Accreditation Decision

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Labrina Village |
| **RACS ID:** | 6128 |
| **Name of approved provider:** | Southern Cross Care (SA & NT) Incorporated |
| **Address details:** | 63 - 71 Labrina Avenue PROSPECT SA 5082 |
| **Date of site audit:** | 05 November 2019 to 07 November 2019 |

**Summary of decision**

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| --- | --- | --- |
| **Decision made on:** | 02 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:** | 29 January 2020 to 29 January 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 | | 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 Labrina Village (the Service) conducted from 5 November 2019 to 7 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 and consumer representatives | 13 |
| Corporate management | 4 |
| Acting residential services manager | 1 |
| Clinical and care staff | 7 |
| Wellbeing and lifestyle staff | 3 |
| Chef | 1 |
| Ancillary staff | 2 |
| Allied health professionals | 2 |
| Administration officer | 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:

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

#### Summary of Assessment of Standard 1:

The Assessment Team found that the organisation demonstrated all six requirements under Standard 1 were met.

Consumer experience interviews show that 100% of consumers said staff treat them with respect and they are encouraged to do as much as possible for themselves. The majority of consumers said staff explain things to them. Consumers described ways in which the service and staff support them to maintain their independence through respecting their choices in relation to activities of daily living, lifestyle activities and meals. Consumers confirmed staff respect their privacy and personal information is kept confidential.

The organisation and the service use information from surveys and feedback processes to ensure consumers’ needs are being met by staff, and that staff are supporting consumers to maintain their identity and live the life they choose. Staff were observed interacting with consumers in a respectful and polite manner and could readily identify consumer’s individual preferences and interests. The service promotes the value of culture and diversity through staff training, in the range of activities it offers for consumers and individual preferences and delivery of care is tailored to each consumer. Staff provided examples of how they assist consumers to make choices and support them to take risks.

Consumers said the service protects the 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 maintain the privacy of consumers. Staff could demonstrate their understanding of what they do to ensure consumers are made to feel respected and comfortable.

#### 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 all five requirements in relation to Standard 2 were met.

Consumer experience interviews show that 100% of consumers agreed they have a say in their daily activities most of the time or always, and provided examples of how the service provides assessment and planning to identify and assess consumer’s current needs, goals and preferences, including advanced care planning and end of life planning. Consumers reported feeling safe and confident staff listen to their goals and preferences and that the organisation seeks input from other professionals to ensure they get the right care and services to meet their needs.

The organisation utilises a range of comprehensive assessments which are reviewed every six months to ensure they are adequately meeting consumers’ needs and preferences.

Staff could describe how consumers and others who contribute to the consumer’s care including medical practitioners, allied health professionals, carers and family work together to deliver a tailored care and service plan and monitor and review the plan as needed.

Consumers reported their care and services are regularly reviewed and when something goes wrong, or their needs or preferences change, the organisation is quick to communicate with them and seek their input to update the care and services they are getting. Care and service plans viewed showed they are being regularly reviewed and include the date by which the next review of care and services is to be undertaken. Staff demonstrated an understanding of adverse incidents or near-miss events and how these were identified, documented and reviewed by the service, to inform continuous improvement.

#### 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 Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 3:

The Assessment Team found that all seven of the requirements in relation to Standard 3 are met.

The organisation demonstrates that each consumer gets safe and effective personal and clinical care that is tailored to their needs and optimises their health and wellbeing. The organisation demonstrates when a consumer’s condition deteriorates or changes in relation to a consumer’s mental health, cognitive or physical function, capacity or condition, it is recognised and responded to in a timely manner and referred to other professionals.

The majority of consumers and representatives interviewed are satisfied that the care being provided is meeting their needs and are satisfied staff respond to their change in health status in a timely manner. Staff interviewed could describe how they use the handover information, care plans and policies and procedures guidelines to guide them to best practice. Staff described a range of consumer’s clinical and personal care needs and how the care provided is tailored to meet these needs and described how they recognise changes in consumer’s condition, health and abilities and the responses they would take, and infection minimisation strategies.

The service’s monitoring process includes data analysing and trending through a variety of processes including incident evaluation and reviewing outcomes to keep improving the clinical and personal care and changes to care and practice. When an improvement is identified in relation to optimising care for each consumer, the service implements it through their continuous improving system.

