Accreditation Decision

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

**Reconsideration Decision on the further period for which a residential service is to be accredited**

**Service and approved provider details**

|  |  |
| --- | --- |
| **Name of service:** | Greenway Gardens |
| **RACS ID:** | 3686 |
| **Name of approved provider:** | Menarock Aged Care Services (Victoria) Pty Ltd |
| **Address details:**  | 27-29 The Greenway HEATHMONT VIC 3135 |
| **Date of site audit:** | 24 September 2019 to 25 September 2019 |

**Summary of decision**

**DECISION TO RE-ACCREDIT SERVICE FOLLOWING A SITE AUDIT**

|  |  |
| --- | --- |
| **Decision made on:** | 30 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:** | 13 December 2019 to 13 December 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 | Not Met |
| Requirement 2(3)(a) | Met |
| Requirement 2(3)(b) | Not Met |
| Requirement 2(3)(c) | Not Met |
| Requirement 2(3)(d) | Not Met |
| Requirement 2(3)(e) | Not 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 | Not Met |
| Requirement 8(3)(a) | Met |
| Requirement 8(3)(b) | Met |
| Requirement 8(3)(c) | Met |
| Requirement 8(3)(d) | Not Met |
| Requirement 8(3)(e) | Met |
| **Timetable for making improvements:** | By 27 January 2020  |
| **Revised plan for continuous improvement due:** | By 13 November 2019  |

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

**RECONSIDERATION DECISION ON THE FURTHER PERIOD FOR WHICH A RESIDENTIAL SERVICE IS TO BE ACCREDITED**

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| --- | --- |
| **Decision made on:** | 19 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 reconsider a reviewable decision under Part 7 of the Aged Care Quality and Safety Commission Rules 2018 (Rules). |
| **Decision:** | The delegate decided to affirm the decision made on 30 October 2019 to re-accredit the service for a further period of one year. |
| **Further period of accreditation:** | 13 December 2019 to 13 December 2020 |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 104 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 Greenway Gardens (the Service) conducted from 24 September 2019 to 25 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 | 11 |
| Consumer representatives  | 8 |
| Management | 2 |
| Clinical and care staff | 9 |
| Hospitality and environmental services staff | 1 |
| Lifestyle staff | 1 |
| Maintenance staff | 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:**

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 the organisation has met six of six requirements under Standard 1.

Of consumers and representatives randomly interviewed, 93% agreed that staff treat consumers with respect all or most of the time. Eighty six percent of consumers and representatives agreed that they are encouraged to do as much as possible for themselves most of the time or always and 93% indicated that staff explain things to them most of the time or always.

The organisation demonstrated that consumers are treated with dignity and respect and that the service promotes a culture of acceptance and inclusion. Staff were observed to interact with consumers politely and respectfully and could describe consumer’s individual needs, preferences and interests. The organisation provided examples of the activities offered to consumers from diverse cultural backgrounds and with various interests and preferences.

Consumers and representatives interviewed confirmed that consumers feel safe, respected and have a choice in their daily activities. Staff provided examples of how they help consumers make choices. Consumers said they make decisions in their daily life, even when it involves an element of risk.

Consumers reported satisfaction with care and services, including personal care, being undertaken in a way that respects their privacy. Consumers and representatives confirmed they understand the organisation’s communications and they can make choices based on the information provided. Electronic information is password protected and the confidentiality of paper documented was maintained.

**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 Not 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 four of five requirements assessed under Standard 2.

The organisation showed care plans are accessible to staff however, they did not adequately demonstrate that they communicate the outcomes of assessment and care planning to the consumer and support consumers to understand their care plans. Relevant staff could not explain whether consumers and representatives could access care plans and said there is currently inconsistent practice around making them accessible. Management said communication of care planning outcomes and support for the consumer to understand the outcomes has not formed part of their processes to date.

Of consumers and representatives randomly sampled and interviewed for the consumer experience report, 87% said consumers have a say in their daily activities most or all the time and provided examples of what this meant to them. The service demonstrated that assessment and planning identifies and addresses the consumer’s current needs and preferences, including advanced care planning and end of life planning if the consumer wishes. Goals are not generally developed with the consumers and representatives. However, the process to develop goals with consumers is commencing and currently goals are individualised and based on the consumer’s identified needs and preferences. Relevant staff interviewed described how they applied processes in relation to assessment and planning, addressing current needs, goals and preferences including meeting cultural preferences of consumers.

