Accreditation Decision

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Glenview Community Care Nursing Home |
| **RACS ID:** | 4393 |
| **Name of approved provider:** | Indigo North Health Inc |
| **Address details:**  | 168 High Street RUTHERGLEN VIC 3685 |
| **Date of site audit:** | 17 September 2019 to 18 September 2019 |

**Summary of decision**

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| --- | --- |
| **Decision made on:** | 23 October 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:** | 23 November 2019 to 23 November 2022 |
| **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 | Not met  |
| Requirement 4(3)(a) | Met  |
| Requirement 4(3)(b) | Met  |
| Requirement 4(3)(c) | Not 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  |
| **Timetable for making improvements:** | By 23 January 2020  |
| **Revised plan for continuous improvement due:** | By 07 November 2019  |

**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 Glenview Community Care Nursing Home (the Service) conducted from 17 September 2019 to 18 September 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 |
| ACFI coordinator/admissions clerk | 1 |
| Administration officer | 1 |
| Care staff | 2 |
| Catering staff | 2 |
| Chief Executive Officer/Director of Nursing | 1 |
| Cleaning and laundry staff | 1 |
| Environmental manager | 1 |
| Friends of Glenview committee members  | 2 |
| Nurse unit manager | 1 |
| Nursing staff  | 6 |
| Representatives | 4 |
| Volunteer | 2 |

## 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:

2. The organisation:

(a) has a culture of inclusion and respect for consumers; and

(b) supports consumers to exercise choice and independence; and

(c) respects consumers’ privacy.

#### Summary of Assessment of Standard 1:

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

Of consumers and representatives randomly sampled, 93% said they are treated with respect most of the time or always. The service promotes comments and complaints and ‘resident” meetings to monitor with the way staff interact with consumers supporting them to maintain their identity and live the life they choose. Management and senior staff model appropriate behaviour and act when they become aware of any staff conduct that does not meet the required standard.

Staff were observed to interact with consumers respectfully and could readily identify consumers’ individual preferences, interests and details of their life histories. Consumers described the ways their social connections are supported and how friendships have developed within the service between consumers and with members of staff. The service promotes and values individual consumers’ culture and diversity with assessment processes that identify how consumers wish to live these aspects of their lives. The service provides staff with education resources to inform the delivery of personalised, culturally appropriate care.

Information about the service is provided to consumers through an initial information pack, a handbook, meetings, newsletters, case conferences and individual interactions. Staff provided meaningful examples of how they help consumers to make choices and assist them in doing what they want to do, even if this involves an element of risk. Consumers said staff were caring and supported them with their decision making.

Consumers are satisfied that the service promotes and protects their privacy and confidentiality of information. The service demonstrated how information stored both electronically and in hard copy is kept secure and confidential. The service promotes the value of privacy and dignity through staff training and performance management processes, as required.

#### 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:

(i) make decisions about their own care and the way care and services are delivered; and

(ii) make decisions about when family, friends, carers or others should be involved in their care; and

(iii) communicate their decisions; and

(iv) 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:

2. 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 the service has met all of the five requirements in relation to Standard 2.

The service demonstrated assessment and planning is completed in consultation with the consumer and others they wish to have involved. Consumers and representatives said they are satisfied care is planned and delivered effectively. Of consumers and representatives randomly interviewed, 100% said they have a say in daily care activities all or most of the time.

Consumers and representatives confirmed they are engaged in the initial and ongoing assessment and planning of consumers’ care and make decisions about consumers’ care and services to promote their health and well-being. Any changes to care delivery are made in consultation with the consumer and/or their preferred representative. Consumers said their care is well planned, they are consulted, and their needs are met and aligned with their preferences and what is important to them.

Consumers reported feeling safe and confident that staff listen to their goals and preferences including end of life care planning if this is something they wish to discuss. Staff described how they use care plan information to deliver safe and effective care and services, including end of life care planning if this is something consumers wish to discuss

Care documentation reviewed by the Assessment Team demonstrated regular review and updating in consultation with the consumer and/or their nominated representative. Staff showed an understanding of how to identify and report adverse incidents or hazards and management demonstrated how the information is used to inform continuous improvement

#### 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:

(i) 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

(ii) 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:

2. 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 the organisation has met all seven of the requirements in relation to Standard 3.

