Accreditation Decision

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Garden View Nursing Home |
| **RACS ID:** | 2571 |
| **Name of approved provider:** | Garden View Aged Care Pty Ltd |
| **Address details:** | 124 Paton Street MERRYLANDS NSW 2160 |
| **Date of site audit:** | 09 October 2019 to 11 October 2019 |

**Summary of decision**

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| --- | --- | --- |
| **Decision made on:** | 15 November 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:** | 26 November 2019 to 26 November 2020 | |
| **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 Garden View Nursing Home (the Service) conducted from 9 October 2019 to 11 October 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 | 15 |
| Consumer representatives | 5 |
| Operations advisor | 1 |
| Director of nursing | 1 |
| Quality and development lead | 1 |
| Clinical manager | 1 |
| Registered nurse | 5 |
| Care staff | 10 |
| External contractors | 1 |
| Catering staff | 2 |
| Maintenance staff | 2 |
| Lifestyle staff | 2 |
| Cleaning staff | 2 |
| Contracted cleaning and maintenance managers | 2 |
| Dietitian | 1 |
| Physiotherapist | 1 |

## 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 that all six requirements under Standard 1 were met.

Of consumers randomly sampled for the consumer experience report, 87% said staff treat them with respect and are kind and caring most of the time or always. Consumers and their representatives were satisfied personal care is undertaken in a respectful way and consumers’ dignity valued. The service demonstrated that it actively promotes a culture of inclusion.

The service has 15 shared rooms ranging from two consumers per room to four consumers per room. Whilst the service has strategies to minimise issues, shared room configurations compromise the privacy and dignity of consumers in shared rooms. Consumers have limited space to personalise their area and to receive visitors. Peace and quiet is also limited when required for their wellbeing or when preferred for quiet enjoyment.

Staff were observed to interact with consumers respectfully and could readily identify consumers' individual preferences and interests. Consumers described the ways their social connections are supported both inside and outside the service. Staff receive education about culture and diversity.

Staff could provide meaningful examples of how they help consumers make choices, including by giving consumers clear and accurate information and options to inform their choice. Consumers said they feel heard when they tell staff what matters to them and that they can make decisions about their life even when it involves an element of risk.

Consumers said the service protects the privacy and confidentiality of their information, and that they are satisfied that care and services, including personal care, are undertaken in a way that respects their privacy. Staff gave examples of how they maintain the privacy of consumers. The organisation demonstrated how electronic and hard copy filing systems support the protection of confidential information including consumer information, consistent with documented policies and procedures.

#### 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 all requirements under Standard 2 were met.

The organisation generally demonstrates that it understands and applies the requirements of this standard in assessing, planning and managing risks to consumers. This is done in partnership with the consumer.

The Consumer Experience Interviews (CEI) showed 72% of consumers and their representatives sampled randomly and purposefully, say consumers receive appropriate care and services always or most of the time. 28% say consumers receive the care they need some of the time. 90% of the 19 consumers/representatives reported consumers have a say in how care is delivered to them, always or most of the time. 10% reported it was some of the time. They acknowledged there have been issues around care and service delivery in the past, but the service has been making improvements.

The service conducts assessments and undertakes planning taking into consideration risks; care planning processes reflect a person-centred approach, detailing consumers individual goals, needs and preferences. Pre-entry meetings, interviews on entry into the service and subsequent case conferences includes end of life discussions with consumers and /or their representatives; where appropriate, comfort care plans are developed to support consumers during the relevant period.

Care conferences are conducted annually or when required with input from consumers and their representatives in relation to consumer’s goals, ongoing and future needs however aspects of this can be improve. Assessment and planning are integrated and coordinated, involving relevant service providers and organisations. Support services including physiotherapy, dementia specialist, local area health teams and dietitian regularly visits the service and provide relevant input.

Care plans are evaluated 12 weekly and comprehensive assessments are conducted annually, when changes to consumers condition occur or as required.

The organisation has strategies, policies and procedures that support a consumer centred approach to assessment and planning for care and services.

#### 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 Not 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 four of the seven requirements of this standard were met.

Requirements 3(b), 3(c) and 3(d) were found to be not met.

The organisation’s systems and processes demonstrate that it generally adopts best practice to guide delivery of safe and effective care. The Assessment Team reviewed various care files detailing consumers goals, needs and preferences and these are generally carried out. Monitoring and reassessments occurs following incidents however this is sometimes not reflected in follow-up interventions.

The CEI reports show that 67% of consumers and their representatives say consumers receive the care they need always or most of the time and 33% said it was some of the time. 73% of consumers and representatives say staff know what they are doing always or most of the time while 27% replied staff are well trained some of the time.

The service does not adequately demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. Deficiencies exist in the management of pressure injuries, pain and other monitoring related to high impact and high prevalent risks. This has impacted on delivery of palliative care and the management of consumers who are deteriorating.

The service makes efforts to minimise infections, the use of antibiotic treatment and reduce risk of increasing resistance to antibiotics. Clinical indicators for infection incidents are decreasing however several consumers were being or recently treated with antibiotics.

Clinical indicators are collected, analysed into a meaningful report. The service have recently commenced trending their audit results to aid delivery of quality care however, results are mixed.

Policies have been reviewed and being updated to reflect current guidelines. Staff have received relevant training and education and this is ongoing.

#### 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) Not 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) Not 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) Not 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 that all seven requirements under Standard 4 were met.

The service has demonstrated that it supports consumers emotional, physical, spiritual and psychological wellbeing. This is achieved by understanding the needs and preferences of individual consumers and delivering appropriate care and services to meet consumer goals. Consumers and their representatives are asked to provide feedback to the service, formally and informally, to ensure that their needs are being met. The service has demonstrated that it delivers services and supports for daily living in a safe and effective manner and in line with assessed needs, goals and preferences.

