Accreditation Decision

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Japara Kingston Gardens |
| **RACS ID:** | 3233 |
| **Name of approved provider:** | Japara Aged Care Services Pty Ltd |
| **Address details:**  | 201 Clarke Road SPRINGVALE SOUTH VIC 3172 |
| **Date of site audit:** | 09 October 2019 to 10 October 2019 |

**Summary of decision**

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| --- | --- |
| **Decision made on:** | 06 November 2019 |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. |
| **Decision:** | To re-accredit the service under section 41 of the Rules. |
| **Further period of accreditation:** | 12 December 2019 to 12 December 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 | Met |
| Requirement 4(3)(a) | Met |
| Requirement 4(3)(b) | Met |
| Requirement 4(3)(c) | Met |
| Requirement 4(3)(d) | Met |
| Requirement 4(3)(e) | Met |
| Requirement 4(3)(f) | Met |
| Requirement 4(3)(g) | Met |
| Standard 5 Organisation’s service environment | Met |
| Requirement 5(3)(a) | Met |
| Requirement 5(3)(b) | Met |
| Requirement 5(3)(c) | Met |
| Standard 6 Feedback and complaints | Met |
| Requirement 6(3)(a) | Met |
| Requirement 6(3)(b) | Met |
| Requirement 6(3)(c) | Met |
| Requirement 6(3)(d) | Met |
| Standard 7 Human resources | Met |
| Requirement 7(3)(a) | Met |
| Requirement 7(3)(b) | Met |
| Requirement 7(3)(c) | Met |
| Requirement 7(3)(d) | Met |
| Requirement 7(3)(e) | Met |
| Standard 8 Organisational governance | Met |
| Requirement 8(3)(a) | Met |
| Requirement 8(3)(b) | Met |
| Requirement 8(3)(c) | Met |
| Requirement 8(3)(d) | Met |
| Requirement 8(3)(e) | Met |

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

Site Audit Performance
Assessment Report

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

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

## Introduction

**This is the report of an assessment of Japara Kingston Gardens (the Service) conducted from 09 October 2019 to 10 October 2019.**

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

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

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

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

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

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

## Assessment Details

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

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers | 11 |
| Representatives | 6 |
| Enrolled nurse - endorsed | 1 |
| Regional maintenance manager | 1 |
| Home manager | 1 |
| Registered nurse | 3 |
| Cleaning staff | 4 |
| Care staff | 6 |
| Maintenance officer | 1 |
| Laundry staff | 2 |
| Quality manager | 2 |
| Clinical care coordinator | 1 |
| Chef | 1 |
| Lifestyle team leader | 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 Assessment Team found the service has met the six requirements under Standard 1.

Of consumers and representatives interviewed and those randomly selected to participate in the consumer experience report 100% confirmed they are treated with respect and 93% that staff explained things to them.

Consumers and representatives provided examples of how staff value their identity, culture and diversity. The service demonstrated that consumers are treated with dignity and respect, and the service provides care in an inclusive manner that respects the multicultural community that lives at the service. Staff were observed interacting with consumers according to their consumer’s individual preferences and interests. Consumers described how the services respects their social and significant relationships both inside and outside the service. The service promotes a sense of community through staff training and a range of activities to meet consumers diverse backgrounds and personal preferences.

Staff practices provide opportunities for consumers to make choices about service delivery. Staff provide consumers with information that allows consumers to make an informed decision even when it involves a degree of risk. The majority of consumers are satisfied that they are encouraged to be as independent as possible and staff respect their choices.

Consumers report that they are confident that the service protects their privacy and confidentiality. Staff were observed to provide care in a respectful manner. The Assessment Team observed of how staff maintain consumers dignity while attending to personal care needs. The service also demonstrated how personal information is stored securely when not in use, consistent with documented policies and procedures.

#### Requirements:

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

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

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

The organisation demonstrates that care and services are culturally safe.

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

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

(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:

Of consumers and representatives interviewed and those randomly selected to participate in the consumer experience report, 100% are satisfied that they have a say in their daily activities always or most of the time.

Consumers said staff provide care according to personal preferences. The service works closely with other healthcare professionals to ensure consumers receive the right care and services that meets their current and ongoing needs. Consumers and representatives are satisfied that they have regular communication in regard to the delivery of care.