Care consultations with consumers’ representatives and informal consultation with consumers occur however, the process of partnering with consumer in assessment, planning and review of the consumer’s care and services is in the early stages of commencement. Consumers and representatives interviewed described satisfaction the right people are involved in consumer care.

Relevant staff interviewed showed they understood the process of updating and reviewing care plans and how they were notified of changes to care. Staff described how they escalate and advise the nursing staff of changes to consumers’ needs and document changes. File review showed care plans are reviewed regularly and as need and reflect consumers’ changing needs. Staff demonstrated their knowledge of what constitutes an incident and management and staff showed how incidents are identified, documented and reviewed by the service and organisation.

**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) Not 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 seven of seven requirements under Standard 3.

The service demonstrates it delivers safe and effective personal and clinical care in accordance with the consumer’s needs, goals and preferences to optimise health and well-being. Of consumers and representatives randomly interviewed, 100% agreed that consumers get the care they need. Consumers provided examples of how staff provided appropriate, individualised care and staff could describe how they tailor clinical and personal care services to consumer’s needs. Staff could describe how they manage changes or deterioration in the consumer’s condition.

There are opportunities for continuing education and the processes to share information both within the organisation and with others outside the organisation. Staff demonstrated knowledge of how to prevent, control and manage infections. Staff identified high prevalence risks for the consumer group and how incidents are managed and used to identify areas for improvement in practices.

The organisation demonstrated they have a schedule of audits and regularly monitor clinical data for trends to enable clinical staff to evaluate the effectiveness of clinical care.

**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 that the organisation has met seven of seven requirements under Standard 4.

Consumers interviewed confirm satisfaction with services and supports for daily living that are important to them. Eight-six percent of consumers and representatives randomly interviewed said consumers do as much as possible for themselves most of the time or always. Eighty-seven per cent of consumers randomly interviewed said they liked the food most of the time or always.

Consumers and representatives described the support they receive to optimise their independence, health and wellbeing and meet their emotional and spiritual needs. Consumers said they feel comfortable they can talk to staff if not feeling well emotionally or physically. Consumers said they can participate in the organised activities and could provide feedback on the care and services that support their daily living.

The organisation demonstrated that it supports consumers to connect with other consumers living within the service and to engage with the community outside the service. The service had formal programs that enable consumers to participate in both individual and group activities and staff provided examples of how activities are tailored to the needs and interests of consumers. The service demonstrated how it supports consumers’ daily living through the involvement of other services and health practitioners.

The organisation demonstrated timely referrals to other organisations, provides meals of a suitable quality, variety and quantity and provides safe, suitable clean and well- maintained equipment.

**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 that the organisation has met three of three requirements under Standard 5.

Consumer experience interviews show 87% of consumers and representatives randomly interviewed said the consumer feels at home most of the time or always. A minority of consumers and representatives indicated that they miss their home. One hundred percent of consumers and representatives randomly interviewed said they feel safe most of the time or always. Consumers and representatives interviewed provided positive feedback about the organisation’s service environment and were generally satisfied that the environment was welcoming, well maintained, clean and safe.

The service was observed to be appropriately furnished with a range of equipment for the use in care provision. Individual rooms were personalised and decorated with the consumer’s items and memorabilia. Internal courtyards were observed to be well maintained and accessible for consumers.

There are preventative and reactive maintenance programs and a cleaning program to ensure the living environment and equipment are maintained to enable the safe provision of care and services. Staff demonstrated an understanding of the service’s procedures to ensure a safe living environment.

**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 four of four requirements under Standard 6.

The service demonstrated that consumers are encouraged and supported to provide feedback and make complaints, have access to advocates and methods for resolving complaints, have appropriate action taken in response to their complaints, and, that complaints are reviewed and used to improve services.

