Accreditation Decision

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | John Paul II Village |
| **RACS ID:** | 6125 |
| **Name of approved provider:** | Southern Cross Care (SA & NT) Incorporated |
| **Address details:** | 6A Dianne Street KLEMZIG SA 5087 |
| **Date of site audit:** | 18 November 2019 to 19 November 2019 |

**Summary of decision**

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| --- | --- | --- |
| **Decision made on:** | 23 December 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:** | 19 February 2020 to 19 February 2023 | |
| **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 | | Not Met |
| Requirement 3(3)(a) | | Met |
| Requirement 3(3)(b) | | Not Met |
| Requirement 3(3)(c) | | Met |
| Requirement 3(3)(d) | | Not 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 |
| **Timetable for making improvements:** | By 06 April 2020 | |
| **Revised plan for continuous improvement due:** | By 07 January 2020 | |

**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 John Paul II Village (the Service) conducted from 18 November 2019 to 19 November 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 | 13 |
| Consumer representatives | 0 |
| Management | 4 |
| Nursing staff | 2 |
| Care staff | 3 |
| Allied health | 2 |
| Hospitality management, catering and cleaning staff | 4 |
| Maintenance management and maintenance staff | 2 |
| Lifestyle staff | 2 |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Met

#### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

#### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

#### Summary of Assessment of Standard 1:

The Assessment Team found the organisation met all of the requirements in relation to Standard 1.

Of consumers and representatives randomly sampled, 100% of respondents say staff treat them with respect most of the time or always, feel safe most of the time or always, have a say in their daily activities most of the time or always and are encouraged to do as much as possible for themselves most of the time or always. Consumers provided feedback such as ‘I feel comfortable to be who I am’, ‘whatever help I need they provide me’, ‘have a choice in when I am showered’. ‘I always feel safe here and staff know who I am an what is important to me.’

The organisation demonstrated processes to ensure consumers are treated with dignity, services are inclusive, consumers are respected, and consumers are supported to exercise choice. The service has a range of policies and procedures which includes a diversity action plan to support staff in identifying consumers and supporting consumers from a range of cultures and identities and a resident/client choice policy which contains information on supporting choice. The service has a range of risk assessments which are completed to inform care planning on entry into the service and ongoing.

Management and staff were familiar with consumers and their lives and demonstrated an understanding of consumer’s individual care and service preferences and culture. Staff were observed treating consumers with dignity and respect

The organisation demonstrated a range of monitoring tools and improvements which include implementing one-page consumer profiles, cultural choice and lifestyle surveys, monthly resident meetings, observation of staff practice and a care plan review schedule.

#### Requirements:

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

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

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

The organisation demonstrates that care and services are culturally safe.

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

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

1. make decisions about their own care and the way care and services are delivered; and
2. make decisions about when family, friends, carers or others should be involved in their care; and
3. communicate their decisions; and
4. make connections with others and maintain relationships of choice, including intimate relationships.

##### **Standard 1 Requirement 3(d) Met**

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

##### **Standard 1 Requirement 3(e) Met**

The organisation demonstrates that information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.

##### **Standard 1 Requirement 3(f) Met**

The organisation demonstrates that each consumer’s privacy is respected and personal information is kept confidential.

### Standard 2: Ongoing assessment and planning with consumers Met

#### Consumer outcome:

1. I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

#### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

#### Summary of Assessment of Standard 2:

The Assessment Team found the organisation met all of the requirements in relation to Standard 2.

Consumers and representatives confirmed they are involved in ongoing assessment and planning. Consumers provided feedback such they are aware they have a care plan, and nurses regularly discuss their needs with them.

The organisation demonstrated processes to ensure assessment and planning helps consumers get the care and services they need for their health and well-being. The organisation has a range of validated risk screening tools and a 30-day new admission checklist. Admission process to ensure all relevant information is captured and used to inform the consumer’s care plan.

