Accreditation Decision

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Maybanke Aged Care Plus Centre |
| **RACS ID:** | 0059 |
| **Name of approved provider:** | The Salvation Army (NSW) Property Trust |
| **Address details:**  | 80 Wardell Road DULWICH HILL NSW 2203 |
| **Date of site audit:** | 02 October 2019 to 04 October 2019 |

**Summary of decision**

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| --- | --- |
| **Decision made on:** | 06 November 2019 |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. |
| **Decision:** | To re-accredit the service under section 41 of the Rules. |
| **Further period of accreditation:** | 15 November 2019 to 15 November 2022 |
| **Assessment of performance with the Aged Care Quality Standards** |
| Standard 1 Consumer dignity and choice | Met  |
| Requirement 1(3)(a) | Met  |
| Requirement 1(3)(b) | Met  |
| Requirement 1(3)(c) | Met  |
| Requirement 1(3)(d) | Met  |
| Requirement 1(3)(e) | Met  |
| Requirement 1(3)(f) | Met  |
| Standard 2 Ongoing assessment and planning with consumers | Met  |
| Requirement 2(3)(a) | Met  |
| Requirement 2(3)(b) | Met  |
| Requirement 2(3)(c) | Met  |
| Requirement 2(3)(d) | Met  |
| Requirement 2(3)(e) | Met  |
| Standard 3 Personal care and clinical care | Not Met |
| Requirement 3(3)(a) | Not Met  |
| Requirement 3(3)(b) | Not 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 21 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 Maybanke Aged Care Plus Centre (the Service) conducted from 2 October 2019 to 4 October 2019.**

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

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

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

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

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

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

## Assessment Details

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

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers and representatives | 18 |
| Centre manager | 1 |
| Area manager | 1 |
| Clinical quality compliance manager | 1 |
| National director aged care | 1 |
| Consultation and customer advocacy manager | 1 |
| Clinical governance manager | 1 |
| Clinical care manager | 1 |
| Registered nurse | 2 |
| Care staff | 4 |
| Physiotherapy aide | 1 |
| Catering staff | 1 |
| Chaplain | 1 |
| Lifestyle officer | 1 |
| Maintenance officer | 1 |
| Cleaning staff | 2 |
| External contractors | 2 |
| Physiotherapy aide | 1 |
| Clinical psychologist | 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 all six requirements under Standard 1 were met.

Of consumers randomly sampled for the consumer experience report,100% responded staff treat them with respect all or most of the time. 100% of consumers responded staff are kind and caring most of the time or always. Consumers and their representatives were satisfied their personal care is undertaken in a respectful way and their dignity valued.

The service has a Chaplain who assists with spiritual, cultural and emotional support. Staff were able to provide various examples of how they acknowledge and support the identity, culture and diversity of the consumer. Consumers reported that their culture and religious needs are met, and staff support them to continue relationships both within and outside the service. Staff were observed to interact with consumers respectfully and could readily identify consumers’ individual preferences and interests.

A wide range of activities are available at the service that reflect the diverse backgrounds and preferences of the consumer. The leisure program is translated into different languages to match the needs of consumers.

Consumers reported they can make decisions about their life, even when it involves risk. Staff confirmed they support and encourage consumers to life the life they want to live.

The organisation provides information to consumers and their representatives in several formats including newsletters, correspondence, posters and regular meetings and actively promotes a culture of inclusion.

Confidentiality is maintained through password protection and security of documents, private environment for clinical handover. All staff and contractors sign confidentiality agreements. Staff were observed being respectful of consumers privacy.

#### 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 Not 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 four of the five requirements under this standard were met.

Of consumers randomly sampled for the consumer experience report, 100% indicated they get the care they need most or all the time.

The service has a system for regular and responsive reassessment and planning of care and services, however assessments are not always accurate and risks are not always fully addressed.

The organisation is yet to set up systems to fully support ongoing partnership with consumers. Documentation does not consistently support consultation is occurring in relation to assessment and care planning.

Staff are able to explain their practices in relation to consulting with consumers about their preferences for care and services. Despite some gaps in documentation, the care is usually being planned in consultation with the consumer and their representatives. Consultation includes involvements of other health professionals including specialists.

With the exception of two consumers out of 18 interviewed, all were satisfied with the consultation and the care being provided.

Following falls or aggression behaviour incidents there is a comprehensive system to investigate and implement changes to prevent recurrence.

#### Requirements:

##### **Standard 2 Requirement 3(a) Not 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 five of the seven requirements under Standard 3 were met.

Of consumers randomly sampled for the consumer experience report, 100% responded they feel safe all or most of the time, 92% agreed they are encouraged to do as much as possible for themselves always or most of the time. 100% responded that staff explain things to them most or all the time.

Staff were able to describe how they can easily access policies about best practice, and their opportunities for education.

On most occasions consumers were receiving quality clinical care with referrals occurring as needed, however the service was not able to demonstrate it is consistently maintaining best practice in clinical care. Deficits were identified in high risk areas of personal and clinical care, fluid intake monitoring, hearing loss, medication management and behaviour management. Changes to the care plan are not always communicated to all relevant people responsible for services.