Staff confirm established processes of reviewing and updating care plans for consumers and how changes to care is communicated effectively. File reviews show relevant information is passed on to others and input (including medical practitioners, allied health professionals) to deliver safe care. Consumer care plans and assessments are regularly monitored and reviewed.

Care documentation reviewed by the Assessment Team showed that care plans (including end of life wishes) are generally reviewed where changes to consumers’ needs are identified. Nursing staff undertake clinical reviews. Staff demonstrated an understanding of the importance of reporting incidents and management demonstrated how incident data is used continually improve service delivery.

#### 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 recommend that the organisation the seven requirements under Standard 3.

Of consumers and representatives interviewed and those randomly selected to participate in the consumer experience, 100% said they get the care they need always or most of the time and 93% responded that they feel safe always or most of the time.

Staff could describe how they provide care according to consumers’ personal preferences. Staff were able to identify inherent risks of consumer choices and how they supported them to minimise the identified risks. Consumers and representatives are satisfied that consumers are referred to other healthcare professionals in a timely manner.

Care plans and associated documents reviewed consultation from other healthcare professionals that guided staff in complex nursing care including palliative care. Where applicable medical enduring power of attorney (including public advocates) documentation was sighted.

#### 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 Assessment Team found the service has met the seven requirements under Standard 4.

Of consumers and representatives interviewed and those randomly selected to participate in the consumer experience report, high proportion of consumers said they that they are encouraged to do as much as possible for themselves most of the time or always. A small portion of consumers who stated they are encouraged some of the time, stated that their reliance on staff to assist them impacted on their independence.

Of consumers interviewed, 86% said that they like the food always or most of the time. The Assessment Team discussed meal service delivery and staff supervising meals for consumers who needed supervision with the meals was not consistent with their care needs. Management responded positively to feedback and have put strategies in place to improve consumer’s dining experience.

Consumers, representatives and staff provided various examples about how the service promotes emotional, spiritual and psychological wellbeing. The service provides a range of activities that enables consumers to participate in including those consumers with complex care needs. The service actively seeks feedback from consumers on the suitability of current and planned activities. Staff described how they identify and provide one to one engagement for consumers who prefer to stay in their room. The service has a centrally located café providing beverages and light refreshments for the enjoyment of consumers and visitors.

Consumers and representatives are satisfied that the service provides referrals to community organisations and allied health services in a timely manner.

The Assessment Team observed suitable and well-maintained equipment for staff use and adequate supplies to ensure safe care delivery. Staff confirm that they are appropriately trained to use equipment through regular training.

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

Consumer experience interviews show that 93% of consumers and representatives said they feel at home at the service always or most of the time with a small percentage saying some of the time.

The service demonstrated that the environment is welcoming, easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. Individual rooms are decorated with memorabilia, photographs and other personal items. Each wing has communal areas, dining rooms and small private and quiet areas for consumers to sit throughout the service that are appropriately furnished. The service has a multifunctional room, chapel and a café that is staffed two days per week which allows for socialisation and entertainment away from consumer rooms. Consumers have access to outdoor areas including a designated smoking area.

Staff described how they monitor the services cleanliness and maintenance in relation to a safe, clean and well maintained environment. There are documented processes to guide cleaning staff, including a room cleaning schedule. Maintenance is monitored using maintenance folders in each wing of the service that are checked by maintenance two to three times a day, staff said any maintenance issues raised are addressed in a timely manner. The service has a structured preventative maintenance program in place that is monitored via a weekly/monthly preventative maintenance schedule, maintenance monthly compliance report and all external contractors are recorded in the maintenance register. External contracts are monitored by the procurement team at head office.

The service has a process in place for the test and tagging of all equipment entering the service. The service utilises an external electrician to conduct test and tagging at the service. Care staff monitor the cleanliness of slings, the laundry has a sling washing schedule and care staff take slings to the laundry to be washed. Maintenance monitor the condition of slings and the physiotherapists recommends replacements.

#### 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 100% of consumers and representatives said that staff follow up when they raise things with them most of the time or always.

The service has processes in place for consumers and their representatives to provide verbal and written feedback. Feedback forms and confidential lodgement boxes are available throughout the service. Staff interviewed were aware of the feedback process and said there are feedback forms available for consumers and representatives to complete. Management maintain a register of complaints, complements and suggestions. All feedback received is reported to the quality team and executive director of care monthly. Feedback is analysed for trends at site level and benchmarked against all of the organisation’s services. The services feedback trends data identifies consumers believe there is less staff since the new part of the build opened. Feedback can also feed into the continuous quality improvement plan. Complaints and advocacy information is provided to all consumers via their information pack and resident information directory that also contains information in other languages. Feedback is discussed at the monthly resident/relative meetings.

