Accreditation Decision

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

**Service and approved provider details**

|  |  |
| --- | --- |
| **Name of service:** | McKellar Centre |
| **RACS ID:** | 3409 |
| **Name of approved provider:** | Barwon Health |
| **Address details:**  | 45-95 Ballarat Road NORTH GEELONG VIC 3215 |
| **Date of site audit:** | 27 August 2019 to 29 August 2019 |

**Summary of decision**

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| --- | --- |
| **Decision made on:** | 07 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:** | 06 November 2019 to 06 November 2021 |
| **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 McKellar Centre (the Service) conducted from 27 August 2019 to 29 August 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** |
| --- | --- |
| Faciity manager Blakiston Lodge | 1 |
| Assistant nurse unit manager | 1 |
| Acting facility manager Wallace Lodge | 1 |
| Safety and quality coordinator | 2 |
| Facility manager Allan David Lodge | 1 |
| Director safety and quality | 1 |
| Consumer liaison manager | 1 |
| Workforce relations partner | 1 |
| Residential in-reach nurse practitioner | 1 |
| Leisure and lifestyle officer | 1 |
| Associate nurse unit managers | 1 |
| Consumers | 27 |
| Representatives | 20 |
| Agency nurse | 1 |
| Enrolled nurses | 11 |
| Volunteer | 1 |
| Housekeeping | 3 |
| Nurse unit managers | 3 |
| Physiotherapist | 1 |
| Registered nurses | 2 |
| Co director of aged care | 1 |
| Clinical nurse educator | 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:

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

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

Staff could provide meaningful examples of how they help consumers make choices, including by giving consumers clear and accurate information and options to inform their choice. Consumers reported that they feel heard when they tell staff what matters to them and that they are able to make decisions about their life, even when it involves an element of risk.

Consumers are satisfied that the organisation protects the privacy and confidentiality of their information, and that 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 and could demonstrate their understanding that consumers receiving personal care can feel vulnerable and what they do to ensure consumers are made to feel respected and comfortable. The service also demonstrated how information technology and filing systems support the protection of confidential information including consumer information, consistent with documented policies and procedures.

#### Requirements:

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

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

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

The organisation demonstrates that care and services are culturally safe.

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

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

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 the service has met all five requirements under Standard 2.

Of consumers randomly sampled, 94% agreed they have a say in their daily activities always or most of the time, and that their direct engagement in the initial and ongoing assessment and planning of their care helps them to get the care and services they need. Consumers and representatives reported they feel confident that assessments and care planning support them to get the care and services consumers need. Consumers confirm they feel safe and confident to express their preferences and staff will listen.

Staff described how consumers’ care and services are reviewed bimonthly and partnering with consumers has commenced. Staff also described how changes to preferences and care needs are addressed, and updated how medical officers, allied health professionals, and work collaboratively with the service, the consumer and others they want involved, to ensure care needs are met.

Consumers and representatives reported that their care and services are regularly reviewed and that when something goes wrong, or their needs or preferences change, the organisation will communicate with them and seek their input to update the care and services they are getting. Each of the care and service plans reviewed by the Assessment Team evidence that plans had been regularly reviewed and with changes made. Staff demonstrated an understanding of adverse incidents or near-miss events and how these were identified, entered in the organisation’s electronic reporting system and reviewed to inform continuous improvement.

The Assessment Team were satisfied that advance care planning and end of life planning formed part of the care planning. The organisation has recently commenced ensuring all advanced care planning and end of life planning is formally raised with each consumer.

#### 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 the organisation has met all seven requirements under Standard 3.

Of consumers and representatives randomly sampled, 94% agreed they feel safe most of the time that they are receiving personal and clinical care that is right for them. Consumers and representatives provided various examples of what this meant for them.

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 organisation and with others outside the organisation. Staff demonstrated a good working understanding of precautions to prevent and control infection and identified training provided in relation to personal and clinical care.

Consumer files reviewed evidenced the delivery of safe and effective care, including attention to the needs of consumers requiring specific and specialised clinical management strategies and end of life care. Management ensure completion of clinical audits and monitor that referrals are appropriate and timely.

