Accreditation Decision

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Mayfield Aged Care |
| **RACS ID:** | 2507 |
| **Name of approved provider:** | M.N.H. Pty Ltd |
| **Address details:** | 115 Crebert Street MAYFIELD NSW 2304 |
| **Date of site audit:** | 03 September 2019 to 06 September 2019 |

**Summary of decision**

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| --- | --- | --- |
| **Decision made on:** | 01 October 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:** | 18 October 2019 to 18 October 2022 | |
| **Assessment of performance with the Aged Care Quality Standards** | | |
| Standard 1 Consumer dignity and choice | | Met |
| Requirement 1(3)(a) | | Met |
| Requirement 1(3)(b) | | Met |
| Requirement 1(3)(c) | | Met |
| Requirement 1(3)(d) | | Met |
| Requirement 1(3)(e) | | Met |
| Requirement 1(3)(f) | | Met |
| Standard 2 Ongoing assessment and planning with consumers | | Met |
| Requirement 2(3)(a) | | Met |
| Requirement 2(3)(b) | | Met |
| Requirement 2(3)(c) | | Met |
| Requirement 2(3)(d) | | Met |
| Requirement 2(3)(e) | | Met |
| Standard 3 Personal care and clinical care | | Met |
| Requirement 3(3)(a) | | Met |
| Requirement 3(3)(b) | | Met |
| Requirement 3(3)(c) | | Met |
| Requirement 3(3)(d) | | Met |
| Requirement 3(3)(e) | | Met |
| Requirement 3(3)(f) | | Met |
| Requirement 3(3)(g) | | Met |
| Standard 4 Services and supports for daily living | | Met |
| Requirement 4(3)(a) | | Met |
| Requirement 4(3)(b) | | Met |
| Requirement 4(3)(c) | | Met |
| Requirement 4(3)(d) | | Met |
| Requirement 4(3)(e) | | Met |
| Requirement 4(3)(f) | | Met |
| Requirement 4(3)(g) | | Met |
| Standard 5 Organisation’s service environment | | Met |
| Requirement 5(3)(a) | | Met |
| Requirement 5(3)(b) | | Met |
| Requirement 5(3)(c) | | Met |
| Standard 6 Feedback and complaints | | Met |
| Requirement 6(3)(a) | | Met |
| Requirement 6(3)(b) | | Met |
| Requirement 6(3)(c) | | Met |
| Requirement 6(3)(d) | | Met |
| Standard 7 Human resources | | Met |
| Requirement 7(3)(a) | | Met |
| Requirement 7(3)(b) | | Met |
| Requirement 7(3)(c) | | Met |
| Requirement 7(3)(d) | | Met |
| Requirement 7(3)(e) | | Met |
| Standard 8 Organisational governance | | Met |
| Requirement 8(3)(a) | | Met |
| Requirement 8(3)(b) | | Met |
| Requirement 8(3)(c) | | Met |
| Requirement 8(3)(d) | | Met |
| Requirement 8(3)(e) | | Met |

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

## Introduction

**This is the report of an assessment of Mayfield Aged Care (the Service) conducted from 03 September 2019 to 06 September 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 details the findings of this performance assessment and contains a detailed report about the performance of the Service against each Quality Standard assessed and the requirements within each Standard assessed rated as either, Met or Not Met.

For a ‘Not met’ finding, the Assessment Team has provided information about why the requirement was Not 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** |
| --- | --- |
| Facility Manager | 1 |
| Lifestyle manager | 1 |
| Consumers/Representatives | 26 |
| Lifestyle staff | 2 |
| Catering staff | 3 |
| Cleaning staff | 2 |
| Care staff | 10 |
| Registered nurse | 6 |
| Maintenance manager | 1 |
| Coordinator | 1 |
| Hospitality manager | 1 |
| Pastoral carer | 1 |
| Lifestyle officer | 1 |
| Care staff leader | 3 |
| Occupational therapist | 1 |
| Volunteer | 1 |
| Receptionist | 1 |
| Laundry staff | 1 |
| Chairman | 1 |

## Detailed findings

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

### Standard 1: Consumer dignity and choice Met

#### Consumer outcome:

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

#### Organisation statement:

2. The organisation:  
  
a) has a culture of inclusion and respect for consumers; and   
  
b) supports consumers to exercise choice and independence; and   
  
c) respects consumers’ privacy.