Most consumers and the representatives interviewed said consumers are satisfied with the cleaning, laundry, food and other services and supports which optimise their independence and let them live the best life they can. There is a leisure and lifestyle coordinator and lifestyle officer with dedicated roles in improving and customising lifestyle programs. Care staff are educated to deliver person centred care and engage meaningfully with consumers when delivering care and facilitating one to one or other activities. Each consumer has an individualised leisure and lifestyle care plan.

The service demonstrated that provides safe, suitable, clean and well-maintained equipment. The Assessment Team’s observations of the laundry and kitchen confirmed they are well designed, have safe working areas and that equipment and machinery are maintained and clean. The monthly quality and safety committee meetings include ensuring safe work practices are being followed, environmental and equipment audits are being completed and resources allocated to ensure preventative and reactive maintenance is completed in a timely manner.

#### 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 has met all three requirements under Standard 5.

The service demonstrates that the service environment is welcoming, easy to understand and optimises consumers’ sense of belonging and independence. The environment is safe, clean, well maintained, comfortable and enables free movement indoors and outdoors. Furniture, fittings and equipment are safe, suitable, clean and well maintained.

Most consumers and representatives interviewed confirmed they are satisfied with their internal and external living environments. The design and layout promote independence and supports them to live the best life they can. They are encouraged to use the internal courtyard, external garden settings and are aware they can entertain visitors in the meeting room when privacy is required. However, improvements to address risks associated with one of the outdoors areas have taken many months to be addressed.

The organisation regularly seeks their feedback about how the service environment could be improved and made more welcoming.

The monthly quality and safety committee meetings include ensuring environmental and equipment audits are being completed and resources allocated to ensure preventative and reactive maintenance is completed in a timely manner. There have been recent significant works to improve the living environment and more works are planned. Four of the 15 consumer shared rooms have been permanently converted from four-bedded rooms to three-bedded rooms.

#### 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 the organisation has met all four requirements under Standard 6.

Consumers and representatives interviewed indicated they are aware of how to make a complaint and provide feedback and are supported to provide feedback and make a complaint if needed.

The complaint register includes written and verbal complaints and feedback which management and staff and assisted consumers and representatives to complete.

Education and training materials support staff to foster a culture in which consumers feel safe and comfortable to give feedback and raise their concerns. Staff described the process they would follow to assist a consumer raise a concern.

Consumers are aware of avenues they can use to raise complaints and brochures about external complaint avenues are available in a range of languages in prominent positions in the service.

87% of consumers/representatives randomly interviewed said staff follow up when they raise things with staff most of the time or always. The organisation has developed an open disclosure policy.

#### 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 all five requirements under Standard 7 were 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. Management explained that the number and mix of staffing is determined taking into account the acuity of consumers, observations of staff practices and feedback from consumers, representatives and staff.

87% of consumers/representatives randomly interviewed said staff kind and caring most of the time or always and 87% of consumers/representatives also said staff treat them with respect most of the time or always. 73% of consumers/representatives randomly interviewed said staff know what they are doing most of the time or always.

A range of competency assessments and compulsory education ensures that staff have necessary knowledge to effectively perform their roles. Management and staff have access to policies and procedures to guide care and services and these are reviewed on a regular basis.

#### 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 Not 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 that two of the five requirements of this standard were met.

Requirements 3(a), 3(b) and 3(c) were found to be not met.

The Assessment Team acknowledges that the service has engaged consumers and their representatives in relation to the consumer’s individual care. However, the organisation has not implemented any policies, procedures or structures to actively engage consumers in development, delivery and evaluation of the services beyond limited consultation at resident and relative meetings and surveys.

Whilst the resident handbook contains some information about the service encouraging consumers who wish to “pursue any particular customs”, the organisation does not have an overarching policy on cultural diversity, choice and decision making and the organisation was unable to provide any evidence such as strategic planning, continuous improvement, actions plans or meeting minutes to demonstrate that the service is working to promote a culture of safe inclusive and quality care. No further information was provided.

Effective organisation wide governance systems relating to financial management are not in place. The organisation does not have an allocated yearly budget or business plan to facilitate the provision of care and services.

The organisation does demonstrate effective governance systems related to information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints.

An electronic clinical management system will be implemented shortly. New computers, laptops and tablets are being purchased to enable introduction of the new system.

The continuous improvement plans demonstrate that the service and organisation is actively pursuing continuous improvement.

Continuous improvement plans shows input from consumers, staff and management and demonstrates monitoring processes are occurring.

Position descriptions and duty statements which provide clear guidelines for staff responsibilities and accountabilities are in place and systems to monitor education and staff development, ensure sufficient staff and skill mix, and staff monitoring are in place.

The organisation has systems for regulatory compliance in place with the clinical consultant primarily responsible for receiving and analysing information in relation to regulatory compliance obligations. Sources of information include peak industry bodies, legal advisors and government departments, including the ACQSC. These obligations are monitored through the organisation’s auditing and feedback systems

The organisation has effective systems for feedback and complaints and these are part of the service continuous improvement strategy.

There are clinical management procedures in place to guide staff in relation to the delivery clinical care and risk management policies to support and guide delivery of care and systems to ensure regulatory compliance obligations are identified and adhered to.

Procedures in relation to antimicrobial stewardship is in place use of psychotropic medications are monitored.

Feedback and complaints are reviewed and used to improve the organisation’s services.

#### Requirements:

##### **Standard 8 Requirement 3(a) Not 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) Not 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) Not 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.