Accreditation Decision

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Melva McDonald Lodge |
| **RACS ID:** | 1077 |
| **Name of approved provider:** | Anglican Community Services |
| **Address details:** | 11 Mavis Street ROOTY HILL NSW 2766 |
| **Date of site audit:** | 15 October 2019 to 18 October 2019 |

**Summary of decision**

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| --- | --- | --- |
| **Decision made on:** | 15 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:** | 01 December 2019 to 01 December 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.**

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 Melva McDonald Lodge (the Service) conducted from 15 October 2019 to 18 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 | 24 |
| Consumer representatives | 8 |
| Management | 7 |
| Clinical staff | 6 |
| Care staff | 9 |
| Hospitality and environmental services staff | 1 |
| Anglican Palliative Care CNC | 1 |
| Physiotherapist | 1 |
| Lifestyle staff | 3 |
| External contractors | 2 |
| Visiting service providers such as allied health professionals | 1 |
| 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:

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

#### Summary of Assessment of Standard 1:

The Assessment Team found the organisation met all six of the requirements under this Standard.

Consumers provided evidence of how they are treated with dignity and respect, and live the life they choose; for example, one consumer stated, “they call me the Queen, I am treated so well”, “the staff are always very respectful and kind” and “the staff call me by my preferred name and knock on my door before entering. I do not eat breakfast and the staff respect my choices”. One representative said their observations have shown staff “always treat the residents with respect”. Consumers expressed satisfaction with the care they receive. A consumer stated “(the best thing is) they look after me very well and they care about my feelings”. Staff were able to describe how they were familiar with consumers and their lives, and demonstrated an understanding of consumers’ individual preferences, culture and what they liked to do.

Consumers are supported to participate in activities that may be perceived to be of risk to them. Staff are able to describe how they use problem solving solutions, to minimise risk and tailor solutions to help consumers live the life they choose. Staff provided examples of how they supported consumers to have choice and control, including when that choice involves risk. Consumers said the workforce understand what is important to them and aren’t judgemental about the choices they make. Consumers stated they felt heard when they tell members of staff what matters to them and what they want.

The service engages with consumers and their representatives during the admission process which includes preadmission meetings so they can exercise choice and decisions regarding how they want their care and services to be delivered. The service seeks feedback from consumers and their representatives through consumer meetings, feedback forms and surveys. The service has systems in place to provide privacy and confidentiality regarding consumer information and consumers are satisfied that staff maintain their privacy and confidentiality.

#### Requirements:

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

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

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

The organisation demonstrates that care and services are culturally safe.

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

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

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

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

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

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

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

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

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

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

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 2:

The Assessment Team found the organisation met all five of the requirements under this Standard.

Of consumers and/or representatives interviewed, 100% agreed that they have a say in their daily activities most of the time or always. 100% agreed staff encouraged them to do as much as possible for themselves most of the time or always. For example, showering times and frequency, having meals in their rooms or in the dining room and one consumer wanted to be involved in the community at the service therefore has a role of being the bingo caller, twice a week. One consumer said she always gets her preference for having a shower early in the morning. One consumer said she has requested only female staff to attend to her personal care and this has been consistently provided. One representative said she is very informed of her father’s health and care needs.

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. The care plan forms part of the discussions during the annual or as required case conferences which are conducted with the consumer and/or representatives to discuss the consumers goals, preferences and health needs.

The Assessment Team reviewed advance care planning and end of life wishes which 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 were 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:

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

#### Summary of Assessment of Standard 3:

The Assessment Team found the organisation met all seven of the requirements under this standard.

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

Of consumers and/or representatives interviewed 100% agreed that staff meet their healthcare needs most of the time or always. 100% reported feeling safe here most of the time or always. 100% reported the staff to be kind and caring also qualified for their respective roles.

Staff were able to outline consumer’s needs including those with high impact or high prevalence risks and interventions undertaken to meet their needs. 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. Each of the care plans reviewed by the Assessment Team evidenced the delivery of safe and effective care.

The service collaborates with medical, allied health and other services to provide integrative care and services that optimises consumers health. Staff interviews, progress notes, medical notes, allied health and hospital discharge information demonstrates timely and appropriate referrals for consumers are arranged with appropriate health specialists as required. The consumers have regular access to physiotherapist, podiatrist, speech pathologist, optometrist, palliative care team, dietitian and mental health team amongst other services.

The service demonstrated that they have a range of policies and procedures underpinning the delivery of care and how they review practice.

#### Requirements:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The organisation demonstrates minimisation of infection related risks through implementing:

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

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

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 4:

The Assessment Team found the organisation met all seven of the requirements under this Standard.

Of the consumers randomly sampled 100% said they are encouraged to do as much as possible for themselves most of the time or always. Consumers provided evidence of how they are supported to optimise their independence. For example, consumer comments included: “I can go where I like in my wheelchair, I regularly go to the café and attend activities that interest me”, “I like to do my own thing some days” and “I don't feel lonely, this is like home to me” Consumers expressed satisfaction with the care they receive. A consumer stated (the best thing is) “the staff are kind and caring and I have a nice room”. Consumers interviewed confirmed the staff are kind and caring and their emotional, spiritual and psychological well-being is supported.

The service provides services for daily living that promote each consumer’s emotional, spiritual and psychological well-being and staff were able to describe how this is done. Spiritual services are provided for all consumers who wish to participate. The service has several denominations of Christianity and ensure all are included when preparing schedules.

The service caters for all meals for consumers and provides a menu that delivers variety and choice of quality meals. Of consumers randomly interviewed, 100% said they liked the food most or all of the time.

