Accreditation Decision

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Jimbelunga Nursing Centre |
| **RACS ID:** | 5468 |
| **Name of approved provider:** | Aboriginal and Torres Strait Islander Community Health Service Brisbane Limited |
| **Address details:**  | 259 River Hills Road EAGLEBY QLD 4207 |
| **Date of site audit:** | 30 September 2019 to 02 October 2019 |

**Summary of decision**

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| --- | --- |
| **Decision made on:** | 12 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:** | 09 December 2019 to 09 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 | 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 | Not Met |
| Requirement 8(3)(a) | Met  |
| Requirement 8(3)(b) | Met  |
| Requirement 8(3)(c) | Not Met |
| Requirement 8(3)(d) | Met  |
| Requirement 8(3)(e) | Met  |
| **Timetable for making improvements:** | By 03 February 2020  |
| **Revised plan for continuous improvement due:** | By 27 November 2019  |

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

Site Audit Performance
Assessment Report

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

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

## Introduction

**This is the report of an assessment of Jimbelunga Nursing Centre (the Service) conducted from 30 September 2019 to 02 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** |
| --- | --- |
| Director of health service | 1 |
| Learning and development manager | 1 |
| Director of corporate services | 1 |
| Counsellor | 1 |
| Assistant in nursing | 4 |
| Environmental support worker | 3 |
| Clinical nurse manager | 2 |
| Director of nursing | 1 |
| Chef | 1 |
| Consumers | 16 |
| Leisure and lifestyle coordinator | 1 |
| Physiotherapist | 1 |
| Catering staff | 1 |
| Environmental manager | 1 |
| Registered staff | 2  |
| Maintenance officer | 1 |
| Chief executive officer | 1 |
| Operations manager | 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 all six of the requirements in relation to Standard 1 were met.

Consumer experience interviews show 100% of consumers agreed that staff treat them with respect always or most of the time. The service uses surveys and feedback and complaints mechanisms to ensure consumers are satisfied that staff treat them with respect and support them to maintain their identity and live the life they choose.

The service demonstrated consumers are treated with dignity and respect and the service actively promotes a culture of inclusion. Staff were observed to interact with consumers respectfully and could readily identify consumer’s individual preferences and interests. Consumers described the ways their social connections are supported both inside and outside the service. The service promotes the value of culture and diversity through staff training, in the range of activities it offers and in the delivery of care that is tailored to the individual consumer.

Staff could provide meaningful examples of how they help consumers to make choices, including asking consumers how staff can help the consumers and asking the consumers “if there is anything they need” and how they support consumers “to live the best life they can”. Consumers and representatives said staff listen to them when they tell staff what is important to the consumer and they can make decisions about their life even when it involves an element of risk.

Consumers and representatives said the service protects their privacy and confidentiality of their information and they are satisfied care and services, including personal care are undertaken in a way that respects their privacy. Staff gave examples of how they respect the consumers’ privacy. The organisation demonstrated how information remains private and confidential consistent with 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:

The Assessment team found all five of the requirements in relation to Standard 2 were met.

Consumer experience interviews show 100% of consumers agreed that staff meet their healthcare needs always or most of the time. Consumers and representatives said their direct engagement in the initial and ongoing and assessment and planning of care helps consumers to get the care and services they need. Consumers and representatives said they feel safe and confident that staff listen to them identifying their goals and preferences. Consumers and representatives said the service seeks input from other professionals to ensure they get the right care and services to meet their needs.

Staff could describe how consumers and others who contribute to the consumers’ care (including medical practitioners, allied health professionals, carers and family) work together to deliver tailored care and services and how they monitor and review the consumers’ care needs and monitor and review care plans on a regular basis and as care needs change.

Consumers said care and services are regularly reviewed and when the consumers’ needs or preferences change, the service communicates with representatives and seeks their input to update care and services. Each of the care and service plans reviewed showed plans have been regularly reviewed and updated. The service demonstrated a care plan review schedule when care plans are due for regular review. Staff demonstrated an understanding of incidents and how these are identified, documented and reviewed by the service to inform continuous improvement.

The Assessment Team was satisfied advance care planning and end of life planning formed part of care planning. Consumers said end of life wishes has been discussed.

#### 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 Not Met

#### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

#### Organisation statement:

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 six of the seven requirements in relation to Standard 3 were met.

Consumer experience interviews show 100% of consumers agreed that staff meet their healthcare needs always or most of the time. Consumers reported they feel safe and confident they are receiving quality care.

Staff could describe how they ensure care is best practice, their opportunities with continuing education and how they ensure information is shared both within and with others outside the service. Care staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. Staff could also identify how incidents were used to inform changes in practice and how they identify high prevalence risks for consumers.

Consumers gave various examples of how staff ensured that care provided was right for them including regularly asking them about their care and services and the way it is delivered during regular case conferences and informal discussions with them and their family.

Each of the care and service plans reviewed indicated the delivery of safe and effective care. This included the review of care for all consumers and those with changing needs. Documentation demonstrated end of life care planning. Involvement with consumers and family and representatives was evident.

The organisation demonstrated they have policies and procedures underpinning the delivery of care and to guide staff practice. The organisation demonstrated how they review practice and policies to ensure they remain fit for purpose including reflective practice following incidents and how policy and practice is informed by advice from consumers and other experts.

