Accreditation Decision

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Hunters Hill Montefiore Home |
| **RACS ID:** | 2284 |
| **Name of approved provider:** | Sir Moses Montefiore Jewish Home |
| **Address details:**  | 120 High Street HUNTERS HILL NSW 2110 |
| **Date of site audit:** | 24 September 2019 to 27 September 2019 |

**Summary of decision**

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| --- | --- |
| **Decision made on:** | 22 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:** | 07 November 2019 to 07 November 2022 |
| **Assessment of performance with the Aged Care Quality Standards** |
| Standard 1 Consumer dignity and choice | Met  |
| Standard 2 Ongoing assessment and planning with consumers | Met  |
| Standard 3 Personal care and clinical care | Met  |
| Standard 4 Services and supports for daily living | Met |
| Standard 5 Organisation’s service environment | Met  |
| Standard 6 Feedback and complaints | Met  |
| Standard 7 Human resources | Met |
| Standard 8 Organisational governance | 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 Hunters Hill Montefiore Home (the Service) conducted from 24 September 2019 to 27 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** |
| --- | --- |
| Building Services Manager | 1 |
| Care staff | 15 |
| Catering Coordinator | 1 |
| Catering Manager | 1 |
| Catering staff | 6 |
| Chef | 1 |
| Cleaning Supervisor – cleaning company | 1 |
| Clinical Care Coordinator | 1 |
| Clinical Resources Manager | 1 |
| Clinical staff – Clinical Nurse Consultant and Registered Nurses | 7 |
| Consumers | 34 |
| Deputy Care Manager | 1 |
| Executive Care Managers | 4 |
| General Manager People, Culture and Learning | 1 |
| General Manager Residential Services | 1 |
| Group Building Facility Manager | 1 |
| Health, Safety and Wellbeing Advisor | 1 |
| Human Resource Manager | 1 |
| Learning and Development Manager | 1 |
| Lifestyle Coordinator | 1 |
| Lifestyle staff | 3 |
| Manager – Social Work | 1 |
| Representatives | 18 |
| Service providers such as allied health professionals | 6 |
| Services Operations Manager | 1 |
| Social Worker | 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:

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 service demonstrates that it understands and applies this requirement as evidenced by the feedback from consumers and their representatives, the Assessment Team’s observations and documents reviewed.

Of the consumers and representatives sampled (both random and purposeful) for the Consumer Experience Interview (CEI); 69% say staff are always respectful and preserve their dignity, 27% say it was most of the time and 4% say staff are respectful some of the time. They say consumers feel accepted and are valued whatever their needs, preferences, ability or individual background. The Assessment Team observed several interactions between consumers and staff which were respectful, friendly and courteous.

87% of the consumers/representatives interviewed in relation to this requirement say the consumer feel safe at the service always and 13% say they feel safe most of the time, some of the feedback.

Consumers from other religious denominations e.g. Roman Catholic, Orthodox Christian, Presbyterian, Islam and other spiritual identity are to some extent supported to observe their relevant faiths.

Consumers who are sexually active are encouraged and supported to maintain that aspect of their interests. Staff describe ways in which they have consulted and coordinated with consumers, their representatives and others to achieve this for consumers. Leisure and Lifestyle staff, social workers, volunteers and clinical teams collaborate to support consumers maintain their individual and cultural identities.

Consumers are to some extent supported to participate in activities that involves risk and are active partners in providing alternative strategies to mitigate these risks however a small number of consumers said they are not encouraged to take risks.

Consumers/representatives say that the workforce respect consumer’s privacy and provide them with personal space when they receive visitors and they feel that their personal information is protected.

The service monitors and reviews its performance against this requirement and results are utilised to improve care and service.

#### 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 that the organisation has meet all five requirements under Standard 2.

Of consumers randomly sampled, 96% confirmed staff meet their health care needs either ‘always’ or ‘most of the time’. Consumers and their representatives confirmed regular contact and care conferences have helped ensure consumers get the care and services they need. Some consumers were unable to recall whether they had formally been involved in the care planning process however mentioned their care needs had not changed and they were receiving the correct care. Consumers reported staff and management listen to their preferences and ensure they work towards meeting their needs. Consumers also confirmed they have access to other professionals such as general practitioners, physiotherapists, speech therapist etc and referrals occur promptly when required to ensure they get the right care and services to meet their needs. Staff could describe how consumers and the multidisciplinary team work together to deliver a tailored care and service plan and monitor and review the plan routinely and as required.