#### Summary of Assessment of Standard 1:

The organisation meets all requirements of this standard.

The service demonstrates that it understands and applies this standard as evidenced by the feedback from consumers and representatives, the Assessment Team’s observations and the documents reviewed.

Of the 26 consumers and representatives randomly/purposefully sampled for the Consumer Experience Interview (CEI), 100% agreed/strongly agreed that staff are respectful and their privacy is respected. They say consumers feel accepted and are valued whatever their needs, preferences, ability or individual background.

The Assessment Team observed several interactions between consumers and staff which were respectful, friendly and courteous and reviewed various files and they indicate that care/services are provided to consumers as they wish, and their choices are respected when they refuse care

Staff demonstrate they understand consumers’ life journey and can provide examples on how they treat consumers with dignity and their identity and diversity respected. They were able to provide details of consumers’ individual preferences/needs

The service monitor and review its performance against this standard and results are utilised to improve care and service. Feedback from consumers/representatives is sought through informal and formal avenues including monthly meetings. Input from consumers are also considered.

The organisation is proactive in promoting a culture of inclusiveness considering each consumer’s individual background and circumstance.

They say that consumers are encouraged to make decisions about how care and services are delivered, and they can freely exercise their choice. They are supported to establish and maintain relationships and their right to intimacy.

From the responses provided by 26 consumers/representatives, 100% say that the staff explain things to consumers always or most of the time. They also involve in meetings and are encouraged to ask questions.

#### 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:

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

#### Summary of Assessment of Standard 2:

The Assessment Team found that all five of the requirements under Standard 2 were met.

Of consumers and/or representatives randomly interviewed, 88% said staff encouraged them to do as much as possible for themselves most of the time or always. 88% of consumers and/or representatives said that they have a say in their daily activities most of the time or always. For example, having meals in their rooms or in the dining room, preferences with dining seating, showering times and frequency as well as retiring and waking times. 100% of consumers and/or representatives interviewed said staff explain things to them always or most of the time.

Staff demonstrated knowledge of consumer’s care needs ensuring that consumers clinical care is being met. Care plans are developed in consultation with the consumer and/or their representatives, their medical practitioner and other health professionals as necessary to meet individual care requirements.

Each of the care plans rereviewed by the Assessment Team evidenced that the plans had been regularly reviewed. The service’ computerised system contains the assessments and care plans for each consumer at the service. Staff, medical practitioners and allied health have access to the system. The care plan forms part of the discussions with consumer and/or representative at the three-monthly reviews and case conferences or when there are changes to the consumers condition.

The Assessment Team reviewed advance care planning and end of life wishes were commenced during the admission process and consumers wishes were documented. The consumers and/or representatives who do not wish to discuss the end of life wishes are also respected.

#### 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:

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

#### Summary of Assessment of Standard 3:

The Assessment Team found that all seven of the requirements under Standard 3 were met.

Of consumers and/or representatives randomly interviewed, 100% said they feel safe here most of the time or always. 100% of consumers and/or representatives said they get the care they need most of the time or always. 100% of consumers and/or representatives said the staff are kind, caring and qualified for their respective roles.

Consumers care needs are identified and met by appropriate qualified staff. This includes the care clinical manager and registered nurses input into assessment, management and care planning for consumers.

The service demonstrates effective management of high impact and/or high prevalence risks associated with personal and clinical care of each consumer. Staff could describe how they ensure care is best practice, their opportunities for continuing education and how they ensure that information is shared both within the service and with other organisations. Staff demonstrates a good understanding of precautions to prevent and control infections.

