed as part of the consumer experience report,100% of consumers said that staff follow up when they raise things with staff most of the time or always.

Consumers and representatives confirmed they are comfortable to raise complaints or provide feedback to the organisation. Consumers and representatives described the various mechanisms available to provide feedback and confirmed when they had provided feedback they were satisfied with the resolutions.

Staff described feedback processes to the Assessment Team and could explain what they would do with feedback from a consumer and how they could assist them. Management provided examples of the various consumer feedback mechanisms which include resident meetings, consumer surveys, consumer feedback forms and general daily conversations with consumers.

The organisation demonstrated that there are mechanisms to provide feedback and consumers had access to these mechanisms, and that appropriate action is taken in response to complaints. Feedback received is reviewed, reported and analysed and the results used by the organisation to inform its continuous improvement systems and are used to improve the quality of care.

The organisation demonstrated that an open disclosure process is used when things go wrong. Staff interviewed described what they are required to do when they receive verbal or written feedback or complaints from consumers or their representatives through meetings.

#### Requirements:

##### **Standard 6 Requirement 3(a) Met**

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

##### **Standard 6 Requirement 3(b) Met**

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

##### **Standard 6 Requirement 3(c) Met**

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

##### **Standard 6 Requirement 3(d) Met**

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7: Human resources Met

#### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

#### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

#### Summary of Assessment of Standard 7:

The Assessment Team found that the organisation has met all five requirements in relation to Standard 7.

Of the consumers and representatives interviewed as part of the consumer experience report, 100% of consumers said staff know what they are doing and that they receive the care they need most of the time or always.

Consumer and representative feedback indicated that consumers are satisfied they receive quality care and services, from kind and caring staff who know what they are doing.

The organisation demonstrated that staff are recruited to specific roles, trained and equipped to undertake these roles. New staff undertake orientation and are provided with support from experience staff. Staff have annual appraisals, and new staff are reviewed throughout their probation period.

The organisation demonstrated they have appropriate levels of staff, and the right mix of staff to provide safe and quality care and services to consumers. The organisation demonstrated their workforce is competent and staff have the qualifications and knowledge to effectively undertake their roles. Mandatory training is undertaken either through the on-line training system or face-to-face. The completion of mandatory training is monitored corporately, and reminders sent to management. Consumer satisfaction with staff performance is monitored through verbal and written feedback.

#### Requirements:

##### **Standard 7 Requirement 3(a) Met**

The organisation demonstrates that the workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.

##### **Standard 7 Requirement 3(b) Met**

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

##### **Standard 7 Requirement 3(c) Met**

The organisation demonstrates that the workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

##### **Standard 7 Requirement 3(d) Met**

The organisation demonstrates that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

##### **Standard 7 Requirement 3(e) Met**

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

### Standard 8: Organisational governance Met

#### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

#### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

#### Summary of Assessment of Standard 8:

The Assessment Team found the organisation met all requirements in relation to Standard 8.

Of the consumers and representatives randomly selected as part of the consumer experience report, 100% said the place is well run most of the time or always. Consumers and representatives interviewed confirmed they can participate in the improvement of delivery of care and services through various ways, including providing feedback and suggestions, input in care consultation processes, and involvement during resident meetings. Consumers said they receive timely and appropriate communication in relation to the care and services provided to them.

The organisation has a corporate governance framework, vision, mission and value statements and a strategic plan. A copy of the organisation’s annual report is available on the website. The organisation’s governance structure supports regional and site management in all aspects of information management, continuous improvement, financial governance, regulatory compliance, workforce governance, and feedback and complaints. The organisation has policies and procedures to address anti-microbial stewardship, open disclosure and minimising the use of restraint. Staff interviewed said they receive information from management when there are changes to policies and procedures and have access to the organisation’s policies and procedures through the intranet site.

Corporate meetings are held monthly with all regional managers and weekly teleconferences occur with regional and site managers. Care directors meet monthly with corporate staff and have weekly teleconferences with quality staff.

Monitoring and the review of the effectiveness of the organisation’s policies and procedures occurs through regular site, corporate and Board meetings. Data is reviewed and used to identify areas where the organisation can improve.

#### Requirements:

##### **Standard 8 Requirement 3(a) Met**

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

##### **Standard 8 Requirement 3(b) Met**

The organisation demonstrates that the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

##### **Standard 8 Requirement 3(c) Met**

The organisation demonstrates effective organisation wide governance systems relating to the following:

1. information management;
2. continuous improvement;
3. financial governance;
4. workforce governance, including the assignment of clear responsibilities and accountabilities;
5. regulatory compliance;
6. feedback and complaints.

##### **Standard 8 Requirement 3(d) Met**

The organisation demonstrates effective risk management systems and practices, including but not limited to the following:

1. managing high impact or high prevalence risks associated with the care of consumers;
2. identifying and responding to abuse and neglect of consumers;
3. supporting consumers to live the best life they can.

##### **Standard 8 Requirement 3(e) Met**

The organisation demonstrates that where clinical care is provided—a clinical governance framework, including but not limited to the following:

1. antimicrobial stewardship;
2. minimising the use of restraint;
3. open disclosure.