Registered nurses, care and hospitality staff demonstrated an understanding of infection control, including regular handwashing and cleanliness of equipment. The service has never had an outbreak.

#### Requirements:

##### **Standard 3 Requirement 3(a) Not 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) 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 that all seven requirements under Standard 4 were met.

Of consumers randomly sampled for the consumer experience report, 100% agreed they have a say in their daily activities always or most of the time. Most consumers agreed they are supported to be happy and live a good life in the service.

A range of assessments are completed for consumers on entry and on an ongoing basis to identify their preferences for services and lifestyle activities to ensure their independence, health and wellbeing and quality of life is supported.

Emotional and spiritual support is provided by an on-site chaplain who provides regular services and individual visits with consumers/ representatives.

The organisation demonstrated that it supports consumers to connect with existing friendship groups outside the service, introduce them to other groups from outside the service and develop friendships within the service. Consumer care plans included detailed reviews about important social and personal relationships for consumers and include where relevant how they will be able to attend social groups outside the service.

The organisation seeks advice from consumers about activities that are of interest to them and has a regularly updated lifestyle activities calendar that is translated into relevant languages. Information and feedback from consumers and others responsible for their care is regularly reviewed and monitored to ensure services are safe and effective.

69% of consumers agreed they like the food always or most of the time, 8% said never. The chef visits consumes to discuss the menu and their preferences. Food focus groups are held to provide information about preferences related to food. A buffet breakfast with extended meal service is available.

Safe, suitable, clean and well-maintained equipment was observed throughout the organisation. Consumers with special needs were assisted to obtain customised equipment.

#### 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 that all three requirements under Standard 5 were 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. Consumers are accommodated in single rooms with ensuite bathrooms. The service has many small and welcoming areas for consumers to sit and enjoy.

Homely decorations such as books, ornaments, cushions and small throw rugs present a welcoming atmosphere.

All consumers and representatives indicated that they are satisfied with the living environment. While some consumers said it isn’t like their home, they all felt comfortable in the living environment.

The service environment was observed to be clean, well maintained, well-lit and of a comfortable temperature. A comprehensive cleaning program is in place and the environment was observed to be clean. The cleaner knows consumers well and the Assessment Team observed her assisting a consumer to open their door and engaging in friendly banter with them.

The grounds have extensive gardens which are well maintained and have comfortable sitting areas. Automatic opening doors enable consumers to freely access the garden areas when they wish to do so and consumers, including consumers who rely on mobility aids, were observed accessing the garden areas independently.

There are monitoring systems and processes which support the ongoing maintenance of the service and to ensure the suitability of building, furniture, fittings and equipment. Areas of risk are identified and managed. Staff interviewed have knowledge of the systems which support the maintenance of a safe and comfortable environment. Contracted cleaning staff confirmed cleaning services are delivered as arranged. Management confirmed there are processes to identify and escalate emerging risks and maintenance issues.

#### 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 that all four requirements under Standard 6 were met.

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

Consumers and representatives said the centre manager makes a point of seeing them every day and asks if they have any concerns. They said the centre manager and staff are very receptive to any concerns they raise. Two consumers said that resident and relative meetings are another avenue where they can raise concerns.

Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

All consumers and representatives who were asked about making complaints were aware of avenues they can use to raise complaints.

The organisation has created an organisational position of consultation and customer advocacy manager whose role includes assisting consumers to raise concerns and have them addressed.

Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

Consumers and representatives confirm that action has been taken when they have raised any concerns and 100% of consumers/representatives randomly interviewed said staff follow up when they raise things with staff most of the time or always.

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

Monthly quality indicators include the collation and trending of data about complaints received by the service. The data is reviewed at a service level and is reported to the organisation’s clinical manager.

#### 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 that all five requirements under Standard 7 were 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.

All consumers and representatives indicated that there are sufficient staff to meet the consumer’s needs.

Staff interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. 100% of consumers/representatives randomly interviewed said staff kind and caring most of the time or always. The Assessment Team saw staff interactions which were kind and caring.

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

100% of consumers/representatives randomly interviewed said staff know what they are doing most of the time or always.

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

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

#### 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 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:

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 that two of five requirements under Standard 8 were met.

Whilst there is partnership around individual care the organisation does not demonstrate that consumers are engaged in the development, delivery and evaluation of services and are supported in that engagement. Whilst the organisation has included general statements about the involvement of consumers in the development and evaluation of care and services, work to embed this in the organisation has not been undertaken.

The organisation does not demonstrate that the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

The organisation demonstrates effective organisation wide governance systems relating to information management, continuous improvement, financial governance and workforce. Whilst the organisation has systems for ensuring regulatory compliance, these systems have not been robust in relation to monitoring that all contractors have necessary criminal record check clearances.

The organisation demonstrates risk management systems and practices are in place and has clinical management procedures in place to guide staff in relation to the delivery clinical care. A quality compliance team supports the service’s management in relation to risk management, including through undertaking audits and monitoring practice.

The organisation demonstrates that a clinical governance framework, including but not limited to antimicrobial stewardship, minimising the use of restraint and open disclosure is in place.

#### Requirements:

##### **Standard 8 Requirement 3(a) Not 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) Not 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 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.