Management was able to provide evidence that staff are provided training on assessment and care planning. Consumers confirmed the outcomes of assessment and planning is communicated and the outcomes recorded in the electronic documentation system. The service has a range of processes to ensure consumers are assessed when their needs change or when incidents impact on their needs, goals or preferences. This includes a scheduled review process, monthly monitoring of clinical information, handover process and a reassessment process when consumers return from hospital. The organisation demonstrated they communicate the outcomes of assessment and planning when consumers enter the service and ongoing.

The organisation demonstrated a range of monitoring tools and improvements which include scheduled audits, care plan review schedule and showed they have completed a review of their policies and procedures in relation to Standard 2.

#### Requirements:

##### **Standard 2 Requirement 3(a) Met**

The organisation demonstrates that assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.

##### **Standard 2 Requirement 3(b) Met**

The organisation demonstrates that assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.

##### **Standard 2 Requirement 3(c) Met**

The organisation demonstrates that assessment and planning:

1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and
2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

##### **Standard 2 Requirement 3(d) 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:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

#### Summary of Assessment of Standard 3:

The Assessment Team found the organisation met five of seven requirements in relation to Standard 3.

Of consumers and representatives randomly sampled, 100% of respondents say they get the care they need most of the time or always. Consumers provided feedback such they see the doctor when they have a urinary infection and see the nurse who completed a range of assessments when they entered the service.

The organisation was not able to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. Consumers who had risks associated with diabetes, blood pressure or are at risk of seizures did not have these needs planned for and/or effectively managed.

The organisation was not able to 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. Two consumers had changes to their hearing needs following a review by an audiologist. Staff at the service were not aware of these changes and one consumer was not satisfied following the review.

This organisation has a range of policies and procedures and assessment processes which inform the care plan. The service has a range of mechanisms to monitor the consumers clinical and personal care needs which is supported through an electronic documentation system which facilitates the trending of incident and clinical data. The organisation has an electronic medication management system which facilitates the recording of medication administration.

Staff interviewed described referral mechanisms to allied health staff and others who support consumers in managing their clinical and personal care needs. The Assessment Team observed staff undertaking infection control processes and were able to describe consumers who had specific infection control requirements.

The organisation demonstrated a range of monitoring tools and improvements. This includes scheduled audits, a care plan review schedule and a review of policies and procedures.

#### Requirements:

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

The organisation demonstrates that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

1. is best practice; and
2. is tailored to their needs; and
3. optimises their health and well-being.

##### **Standard 3 Requirement 3(b) Not Met**

The organisation demonstrates effective management of high impact or high prevalence risks associated with the care of each consumer.

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

The organisation demonstrates that the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

##### **Standard 3 Requirement 3(d) Not Met**

The organisation demonstrates that deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.

##### **Standard 3 Requirement 3(e) Met**

The organisation demonstrates that information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.

##### **Standard 3 Requirement 3(f) Met**

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

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

The organisation demonstrates minimisation of infection related risks through implementing:

1. standard and transmission based precautions to prevent and control infection; and
2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

### Standard 4: Services and supports for daily living Met

#### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and   
   well-being and that enable me to do the things I want to do.

#### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

#### Summary of Assessment of Standard 4:

The Assessment Team found the organisation met all requirements in relation to Standard 4.

Of consumers and representatives randomly sampled, 100% of respondents say they like the food most of the time or always and are encouraged to do as much as possible for themselves most of the time or always. Consumer feedback included they have things to do to during the day and they enjoy the gym and exercise program.

The organisation demonstrated processes to ensure consumers get services and supports for daily living that are important to their health and well-being and have things to do. Consumers have a range of assessments completed which identifies what it is important to the consumer and forms part of the initial and ongoing goal setting and review process. The organisation has a wellness approach to support consumers in living the life they choose. Consumers have access to an onsite gym and are supported to participate in individual and group-based exercises.

Lifestyle staff described completing a range of assessments to identify emotional and spiritual needs in addition to lifestyle and activity preferences. A review of consumer files showed this was completed and they were participating in scheduled activities. The service supports consumers to access a range of spiritual services through local ministry services in addition to other visiting ministers and pastoral workers. Consumers are provided an information booklet and agreement on entry to the organisation which provides information on lifestyle activities and pastoral support.