The Assessment Team was not satisfied the service effectively manages high impact or high prevalence risks associated with the care of each consumer. This was evidenced by the lack of restraint authority documentation. There was no evidence restraint authority documentation for one consumer who requires chemical and physical restraint was completed as soon as practicable after the consumers entry to the service. In response to this information management said they were unaware this documentation had not been completed for this consumer and immediately arranged for the restraint authority documentation to be completed as soon as practicable by the consumers medical officer and representative.

#### 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) Not 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 met all the requirements in relation to Standard 4.

Consumers interviewed said they are satisfied with services they receive. Consumer experience interviews show 100% of consumers agreed they liked the food always or most of the time. Consumers said they are supported to go to the activities important to them and they are assisted to participate in the community and they receive emotional support and have someone to talk to when they are feeling down. Consumers said they are satisfied with activities provided and the service seeks feedback to monitor satisfaction with the activity program.

The service demonstrated it makes timely referrals to other organisations. It provides meals of a suitable quality, variety and quantity and provides safe, suitable, clean and well-maintained furniture and equipment. This was also observed by the Assessment team.

The service demonstrated it supports consumers to connect with other supports and people outside the service and how it supports consumers wellbeing. The service demonstrated it seeks advice from consumers about activities of interest to them. The service demonstrated how they monitor emotional, spiritual and psychological needs.

#### 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:

#### Requirements:

The Assessment Team found that all three requirements in relation to Standard 5 are met.

Consumer experience interviews show that:

* 100% of consumers randomly interviewed said consumers feel at home always or most of the time.
* 100% of consumers randomly interviewed said consumers always feel safe in the home.

The service environment is welcoming and optimises independence. Level pathways leading to the entrance enable consumers, representatives and visitors with mobility deficits to access the service easily. Consumers are accommodated in single or shared rooms with shared bathroom facilities. Air-conditioners in consumers rooms support individual comfort preferences. The Assessment Team observed consumers have decorated their rooms with personal items.

The service environment is safe, clean, well maintained and comfortable. Corrective and preventative maintenance programs support the safety and comfort of the service environment for staff, consumers and representatives. Outdoor areas enable consumers to move freely indoors and outdoors. Outdoor areas have gardens, a giant chess board, shade, pathways and seating.

The service has furniture and window treatments in dining and lounge areas. Cleaning staff are rostered throughout the week and maintenance issues are logged and reported to a maintenance operator. Environmental risks are identified through regular audits, consumer, representative and staff feedback. Staff interviewed have a shared understanding of the maintenance program.

##### 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 Not 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:

#### Requirements:

The Assessment Team found that three of four requirements in relation to Standard 6 are met.

Consumer experience interviews show that:

* 100% of consumers randomly interviewed said staff follow up when they raise things with them always or most of the time.

The organisation demonstrated consumers and representatives know how to give feedback and make complaints. Consumers said they are encouraged and supported to make complaints.

The organisation demonstrated consumers and representatives have access to advocacy and external complaints services. Information is provided on entry in handbooks and agreements. All consumers receive a copy of the Charter of Aged Care Rights.

The organisation provided examples of actions taken in response to complaints. Staff said they would report complaints to their supervisor. Minutes of meetings and complaints registers demonstrated complaints are used to improve care and services.

Although management could describe an open disclosure process for when things go wrong, the example provided by the organisation did not demonstrate its systems to identify and ensure compliance with open disclosure is effective.

**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) Not 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:

#### Requirements:

Assessment Team found that the service met all five requirements under this standard.

Consumer experience interviews show:

* 93% of consumers randomly interviewed said they get the care they need most of the time or always.
* 100% of consumers randomly interviewed said staff kind and caring most of the time or always.
* 100% of consumers randomly interviewed said staff know what they are doing most of the time or always.

The service demonstrated that processes ensure the workforce is planned to ensure appropriate numbers and skill mix of staff to ensure the delivery and management of safe and quality care and services. Police certificate and registration requirements are monitored and reviewed regularly. Education is provided to meet mandatory requirements as well as service needs. Consumers said there are sufficient staff to meet consumers’ needs and discuss their care requirements.

Staff held qualifications relevant to their roles and were familiar with individual consumer’s needs, preferences and daily routines. Recruitment and performance monitoring processes ensure staff competence is maintained and where non-performance is identified, management address it in a timely manner.

##### 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 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:

2. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

#### Summary of Assessment of Standard 8:

#### Requirements:

The Assessment Team found that three of five requirements in relation to Standard 8 are met.

Consumer experience interviews show:

* 100% of consumers randomly interviewed said this place is well run most of the time or always.

The service demonstrated they involve consumers in the delivery and evaluation of care and services, providing examples of how consumers are supported on a day-to-day basis. Consumers said they are involved in care planning and delivery and provided various examples of how this occurs.

The governing body meets regularly, sets clear expectations for the organisation and regularly reviews risks from an organisational and consumer perspective. There are organisation wide governance systems to support effective information management, the workforce, regulations and clinical care. The organisation did not demonstrate they have effective regulatory compliance systems which ensure the organisation complies with relevant legislation.

The clinical governance framework supports consumers to live the best life they can and addresses identifying and responding to abuse and neglect of consumers. Staff could describe how they would respond to such incidents and management demonstrated appropriate related systems in place to support staff. Clinical governance systems support the effective management of high-impact or high-prevalence risks including pressure injuries, the number of consumers with restrictive practices and falls.

The clinical governance framework addresses anti-microbial stewardship and minimising the use of restraint. The organisation did not demonstrate how its framework for open disclosure is effective.

##### 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 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) Not 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