Consumers reported that when a change in their care or condition occurs, staff promptly consult them and their representatives and as a result their care and service plan is updated to better meet their needs. Care and service plans were reviewed by the Assessment Team and all had been regularly reviewed; there is a tracking system in place to ensure care plans are not overdue. Staff demonstrated an understanding of adverse incidents or near-miss events and how these were identified, documented and reviewed to inform continuous improvement.

The organisation commences discussions about end of life care on admission and provide an advanced care directive form as well as a booklet to explain what advanced care planning and end of life care is and what to expect. All advanced care documentation is on the clinical computerised system, and this information is also included in individual consumers’ care plans.

#### 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 requirements under Standard 3.

Each of the consumers and representatives interviewed expressed overall satisfaction with the consultation process and delivery of personal and clinical care. The organisation has processes in place to ensure safe and effective personal and clinical care is provided in accordance with the consumer’s needs, goals and preferences to optimise health and well-being. This includes but is not limited to medication management, pain management, palliative care, nutrition, continence management, skin care, wound care, falls prevention/management, dementia awareness and behaviour management.

Registered nurses are on-site 24 hours a day, seven days a week to assess and oversee care requirements. Staff liaise with the consumer's medical officers and the consumer and/or their representatives, to identify care needs and ensure care is supported and delivered in accordance with consumer’s needs. Specialists, medical officers and allied health such as podiatry, optometry, audiology, dentists, wound care providers, palliative care and mental health specialists are accessed as required and on request of consumers and/or their representatives. There are processes to support storage, administration and disposal of medications safely including processes to ensure that consumer’s medications are reviewed, and medication orders are current. A medication advisory committee provides advice on the organisation's medication management system and a pharmacist regularly conducts medication reviews for individual consumers. Non-pharmacological strategies are used to assist consumers to maintain their comfort levels. These include massage, repositioning, hot packs, exercise equipment, and relaxation music. The organisation monitors clinical data including data required by the Department of Health’s National Aged Care Quality Indicator Program.

Staff were observed to ask consumers about preferences on personal and clinical care interventions including whether the consumer is ready for personal care and notifying of upcoming medical and allied health visits should a consumer require a review.

Staff said they have sufficient time to provide personal and clinical care and understand consumers personal and clinical care needs and preferences in relation to delivery of 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:

(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 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 organisation demonstrates that it generally understands and applies this standard. Consumers/representatives say the services and support for daily living provided enhances their independence and quality of life.

90% of the consumers/representatives sampled (random and purposeful) for the CEI say consumers get the care they need always or most of the time whereas 10% said it was some of the time

97% of consumers/representatives say consumers are encouraged to do as much as possible always or most of the time whereas 3% said it was some of the time. Some consumers and representatives commented on the lack of activities during the upcoming Jewish festival period in October 2019 and others on lack of intellectually stimulating activities. Consumers and their families are invited to join the festivities. Staff support consumers during this time and representatives have the discretion to take consumers home.

Care plans are collaboratively developed by clinical staff with input from lifestyle staff and allied health personnel. Volunteer input also forms part of care/service delivery but it is not generally reflected in care plans or monitoring records. Management indicated this was an area for improvement. Staff including lifestyle, social worker and volunteer team provide various examples of how they encourage and support consumers to do as much as possible

Consumers and representatives say consumers are engaged in meaningful activities that they enjoy and they can observe cultural, religious, spiritual practices and special occasions.

Consumers provided various examples about ‘what is the best thing about living in the service’: Consumers say they are supported to maintain personal relationships within and outside the service and can take part in social activities as they wish.

Majority of the consumers/representatives say they are informed, staff know them well and the service coordinates their services and supports accordingly. They also stated that appropriate referrals are made.

69% of the consumers/representatives sampled (random and purposeful) say consumers like the food always or most of the time. 31% say they like the food some of the time, however they acknowledge the service’ strict kosher laws.

The Assessment Team’s interviews with catering staff was limited due to the influenza outbreak however, the chef, catering manager and coordinator and three catering staff were interviewed. They can demonstrate they know consumers dietary/hydration needs and preferences and can describe how they ensure meals are varied and of suitable quality and quantity within limits of kosher rules.

Interdisciplinary including OT and speech pathologist team coordinates with catering staff to support consumer’s nutritional needs.