The service demonstrated that they regularly review care plans and previous assessments as scheduled and when there is a change in consumer’s condition including post review of incidents.

#### 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:

Of consumers and representatives randomly sampled:

* 94% agreed consumers are encouraged to do as much as possible for themselves always or most of the time.
* 100% said they liked the meals always or most of the time.

Consumers and representatives said they are satisfied their emotional and spiritual needs are met and they are supported to participate within their community, do things of interest to them and have social and personal relationships.

The service demonstrated each consumer gets safe and effective services and supports for daily living that meet their goals and preferences. Nursing and lifestyle staff adapt ways to support consumers to live the life they want. Staff were observed to engage in respectful interactions with consumers and identified consumers who required additional support.

The organisation monitors and reviews each requirement in this Standard using a regular individual review program, feedback mechanisms and survey results. Incidents for consumers and management are recorded and reviewed regularly. Lifestyle staff monitor and evaluate participation in activities.

#### 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 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 that the organisation has met all three requirements under Standard 5.

Consumer experience interviews show:

* 100% of consumers and representatives interviewed said consumers at both Lodges of the McKellar Centre feel at home most of the time or always.
* 100% of consumers and representatives interviewed said consumers feel safe most of the time or always.
* The results of a recent internal consumer survey were consistent with this feedback and show a significant improvement from a similar internal survey conducted by the service earlier in 2019.

Consumers and representatives interviewed described in various ways how the service is welcoming and supports a sense of belonging. Most consumers and representatives spoke positively about the cleanliness, maintenance and comfort of the living environment, however two representatives speaking for consumers living in the Blakison Lodge commented about carpet cleaning and the dated interior.

The living environment of both the Wallace and Blakison Lodges was observed to be welcoming, spacious and comfortable. Consumers have access to quiet areas to meet family and friends and are encouraged to use all areas of the service. There is unrestricted freedom of movement throughout the Wallace Lodge with self-opening doors into outside courtyards. While Blakiston Lodge comprises of two separate secure wings catering to a specific profile of consumer, these consumers have freedom of movement through their residence and into safe and spacious courtyard areas. Handrails and way finders help promote consumer independence.

The Assessment Team observed in the Blakiston Lodge carpets to be stained, some walls requiring painting and minimal decoration. Management said significant refurbishment plans have been approved and funding is available based on recommendations from an environmental review by Dementia Australia.

Air-conditioning units are currently being installed within Wallace Lodge to enable a more comfortable living environment, particularly during the summer months. Planned improvements to the living environments of both the Wallace and Blakison Lodges scheduled to commence early in 2020.

A preventative and reactive maintenance program ensures a structured approach managing the living environment. Staff demonstrated an understanding of the service’s procedures to ensure a safe living environment. There is a program of audits to monitor the living environment.

#### 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:

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 that the organisation has met all four requirements under Standard 6.

The service demonstrated that consumers are encouraged and supported to provide feedback and make complaints, have access to advocates and methods for resolving complaints, have appropriate action taken in response to their complaints, and, that complaints are reviewed and used to improve services.

Consumer experience interviews show 94% of consumers are satisfied staff follow up when they raise things with them. The results of a recent internal consumer survey were consistent with this feedback and show a significant improvement from a similar internal survey conducted by the service earlier in 2019. Other consumers and representatives interviewed provided positive feedback about staff and management’s responsiveness to any issues raised.

Information about internal and external feedback processes is provided to all consumers and representatives. Brochures and information relating to feedback mechanisms are displayed throughout the service and available to consumers in multiple languages. There are feedback boxes located in the wings of both Lodges. Feedback, complaints and compliments are an agenda item at consumer meetings. The organisation has an open disclosure framework and management demonstrated working understanding of open disclosure.

Management review, analyse and monitor all feedback received to identify trends and generate improvements. A complaints liaison officer manages the formal complaints process. Complaints data is reported through governance structures and tabled meetings of the organisation’s Board.

#### 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 that the organisation has met all five requirements under Standard 7.

The organisation demonstrated 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, respectful and quality care and services.