The service demonstrated they provide and understand how to deliver safe and effective personal and clinical care and services. Of consumers and representatives randomly sampled 93% agreed consumers felt safe all or most of the time. Consumers and representatives said they are confident consumers are receiving care that is safe and right for consumers.

Consumers and representatives gave examples of individualised care and services that optimise consumers’ health and well-being. Management and staff described how they apply their knowledge and practices to ensure personal and clinical care and services meet consumers’ needs and preferences and optimises their health and well-being.

Each consumer’s care plan reviewed demonstrated care is delivered safely and effectively. Changes in consumers’ condition were identified and communicated to appropriate parties including representatives, medical officers, specialist services and allied health professionals. The service demonstrated that risks associated with individual consumers are identified, assessed and managed in consultation with the consumer or their representative.

Consumers and representatives reported they are regularly consulted about consumers’ care and services and the service communicates with them promptly if there is a change in the consumer’s condition. Staff said they engage with other providers to assist in the delivery of care.

Staff demonstrated an understanding of infection prevention and control practices appropriate to their positions and the service is working with medical officers to ensure antibiotic use is monitored and appropriate. Processes used by the service to ensure care is best practice include policies, procedures and best practice guidelines.

#### 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:

(i) is best practice and

(ii) is tailored to their needs and

(iii) optimises their health and well-being.

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

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

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

The organisation demonstrates that minimisation of infection related risks through implementing:

(i) standard and transmission based precautions to prevent and control infection; and

(ii) 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 Not 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:

2. 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 service has met six of the seven requirements in relation to Standard 4.

Consumers and representatives said they are generally satisfied with the services in relation to the services and the food provided. However, a number of consumers and representatives raised concerns regarding the range and variety of activities available for all consumers especially for consumers with a cognitive deficit. Consumers and representatives interviewed said the activities available are insufficient and inappropriate for consumers with a cognitive deficit or responsive behaviours. Other consumers expressed concerns regarding the availability of a bus and continuity of the outings saying the program has not changed to compensate for the cessation of the bus trips. Leisure and lifestyle staff were unavailable during both days of the site audit due to illness and/or leave. The service’s volunteers were observed by the Assessment Team to be providing support in the absence of the leisure and lifestyle staff.

Leisure and lifestyle documentation reviewed by the Assessment Team demonstrated not all consumers’ social and leisure requirements were identified and planned for when consumers first enter the home. Consumers were observed wandering around the service not accessing any planned activity.

Consumers gave examples of relationships they had formed inside the service and emotional and spiritual supports available to them. A local religious minister visits and conducts church services and another spiritual advisor facilitate pastoral care visits according to consumer wishes. While the consumer population within the service is predominantly of Anglo-Saxon descent, the organisation has interpreter and multicultural resources available if required.

The service adequately demonstrated it facilitates referrals to external service providers and provides meals of suitable quality variety and quantity. Systems are in place to ensure equipment and furniture are safe, suitable, clean and well maintained. This was observed by the Assessment Team.

#### 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) Not Met

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

(i) participate in their community within and outside the organisation’s service environment; and

(ii) have social and personal relationships; and

(iii) 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 that 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:

2. 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.

Consumer experience interviews show that 100% of consumers and representatives said they feel at home at the service most of the time or always. Consumers and representatives interviewed described in various ways how the service is welcoming and supports their wellbeing.

The service demonstrated that the environment is welcoming, easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. The service has a range of room types, some shared with communal external bathroom and toilet facilities and others are single rooms with private bathroom facilities. Rooms are decorated with memorabilia, photographs and other personal items. Each wing has a small lounge area with a television and the service has a large communal room within easy access of consumer’s rooms. Consumers have access to garden and courtyard areas only with the assistance of staff. Doors leading to the garden and outside areas were observed to be locked on both days of the visit, apart from the courtyard entrance to the smoking area which remained unlocked.

Staff described how they monitor the service’s cleanliness and maintenance in relation to a safe, clean and well-maintained environment. There are documented processes to guide cleaning staff, cleaning occurs daily and staff follow a cleaning schedule. Maintenance issues are reported online, maintenance staff and the environmental manager receive maintenance requests via email. Staff said any maintenance issues raised are addressed in a timely manner. The service has a structured process in place to ensure planned preventative maintenance occurs at the service; that is monitored by the environmental manager. The service has recently developed a new maintenance schedule. External contracts are monitored by the environmental manager. The service has a process in place for the test and tagging of all electrical equipment entering the service and the services essential services equipment is regularly serviced by an external provider.