The service is able to effectively demonstrate that there are systems in place to ensure that the equipment provided to enable staff to care for consumers is safe, suitable, clean and well maintained. Management undertakes a program of routine servicing of equipment to ensure it is operating within appropriate guidelines. Staff are aware of the need to report any items which are defective as well as cleaning the equipment when required.

#### 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:

(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 met all three of the requirements in relation to this Standard.

Feedback from consumers and representatives indicates the environment is welcoming. Signage around the service enables visitors, representatives and consumers to find their way around the various levels of the building. A receptionist at the main entrance is also available to assist people. Some consumers volunteer to provide assistance to new consumers when they are finding their way around the service. This also includes welcoming new consumers.

Consumers said they have their own room with an ensuite bathroom. They can bring in items of furniture and memorabilia, such as photographs of family to decorate and personalise their room to make it as homelike as possible. Consumers and representatives spoke very favourably about how the service was maintained including the cleanliness of communal and personal areas. Consumers advised they were able to move freely around the service and had access to all levels of the building via lifts.

The organisation has a system in place to manage the routine preventative maintenance of equipment to provide a safe and comfortable environment for consumers. As part of this program the organisation conducts routine environmental checks to ensure the building and equipment are well maintained. Equipment requiring specialist servicing is referred to specialist tradespeople. The organisation ensures all furniture, fitting and equipment used is safe, clean, well maintained and suitable for the needs and preferences of the consumers. Staff members are aware of their responsibility to report any items requiring maintenance or any hazards.

#### 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 that the consumers and representatives feel encouraged and supported to give feedback and make complaints and the service has met all four of the requirements under this Standard.

Consumers and representatives interviewed said that were comfortable raising any concerns they had with staff or management. They gave examples of issues they had raised with the service and how they were resolved. Consumers said they were aware of the complaints process and how to make a complaint.

The service supports consumers to provide feedback and complaints and informs them through the resident handbook, resident agreement and posters and brochures on display in the service.

Management takes appropriate action in response to complaints and an open disclosure process used when things go wrong. Staff could explain what they are required to do when feedback or complaints are made and they have been provided with training to support consumers provide feedback.

A compliments, complaints and feedback register is maintained by the service and identified that complaints are actioned promptly and escalated when necessary. The service’s plan for continuous improvement identified that feedback and complaints were used to improve the quality of care. Complaints are reviewed and trended and reported to the 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:

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 met all five of the requirements in relation to this Standard.

Consumer feedback was positive regarding staff. 96% of consumers interviewed utilising the consumer experience questions indicated they ‘get the care they need’ ‘always’ or ‘most of the time’. Some consumers (4%) indicated they receive the care they need ‘some of the time’. 100% of consumers advised that staff know what they are doing ‘always’ or ‘most of the time’. 100% of consumers advised that staff were respectful ‘always’ or ‘most of the time’. 100% of consumers also indicated that staff were caring ‘always’ or ‘most of the time’.

Issues raised by consumers and/or their representatives regarding call bell response times were discussed with management. They advised the service is progressively upgrading the call bell system and provided toolbox talks with staff during the site audit to remind them about responding to call bells in a timely manner. This included returning at an agreed time if they were unable to assist the consumer immediately.

The organisation is able to demonstrate that staffing levels are reviewed in conjunction with the acuity levels of the consumers residing in each section of the service (hostel, nursing home and special care unit). The workforce is planned, and the skill mix and number of staff enable the delivery of safe and quality care and services. The organisation demonstrated they ensure staff interactions with consumers are kind, caring and respectful. This includes monitoring and reviewing staff performance.

The organisation ensures staff attend compulsory education programs and are able to determine additional education needs throughout the year. Staff confirmed they have access to an on line education system as well as face to face education sessions throughout the year.

Systems are in place to monitor and ensure staff members maintain the appropriate qualifications such as criminal record checks and/or relevant nursing or allied health registrations.

#### 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 all five requirements under Standard 8 were met.

The organisation demonstrated how they involve consumes and their representatives in the delivery and evaluation of care and services. Consumers and representatives confirmed they are involved in care planning, delivery and evaluation of care.

The governing body meets regularly, sets clear expectations for the organisation and regularly reviews risk from an organisational and consumer perspective. There are organisation wide governance systems to support effective information management, the workforce, compliance with regulation and clinical care. The clinical governance framework addresses anti-microbial stewardship, open disclosure framework and minimising the use of restraint. Staff interviewed understood these concepts and could explain how they are applied in the service. Consumers and their representatives confirmed when restraint is used the service first contacts them for consent and discusses alternative options with them.

#### 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.