The organisation has a corporate four-week rotating menu which is varied according to the season. The menu has been reviewed by a dietitian. Consumers are consulted about menu choices and changes to the corporate menu can be made based on feedback and the preferences of consumers at each site. Feedback to management on the meals is provided through the service’s food focus and resident meetings. Any feedback raised by consumers is discussed personally with them by management or catering staff. All consumers said they like the meals most of the time or always. Meals are prepared and served according to each consumer’s dietary requirements, taking into account their likes and dislikes, allergies, texture, and any special dietary requirements.

Staff confirmed there is sufficient supplies and equipment to provide personal and clinical care. Preventative maintenance is undertaken by either maintenance staff or external contractors to ensure all equipment is clean and safe to use.

#### Requirements:

##### **Standard 4 Requirement 3(a) Met**

The organisation demonstrates that each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.

##### **Standard 4 Requirement 3(b) Met**

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

##### **Standard 4 Requirement 3(c) Met**

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

1. participate in their community within and outside the organisation’s service environment; and
2. have social and personal relationships; and
3. do the things of interest to them.

##### **Standard 4 Requirement 3(d) Met**

The organisation demonstrates that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

##### **Standard 4 Requirement 3(e) Met**

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

##### **Standard 4 Requirement 3(f) Met**

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

##### **Standard 4 Requirement 3(g) Met**

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

### Standard 5: Organisation’s service environment Met

#### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

#### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

#### Summary of Assessment of Standard 5:

The Assessment Team found all requirements in Standard 5 were met.

Consumers said they feel safe and at home living in the service. Consumers said they are satisfied with their room and the overall environment of the service and can freely access the outdoor areas, including taking walks through the garden area.

The service was observed to be welcoming with individual rooms decorated with memorabilia, photographs and other personal items. The rooms, which are all single rooms with ensuites, were observed to be clean and well maintained. Consumers can move freely around the service and there is appropriate signage to guide them. Consumers have access to clean and tidy outdoor garden areas. Consumers were observed sitting outside under the veranda areas talking with other consumers. The service has a dining room in each House where consumers can have their meals, a large activity area which is also used as a chapel, a gymnasium, and a café.

Cleaning of consumer’s rooms and public areas is undertaken according to a schedule. The service launders consumer clothing. Consumers said they are satisfied with both the cleaning and laundry services provided.

Preventative maintenance schedules and reactive maintenance requests ensure the service is well maintained. Staff interviewed were aware of the processes for reporting maintenance issues to maintenance staff. Consumers and staff said maintenance is undertaken in a timely manner. Electrical items are tested and tagged to ensure they are safe to use, and fire safety is monitored by an external contractor.

#### Requirements:

##### **Standard 5 Requirement 3(a) Met**

The organisation demonstrates that the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

##### **Standard 5 Requirement 3(b) Met**

The organisation demonstrates that the service environment:

1. is safe, clean, well maintained and comfortable; and
2. enables consumers to move freely, both indoors and outdoors.

##### **Standard 5 Requirement 3(c) Met**

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

### Standard 6: Feedback and complaints Met

#### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

#### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

#### Summary of Assessment of Standard 6:

The Assessment Team found the organisation met all requirement in relation to Standard 6.

Consumers said they have opportunities to provide feedback to management through verbal communication, feedback forms and meetings, and feel safe and comfortable to do so. Consumers said staff follow up when they raise things with them most of the time or always. The service has a ‘resident representative’ who can raise concerns either with management or at meetings on behalf of other consumers at the service.

The organisation demonstrated that consumers are provided with information on how to give feedback and make complaints. This includes information on advocacy service, interpreter services and external complaints organisations. The service has information available in other languages.

Staff described the service’s complaints mechanisms including advising management of any verbal complaints which they may receive.

Feedback is recorded on a Complaints Register. Complaints are monitored, reviewed and analysed by corporate and site management staff. Any suggestions which may arise following a complaint or concern are recorded on the service’s plan for continuous improvement to assist in improving the quality of services and care provided by the service.