Consumer experience interviews show:

* 100% of consumers and representatives interviewed said staff are kind and caring always or most of the time.
* 94% of consumers and representatives interviewed said consumers get the care they need always or most of the time
* The results of a recent internal consumer survey were consistent with this feedback and show a significant improvement from a similar internal survey conducted by the service earlier in 2019.

Feedback through other interviews indicated similar satisfaction, however a few representatives said the inconsistency of staff and ongoing use of casual staff resulted in lack of knowledge of, and delays in consumers receiving required care.

The service demonstrated there are processes to ensure there are sufficient skilled and qualified staff to deliver safe, quality care and services. Staff said and a sample of roster documentation confirmed there is a process to replace planned and unplanned leave.

Management discussed improvements to the roster since earlier this year. Improvements to the roster include additional clinical shifts and oversight and the implementation of afternoon lifestyle hours in the Blakison Lodge to cater for the needs of consumers who require additional engagement during this time. Weekend lifestyle shifts were also introduced in both Lodges. Management said a further review of the workforce would be carried out specifically by the recently appointed co director of aged care.

Staff were observed to be attentive, kind and caring in their interactions with consumers, families and other visitors to the service. Staff in general said they have sufficient time to complete their workload and said staff absences are replaced. Volunteers were observed to engage socially with consumers and staff gave examples of where consumers have been matched to volunteers for social support.

Recruitment, selection, induction and orientation processes ensure staff have the required knowledge and skills to deliver services. Staff are recruited to specific roles requiring relevant qualifications and experience and are provided with relevant information to enable them to complete their tasks. Staff have access to a range of education to support them in their relevant positions and attend a compulsory practice refresher day annually.

Management discussed processes to monitor staff performance. All staff are required to participate in an annual performance review. Management demonstrated where action had been taken against staff in relation to poor performance or unacceptable practices with consumers.

#### Requirements:

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

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

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

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

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

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

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

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

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

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

### 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 that the organisation has met all five requirements under Standard 8.

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

Consumer experience interviews show:

* 94% of consumers and representatives interviewed agreed consumers have a say in their day to day activities.
* 94% of consumers and representatives interviewed agreed that the service is well run.

Consumers explained how they are engaged in the development and evaluation of care and services, including participating in meetings, surveys and the formal and informal feedback processes.

The service demonstrated that they involve consumers in the design, delivery and evaluation of care and services, providing examples of how consumers are engaged on a day to day basis and are involved in the co-design of services by participating at a strategic and at a service level.

The organisation’s statements of strategic intent are communicated to stakeholders. Strategic planning output places the consumer at the ‘forefront’ and prioritises adapting care to each person’s need through consumer involvement.

The organisation’s strategic, operational and quality plans outline the service’s commitment to providing safe and inclusive quality care. Policies and procedures cover LGBTIQ inclusiveness, sexual intimacy and the organisation subscribes to the state Government’s initiative to provide culturally sensitive care to aboriginal and Torres Strait Islander consumers. Staff are provided with education in relation to this.

The organisation’s governance framework consists of Board meetings, the safety, quality and clinical governance committee, and a range of supporting and sub committees. These committees meet regularly, and information is conveyed between committees relative to each committee’s terms of reference. Strategic planning and management structures support the management of information and provide a structured approach to continuous improvement, financial governance and workforce governance. The organisation’s legal services recognise, respond to and communicate changes in legislation.

The organisation has risk management framework that is supported by policies, procedures and committee and sub committee structures. The organisation has a structured electronic incident management system, which includes a review of incidents to assess severity and actions to prevent or minimise reoccurrence. High impact high prevalence incidents are monitored and reported on regularly; a number of sub committees lend specific expert support and analysis, such as the significant falls and the minimising harm committees. There is a structured approach to managing abuse and neglect and staff awareness is promoted through annual education. Staff are educated in understanding and enabling consumers to live the best life they can.

The clinical governance framework addresses anti-microbial stewardship, open disclosure and minimising the use of restraint. This is achieved through policy and procedures, committee structures, education and participation in higher level audits and monitoring programs.

#### 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