Of consumers and representatives randomly interviewed 93% said staff follow up when they raise things with them. A small proportion of consumers and representatives randomly interviewed said staff follow up when they raise things with staff some of the time, choosing not to elaborate. No consumers expressly commented on

Other consumers and representatives interviewed indicated their satisfaction with feedback processes and provided examples that showed feedback is encouraged and supported, and indicated they are aware of methods for accessing advocacy services raising complaints or outside the service.

The majority of consumers and representatives interviewed indicated in various ways, their confidence in the feedback and complaint system and spoke about the way their individual concerns were addressed. However, they did not expressly comment on an open disclosure process however those that had raised concerns generally expressed satisfaction with the response or whether the organisation has used feedback to make improvements to the quality of care and services or

Information about internal and external feedback processes is provided to all consumers and representatives. Brochures and information relating to feedback mechanisms are displayed throughout the service with secure lodgement boxes available. Feedback, complaints and compliments are discussed at consumer meetings. The organisation applies and open disclosure approach and management demonstrated a working understanding of open disclosure.

Management review, analyse and monitor feedback received to identify trends and generate improvements. Service and operational manager oversee the complaints process. Complaints data is reported through governance structures and tabled meetings of the organisation’s Board.

**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 five of five requirements under Standard 7.

The organisation demonstrated 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, respectful and quality care and services.

Of consumers and representatives randomly interviewed 93% said staff are kind and caring always or most of the time. A low proportion responded staff are kind and caring some of the time. One hundred percent of consumers and representatives randomly interviewed said consumers get the care they need most of the time or always.

The service demonstrated there are processes to ensure there are sufficient skilled and qualified staff to deliver safe, quality care and services. Staff said they find there is enough staff, that staffing has improved and unplanned leave has improved.

Management discussed improvements to the roster since early 2019. Improvements to the roster include additional care shifts, management said review is ongoing.

Staff were observed to be attentive, kind and caring in their interactions with consumers, families and other visitors to the service. Staff said there are sufficient staff to ensure the provision of care and services, however, staff were pressed for time to offer activities for consumers on weekends.

Recruitment, selection, induction and orientation processes ensure staff have the required knowledge and skills to deliver services. Staff are recruited to specific roles requiring relevant qualifications and experience and are provided with relevant information to enable them to complete their tasks. Staff have access to a range of internal and external education opportunities to support them in their relevant positions and to complete compulsory training annually.

Management discussed processes to monitor staff performance. Not all staff are required to participate in an annual performance review. Management demonstrated the service’s performance appraisal plan.

**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 the organisation has met three of five requirements under Standard 8.

Of consumers and representative randomly interviewed, 80% said the place is well run most of the time or always. A small proportion said the place is well run some of the time describing in various ways what this meant for them.

Other consumer and representative interviews indicated in different ways they were satisfied that care was safe, inclusive and care had improved and were satisfied with the level of improvement occurring within the service:

While the organisation demonstrated it understands, applies, monitors and reviews governance related to five of six organisational governance systems, the service did not demonstrate effective governance related to regulatory compliance. However, the service generally demonstrates the organisation’s governing body is accountable for the delivery of safe and quality care and services. Further while the organisation demonstrated it understands, applies, monitors and reviews risk management systems related to identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can, the organisation during the site audit performance assessment did not demonstrate organisational governance manages high impact risks associated with medication safety.

The organisation has a clinical governance framework that includes meetings of operational management, monitoring and reporting of incidents and occurrence relating to use of antibiotics, restraint and open disclosure. The monthly operational meeting requires the director of nursing to report on, and discuss, the service’s data in relation to use of restraint and antibiotics. This information is subsequently tabled at medication advisory committee, quality and board meetings for consideration of results, continuous improvement and follow up.

The organisation has risk management framework that is supported by policies, procedures and committee and sub committee structures. The organisation has a structured incident management system, which includes a review of incidents to assess severity and actions to prevent or minimise reoccurrence. High impact high prevalence incidents are monitored and reported on regularly; a number of sub committees lend specific expert support and analysis. There is a structured approach to managing abuse and neglect and staff awareness is promoted through annual education. Staff are educated in understanding and enabling consumers to live the best life they can.

**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) 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) Not 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.