Care plans reviewed by the Assessment Team evidenced the delivery of safe and effective care. The care plans reviewed of three consumers who passed away peacefully provided evidence of appropriate medications at hand, pressure area care, mouth care, emotional support and consultation with the consumer’s representatives, medical staff and palliative care team. Assessments are completed with the consumer and/or representative to identify end of life care wishes and this information were documented in an end of life care plan.

The service demonstrates that they have policies and procedures underpinning the delivery of care to assessment and planning for care and services. The service collaborates with medical, allied health and other organisations to provide integrative care that optimises consumers health and well-being.

#### 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 that effective management of high impact or high prevalence risks associated with the care of each consumer.

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

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

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

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

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

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

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

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

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

The organisation demonstrates that minimisation of infection related risks through implementing:

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:

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

#### Summary of Assessment of Standard 4:

The Assessment Team finds the organisation meets all requirements of this standard.

The organisation demonstrates that it understand and applies the requirements of this standard and monitor and review its practices to inform delivery of care and service.

100% of the 26 consumers/representatives sampled (randomly and purposeful) for the CEI reported they get the care they need always or most of the time.

Upon entry into the service, the lifestyle team discuss with consumers/representatives about consumer’s interests and hobbies. Consumer’s health issues/capacity are taken into consideration.

In consultation, initial assessment relating to consumer’ mobility and dexterity and risk assessments are conducted by allied health (physiotherapist and occupational therapist). Running reviews are routinely conducted and are ongoing as needs changes.

Recommendations to manage risks and modifications to promote independence are considered and implemented.

Care plans are collaboratively developed by registered nurses with input from lifestyle staff and allied health personnel and ongoing reviews occur on a regular basis.

Consumers and representatives say consumers are engage in meaningful activities that they enjoy and they can observe cultural, religious, spiritual practices and special occasions.

Staff including lifestyle and pastoral care, can provide examples of occasions where they support consumers to enhance their cultural, emotional and spiritual wellbeing.

Consumers say they are supported to maintain personal relationships within and outside the service and can take part in social activities as they wish. A variety of positive comments were provided in relation to this aspect of daily living.

Lifestyle and pastoral care staff can provide examples of how they help consumers establish and/or maintain their social and community connections.

Majority of the consumers /representatives say they are informed, staff knows them well and the service coordinates their services and supports accordingly.

83% of the consumers/representatives sampled in relation to meals services say they like the food always or most of the time whereas 17% said it was some of the time. Majority of them also say the service consistently meets their preferences, meals selections and medical and cultural needs. Ongoing consultation and review are conducted to address concerns. Catering staff can demonstrate they know consumers dietary/hydration needs and preferences and can describe how they ensure meals are varied, of suitable quality and quantity.

The service has dietitian/nutritionists and speech pathologists who regularly visit and provide coordinated care/support, dietary changes are communicated through appropriate communication channels and actions are promptly taken.

Monthly meetings are conducted between consumers and management and catering staff. Feedback are considered, and actions taken

#### 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. consumers are satisfied with their care and support and appropriate referrals are made in a timely manner

##### 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 that timely and appropriate referrals to individuals, other organisations and providers of other care and services.

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

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

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

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

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

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 5:

The Assessment Team found the service met all three requirements under this Standard.

Of consumers randomly sampled, 100% agreed that they feel safe living at the service.

The service environment was observed to be clean, welcoming and well maintained. Rooms contained personal items including chairs, photographs and other memorabilia. The service enabled consumers to move around easily with wide corridors and suitable furniture. Consumers had access to outdoor balcony courtyard areas with suitable outdoor furniture and well-kept gardens. The service is currently undergoing renovations which will provide more services for consumers once it is completed.

Consumers reported:

* The service is clean, comfortable and well maintained.
* They feel safe in the environment and they are provided with suitable equipment and furnishings.
* The service regularly requests their feedback about the service and any improvements to service they felt could be made. Examples were provided from consumers about recent improvements.
* There are areas to meet with family and friends and they are encouraged to use all areas including outdoor balcony and courtyard areas.