Management demonstrated an understanding of open disclosure. Open disclosure is covered under the incident reporting policy and procedure and the organisation has developed an open disclosure factsheet and flowchart. Incident report template now has a section for management to report on open disclosure. Staff have received information on open disclosure as part of the new standards.

#### 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 including their mandatory requirements. Newly appointed staff are provided with a handbook, code of conduct, complete an onboard checklist and receive at least two buddy shifts with an experienced staff member.

Staff have access to training, training provided is via a self-directed learning package, a booklet is provided, and staff have a questionnaire that they must complete. Management monitor staff training. The organisation recently provided training on the new standards via an application on staff mobile phones and they are looking at other modules that they can upload to the application. Staff interviewed confirmed accessing the training.

Management stated, and documentation reviewed identified there are systems and processes in place to ensure there are sufficient 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. Consumers, representatives and staff commented about the number of new faces in the service. Management said they are gearing up for the increase in beds with the recruitment of additional staff. Staff are notified of shift vacancies via short message service (SMS), the service has diverse short message groups according to the role. Staff interviewed said there are enough staff to complete their work and said unplanned leave is replaced.

Management said the organisation recently implemented a staff appraisal process, developed a staff appraisal policy and procedure due to the implementation of the new standards. Management said the plan is to have 100% completed by June 2020 and ongoing from then on. Management said performance review has been of a ‘reactive’ nature until recently for underperforming staff only.

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 governance framework includes a Board of Directors that meet monthly. The Board receives a board pack via a secure portal seven days prior to the meeting inclusive of reports including Board/committee clinical governance report. The organisation has several sub committees including audit, risk and compliance, remuneration and nomination that meet monthly and zero harm committee that meets quarterly. The organisations Board of Directors, Chief financial officer, executive leadership team and the audit, risk and compliance committee monitor the organisations financials. The service provides monthly reports to the quality team and executive director. The Quality team consolidates all the information and provides a report to the executive leadership team and the Board.

The organisations care and services documentation is paper based and stored in nurses’ stations throughout the service. Staff are notified of any changes in the organisation and service via email, memorandum, daily handover, intranet, short message service (SMS), noticeboards and staff meetings.

Management maintain a continuous quality improvement plan and showed examples of completed and planned improvements across the Standards. Continuous improvement actions are developed from several sources including feedback from staff, consumers and representatives, audits, incidents, surveys and meeting outcomes.

The organisation receives regular regulatory compliance updates from government departments, peak bodies and the aged care guild. Updates received is forwarded to the group quality manager and relevant program staff for review and input. New and updated policies and procedures are approved by the executive leadership team and/or the Board. The organisation has a schedule in place to monitor their policies and procedures to ensure they are relevant and up to date. All policies and procedures are stored on the intranet and hard copy for staff to access. Staff are notified of changes to policies and procedures via email, memorandum, meetings and short message service (SMS).

Management discussed the organisations risk management framework inclusive of risk appetite, roles and responsibilities, risk assessment criteria, risk management register, policy and procedure in place that is monitored by the zero harm, audit, risk and compliance committees and the Board. Incidents are managed at service level via an incident register and reported to the state general manager and the quality team. The organisation outbreak policies and procedures including kits that contain appropriate supplies and appropriate cleaning and laundry procedures for to staff to follow in the event of an outbreak. Interviews with cleaning and laundry staff confirmed they understand and follow the process. The services incident register includes compulsory reporting tab. Compulsory reporting is covered under the incident reporting policy and procedure.

The clinical governance framework ensures the reliability, safety and quality of clinical care and to improve outcomes for consumers. This includes policies regarding antimicrobial stewardship, restraint and open disclosure. Staff have received information sessions and factsheets on antimicrobial stewardship. All consumers, volunteers and staff are offered and encouraged to have annual influenza vaccinations. Management record immunisations via a register. The organisation’s policy and procedure on restraint management guides staff behaviour and ensures a restraint free approach. There are guidelines and authorisation processes where a restrictive practice is required. Management gave examples where they have provided information to consumers and representatives guided by the open disclosure policy.

#### 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