#### 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:

(i) is safe, clean, well maintained and comfortable; and

(ii) 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:

2. 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.

Consumer experience interviews show that 93% of consumers and representatives said that staff follow up when they raise things with them most of the time or always and a small percentage responded some of the time.

The service has processes in place for consumers and their representatives to provide verbal and written feedback and the complaints system incorporates open disclosure processes.All feedback received is logged and monitored via an electronic feedback register and discussed at Board and staff meetings. Formal feedback and complaints are monitored by management and the Board. Information about internal and external feedback processes is provided to all consumers and representatives as part of the information pack, agreement, newsletter and handbook. Brochures and information relating to feedback mechanisms and advocacy is displayed and available to consumers and representatives. There are secure suggestion boxes and customer feedback forms available at reception and throughout the service.

The service demonstrated that it monitors, reviews and analyses feedback for trends and feedback is discussed at management, Board, staff and resident meetings. An annual satisfaction survey is forwarded to consumers and representatives each year.

Consumers and representatives interviewed are satisfied they are aware of and have access to processes to raise feedback and complaints internally and externally.

#### 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:

2. 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 the organisation has met all five requirements under Standard 7.

Consumer experience interviews show that 100% of consumers and representatives said that staff know what they are doing most of the time or always and 100% said they get the care they need most of the time or always.

Management discussed the recruitment, selection, induction and orientation processes to ensure staff have the required knowledge and skills to deliver services.Staff are recruited to specific roles requiring relevant qualifications and/or experience and are provided with position descriptions. Orientation processes are in place. Management have processes in place for monitoring staff compliance including nursing registrations and police certificates. Staff have access to ongoing face to face and online training that is monitored by management. Mandatory education and accompanying competencies are completed following employment and annually where required. Management use a range of processes to monitor staff performance including observation, monitoring incidents and feedback. All staff are required to undergo an annual performance appraisal, however management said it is an area that could be improved.

Management stated, and documentation reviewed identified there are systems and processes in place to ensure there are sufficient skilled and qualified staff to deliver safe, quality care and services. Management explained, and documentation confirmed the service has processes in place for rostering of staff and replacing staff in the roster. Staff interviewed said there are enough staff to complete their work and said unplanned leave is replaced where possible.

The service demonstrated they ensure staff interactions with consumers are kind, caring and respectful of each consumer’s identity, care and relationship needs and cultural and social significance.

#### 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.

### 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:

2. 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 has met all five requirements under Standard 8.

The organisation’s governing body meet regularly, they outline the organisation’s strategic direction. Board members receive relevant organisational information via email prior to monthly meetings. The organisation’s financial governance is monitored by the Director of Corporate Services and reported to the Board.

The organisation receives regular regulatory compliance updates from government departments, peak and funding bodies. Updates received are reviewed by management, relevant staff and discussed and approved at the quality and safety council meeting. The organisation has an elder respect policy inclusive of compulsory reporting and reportable assaults flowchart. Staff interviewed said they received relevant information about changes in policies and procedures via email, meetings, and memoranda. Policies and procedures are available for staff to access via intranet, electronic database and hard copy.

Management were able to highlight and discuss the main risks to the organisation including financial, human resources and emergencies. The organisation’s risk register report covers risk to the organisation, possible impact of risk and risk cause and treatments required. All incidents are recorded and inputted into the organisation’s electronic database and there are processes in place for escalating the reporting of risks to external agencies.

The clinical governance framework addresses high impact high prevalence clinical risks, anti-microbial stewardship, open disclosure and minimising the use of restraint. Management demonstrated an understanding of the new legislation in relation to restraint.

#### 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 that effective organisation wide governance systems relating to the following:

(i) information management

(ii) continuous improvement

(iii) financial governance

(iv) workforce governance, including the assignment of clear responsibilities and accountabilities

(v) regulatory compliance

(vi) feedback and complaints

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

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

(i) managing high-impact or high-prevalence risks associated with the care of consumers

(ii) identifying and responding to abuse and neglect of consumers

(iii) 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:

(i) antimicrobial stewardship

(ii) minimising the use of restraint

(iii) open disclosure