Policies and procedures describe systems for the purchase service and maintenance of equipment and furnishings. Environmental risks to consumers are identified and managed. Staff interviewed confirmed their understanding and reporting of risks to consumers in the environment. Cleaning and maintenance are delivered by the service and where appropriate, third-party contractors are used and monitored for quality.

#### Requirements:

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

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

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

The organisation demonstrates that the service environment:   
i) is safe, clean, well maintained and comfortable; and   
ii) enables consumers to move freely, both indoors and outdoors.

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

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

### Standard 6: Feedback and complaints Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 6:

The Assessment Team found the service demonstrated it meets all four requirements under this Standard.

Of consumers randomly sampled, 94% agreed that staff always or most of the time follow up when you raise something with them. One consumer said that staff follow up most of the time but choose to answer the question with some of the time.

The service demonstrated consumers knew how to provide feedback and make complaints, and they felt safe and comfortable in doing so. Consumers have access to advocates, language services and other methods for raising and resolving complaints. Consumers said they were happy to approach staff or management with any issues and most were resolved quickly by the staff at the time of reporting them.

The service demonstrated that they take appropriate action in response to a complaint and the open disclosure process is used when something goes wrong. Staff displayed an understanding of the complaints process and were happy to assist consumer who needed assistance to provide feedback or make a complaint. Department heads are responsible for the actioning of complaints and are responsible to report to management the outcome of an issues.

Complaints and feedback are logged and reviewed for trends. The outcomes are used to improve the quality of care across 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:

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

#### Summary of Assessment of Standard 7:

The Assessment Team found the service demonstrated it meets all five requirements under this Standard.

Of consumers randomly sampled, 100% agreed that they get the care they need always or most of the time.

The organisation demonstrated number and mix of staff are planned to support safe and quality care and services. Consumers interviewed were satisfied there were sufficient skilled staff to meet their care needs. Staff were satisfied there are sufficient staff to deliver quality care and services. Vacant shifts are generally filled and recruitment is completed should vacancies arise.

The organisation demonstrated the interactions between staff and consumers are kind caring and respectful of each consumers identity, culture and diversity. Consumers said staff were kind caring and respectful and respected them culturally. Interactions between staff and consumers were observed to be kind caring and respectful.

The service was able to demonstrate that workforce is competent and has the qualifications and knowledge to effectively perform their role. Consumers say the care they receive is delivered well and staff have the knowledge to deliver quality care. Staff were satisfied they received enough training to effectively complete their duties. New staff are provided with orientation support and training.

The service was able to demonstrate regular assessment and monitoring of the workforce. All staff have completed their mandatory training requirements and clinical and allied staff have current registrations. Mandatory training and performance appraisals are monitored to ensure they are completed when required. Staff said they received a performance appraisal on an annual basis and records show they were all current.

#### Requirements:

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

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

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

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

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

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

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

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

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

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

### Standard 8: Organisational governance Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 8:

The Assessment Team found the service demonstrated it meets all five requirements under this Standard.

Of consumers randomly sampled, 100% agreed or strongly agreed that the service was well run.

The service demonstrated they involve consumers in the design, delivery and evaluation of services. Consumers confirmed they are involved in the process and provided examples of how this takes place. Consumers are confident the service is run well, and happy to be residing in the service.

The Board meets regularly and set clear expectations for the service. Risk reviews are undertaken from both service and consumer perspective. There are organisational wide systems that support effective information management, workforce, compliance with regulation and clinical care.

The clinical governance framework addresses anti-microbial stewardship, open disclosure and the minimisation of restraint. Staff interviewed understood these concepts and could explain how they are applied in practice. The service has a no restraint policy. If a restraint is being considered the service will get a general practitioner to evaluate the use of the restraint and the service will discuss the risks prior to their consent being obtained.

#### Requirements:

##### Standard 8 Requirement 3(a) Met

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

##### Standard 8 Requirement 3(b) Met

The organisation demonstrates that the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

##### Standard 8 Requirement 3(c) Met

The organisation demonstrates that effective organisation wide governance systems relating to the following:

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 that 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.