#### Requirements:

##### **Standard 6 Requirement 3(a) Met**

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

##### **Standard 6 Requirement 3(b) Met**

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

##### **Standard 6 Requirement 3(c) Met**

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

##### **Standard 6 Requirement 3(d) Met**

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7: Human resources Met

#### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

#### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

#### Summary of Assessment of Standard 7:

The Assessment Team found the organisation met all requirements in relation to Standard 7.

Consumers said staff are kind and caring and know what they are doing. Consumers said staff are respectful and polite and are aware of their individual identity, culture and diversity.

The organisation demonstrated that staff are recruited to specific roles, trained and equipped to undertake these roles. New staff undertake corporate and site orientation and are provided with support from experience staff. Staff have annual appraisals, and new staff are reviewed through their probation period.

The organisation demonstrated that the number and mix of staff at the service is planned to enable safe and quality care and services. The organisation has a casual staffing pool and staff from the pool are rostered to fill vacant shifts when permanent staff are unavailable. Casual staff have been trained in the Southern Cross Care model of care. Agency staff are used when casual staff are not available. Consumers said staff are available to assist them when they need it and respond to their call bells in a timely manner. Staff said they generally have enough time to complete their duties.

The service ensures staff are competent and have the qualifications and knowledge to effectively perform their roles. Mandatory training is undertaken either through the on-line training system or face-to-face. The organisation holds professional development days for nursing staff and education days for care staff. The completion of mandatory training is monitored corporately, and reminders sent to the site manager. Consumer satisfaction with staff performance is monitored through feedback and surveys.

The Assessment Team observed staff to be kind, caring and respectful in their interactions with consumers.

#### Requirements:

##### **Standard 7 Requirement 3(a) Met**

The organisation demonstrates that the workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.

##### **Standard 7 Requirement 3(b) Met**

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

##### **Standard 7 Requirement 3(c) Met**

The organisation demonstrates that the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

##### **Standard 7 Requirement 3(d) Met**

The organisation demonstrates that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

##### **Standard 7 Requirement 3(e) Met**

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

### Standard 8: Organisational governance Met

#### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

#### Organisation statement:

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

#### Summary of Assessment of Standard 8:

The Assessment Team found the organisation demonstrated all requirements in relation to Standard 8 were met.

Consumers and representatives interviewed confirmed they can participate in the improvement of delivery of care and services through various ways, including providing feedback and suggestions, input in care consultation processes, and involvement during meetings. Consumers said the service is well run and confirmed they receive timely and appropriate communication in relation to the care provided to them or about what is happening within the organisation.

Information on the new Aged Care Standards and the Charter of Aged Care Rights have been provided to consumers and staff have been provided with education on the new Standards and the new Code of Conduct.

The organisation has reviewed their governance structure to align with the new Aged Care Standards. This has included the introduction of a new Values Statement and new Code of Conduct for staff. The governance structure supports all aspects of the organisation, including information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints and open disclosure. The clinical governance framework addresses anti-microbial stewardship, open disclosure and minimising the use of restraint. Staff interviewed understood these concepts and could explain how they were applied in practice.

Monitoring and the review of governance processes occurs through regular site, corporate and Board meetings. Data is reviewed and used to identify areas where the organisation can improve. Management demonstrated opportunities across the organisation which have resulted in continuous improvement activities being implemented.

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

1. information management;
2. continuous improvement;
3. financial governance;
4. workforce governance, including the assignment of clear responsibilities and accountabilities;
5. regulatory compliance;
6. feedback and complaints.

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

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

1. managing high impact or high prevalence risks associated with the care of consumers;
2. identifying and responding to abuse and neglect of consumers;
3. supporting consumers to live the best life they can.

##### **Standard 8 Requirement 3(e) Met**

The organisation demonstrates that where clinical care is provided—a clinical governance framework, including but not limited to the following:

1. antimicrobial stewardship;
2. minimising the use of restraint;
3. open disclosure.