#### Requirements:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The organisation demonstrates minimisation of infection related risks through implementing:

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

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

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 4:

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

Consumers interviewed said they are satisfied with the services they receive to support their independence, well-being and quality of life. Consumers said they are encouraged to be as independent as possible and can participate in the activities they choose to. Consumers have a say in their day to day activities and their choices are respected by staff and management. Staff said they respect each consumer’s choice and encourage consumers to attend activities of their choosing. Staff provided examples of the emotional, spiritual and psychological support provided to consumers, including the involvement of volunteers and one-to-one activities. The service provides weekly church services and support from a pastoral carer. New consumers are welcomed by senior staff.

Well-being and lifestyle staff obtain information from consumers on their preferences and these are incorporated into consumer’s individual care plan. Attendance at activities are monitored and activities are evaluated based on feedback from consumers. Well-being care plans are reviewed six-monthly.

Meals are prepared on site using fresh produce. The corporate menu is prepared by an external organisation, reviewed by a dietitian and can be modified according to the wishes of consumers at the site. The majority of consumers interviewed said they are satisfied with the meals provided and can request other meal options if they wish. Consumers said they can express any concerns at resident meetings and food focus meetings. Any concerns raised are discussed individually with consumers either with management or the chef.

Staff said they are provided with information about changes in consumer’s care needs. This occurs through handover processes or verbal communication. Agency staff are provided with an orientation to the service’s systems and processes. Management described the processes for referring consumers to external allied health professionals and other organisations should there be a need to do so. Documentation confirmed these referrals occur.

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 generally feel 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. Consumers said they can decorate their rooms with furniture and items from home. Consumers on the first floor can access the ground floor either via the lift, the ramp or stairs.

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 clean and well maintained. The layout of the service enables consumers to move around freely, with signage to guide them. Consumers have access to clean and tidy outdoor areas. The service has a large lounge/dining area on the ground floor and a dining area on the first floor.

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

Preventative maintenance and unplanned maintenance ensure the service is well maintained and staff can report any maintenance issues to maintenance staff. Staff said repairs or arrangements for repairs are organised by maintenance staff in a timely manner. Electrical items are tested and tagged annually, 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 all requirements in Standard 6 were met.

Consumers interviewed said they are aware of feedback systems available to them and are encouraged by the service to utilise them to raise concerns and make suggestions for improvements to the services provided. Consumers said staff follow things up when they raise things with them most of the time or always. Consumers gave examples of concerns and suggestions raised which had been appropriately managed by the service and said they have access to advocates and other external methods for raising and resolving complaints.

The service demonstrated action is taken in response to complaints received from consumers and their representatives and that an open disclosure process is used when things go wrong. Staff interviewed described what they are required to do when they receive verbal or written feedback or complaints from consumers or their representatives through meetings.

Feedback received is reviewed, reported and analysed and the results used by the organisation to inform its continuous improvement systems and are used to improve the quality of care.

#### 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 generally know what they are doing. Consumers said staff are respectful of their individual identity, culture and diversity and provided examples of how they celebrate events of cultural significance to them.

The Assessment Team observed kind and caring interactions by staff with consumers.

The organisation demonstrated that staff are recruited to specific roles, trained and equipped to undertake these roles and supported to deliver outcomes for consumers. Consumers are encouraged to provide feedback regarding their satisfaction with staff. New staff undertake corporate and site orientation and are provided with support from experience staff. Staff have annual appraisals, and new staff are monitored through their probation period.

The organisation demonstrated that the number and mix of staff of 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 on leave. These staff have been trained in the Southern Cross Care model of care. Agency staff are used when casual staff are not available to fill shifts. Care staff are allocated to work in a specific area to provide continuity of care to consumers. 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 had enough time to complete their duties.

The service ensures staff are competent, and that staff have the qualifications and knowledge to effectively perform their roles. Mandatory training is undertaken by staff either through the on-line training system or face-to-fact. 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.

#### 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 in meetings. Consumers and representatives also confirmed they receive timely and appropriate communication in relation to the care provided and 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.

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 and in relation to these quality standards result 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.