The Assessment Team observed suitable equipment available to staff for the safe delivery of care and services and staff interviewed indicated they have sufficient, safe, and suitable equipment for the delivery of care and services. Information about the consumer’s condition, needs and preferences is communicated where responsibility for care is shared and staff interviewed were aware of the individual needs and preferences of consumers or were aware of where they could access this information. Timely and appropriate referrals are made for the consumer when external services are required. Equipment at the service is safe, suitable, clean and well maintained.

#### 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 the organisation met all three of the requirements under this Standard.

Of consumers randomly interviewed, 100% said they felt safe in the service most of the time or always. Consumers reported, and observations by the Assessment Team confirmed the service is well maintained, clean and they have access to outdoors areas where they can spend time with their families or friends.

Of the consumers randomly interviewed 100% said they always or most of the time feel at home at the service. Comments to the Assessment Team included:

* “Nice place, kept tidy and clean”.
* “I don't feel lonely, this is like home to me”.
* “It took a while but it does feel like my home here now”.
* “I miss my own home but this is a lovely place for me now”.

The service was observed to be welcoming with individual rooms decorated with photographs and other personal items. Consumer’s bedrooms, bathrooms and other areas of the service were observed to be clean and well maintained.

Observations by the Assessment Team of the environment showed the service is a comfortable temperature and rooms feel light and airy. Review of records demonstrate the service is maintained, and consumers were observed freely moving about the service both inside and outside as they chose. The layout of the service enabled consumers to move around freely, with suitable furniture and fittings.

There are monitoring systems and planned processes which support the ongoing maintenance of the service and to ensure the suitability of building, furniture, fittings and equipment. Risks are identified and managed. Staff interviewed have knowledge of the systems which support the maintenance of a safe and comfortable environment. 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.

Consumer experience interviews show that 93% of consumers said staff follow up when you raise things with them always or most of the time. Consumers confirmed that they can provide feedback and make complaints and have confidence that appropriate action will be taken.

There are mechanisms to facilitate consumers and interested persons to provide feedback or make a complaint. The organisation has feedback forms which are readily available throughout the service. Secure confidential suggestions boxes are also available at the service.

Brochures, posters and booklets are available at the service promoting and explaining the internal and external complaint mechanisms available to them.

Consumers have access to advocates, language services if required and other methods for raising and resolving complaints. Staff have received recent training which included supporting consumers to provide feedback and make complaints.

The organisation demonstrated that appropriate action is undertaken in response to a complaint and this is carried out in a timely manner.

Feedback and complaints are reviewed and investigated and used to improve the quality of care. Meeting minutes demonstrate that feedback and complaints are a standard agenda item for management. The organisation has a feedback and complaints register and can demonstrate how suggestions and complaints are used to improve services within its continuous improvement plan.

#### 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 this Standard were met.

100% of consumers/representatives randomly interviewed said they get the care they need most of the time or always. Comments were mostly complimentary regarding staff. Staff described how the organisation supports them in their role and how they work towards achieving positive outcomes for individual consumers.

100% of consumers/representatives randomly interviewed said staff are kind and caring most of the time or always. Various examples were provided of what this meant to consumers including that they are well cared for. Staff interactions were observed to be respectful. Staff were able to articulate the action they would take should a lack of respect be shown to consumers. The organisation was able to demonstrate a clear process for addressing any issues raised regarding respect for consumers and taking appropriate action in response.

100% of consumers/representatives randomly interviewed said staff know what they are doing most of the time or always. Consumers noted that the majority of staff know what they are doing and provide the care and services they need in a competent manner. Staff demonstrated knowledge of individual consumer’s needs and preferences and explained how they meet these on a daily basis. Staff advised they feel supported in performing their respective roles and are comfortable in making suggestions for improvement. Currency of professional qualifications, skills and competencies and staff performance are monitored and reviewed by the organisation in an effective and consistent manner.

The organisation demonstrated the workforce is recruited to specific roles with workplace mentoring, mandatory training and optional education programs, competency assessments and specific training where relevant to individual consumer’s care and service needs. Performance appraisals from part of probation, with annual review or review as required and feed into further development.

#### Requirements:

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

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

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

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

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

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

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

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

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

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

### Standard 8: Organisational governance Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 8:

The Assessment Team found that all requirements in relation to Standard 8 are met.

Consumer experience interviews show that 100% of consumers said the service is well run most of the time or always. The organisation demonstrates that consumers have a say in the care and services provided via meetings, forums and feedback mechanisms. Consumers and their representatives are involved in case conferences with the multidisciplinary team when the need arises. The service engages consumers during their assessment process on their preferences for delivery and evaluation of care and setting goals.

The governing body meets regularly and has skilled representation. The board sets clear expectations in its strategic plan for the organisation to follow and regularly reviews organisational and consumer risks including outcomes.

There are organisation wide governance systems that support effective information management, the workforce and compliance with regulatory requirements. There is a continuous improvement program in place which identifies areas for improvement and these activities are documented in the organisations plan for continuous improvement. Financial governance at the organisation includes budgeting processes, financial statements, delegations of authority and publishing accommodation pricing and key features information.

There is a clinical governance framework in place in the form of a care governance committee and reporting structures. Management uses a range of monitoring processes such as internal and external audits, including benchmarking, quality indicators and incidents to monitor consumer outcomes and identify and manage clinical risks.

Risk management systems and practices are in place including managing high-impact and high prevalence risks associated with the care of its consumers. There are systems in place and education provided to staff to identify and respond to abuse and neglect of consumers.

Antimicrobial stewardship is addressed by the care governance committee with the support of a pharmacist and medical officer. There are currently two antibiotics available to consumers at the service.

The organisation is following legislative requirements for minimising the use of restraint.

The organisation demonstrates that there are procedures in place to ensure open disclosure to all stakeholders.

#### Requirements:

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

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

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

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

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

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

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

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

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

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

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

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

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