Accreditation Decision

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Mercy Place Warrnambool |
| **RACS ID:** | 3878 |
| **Name of approved provider:** | Mercy Aged and Community Care Ltd |
| **Address details:** | 16 Hopetoun Road WARRNAMBOOL VIC 3280 |
| **Date of site audit:** | 12 November 2019 to 14 November 2019 |

**Summary of decision**

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| **Decision made on:** | 12 December 2019 | |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. | |
| **Decision:** | To re-accredit the service under section 41 of the Rules. | |
| **Further period of accreditation:** | 18 January 2020 to 18 January 2023 | |
| **Assessment of performance with the Aged Care Quality Standards** | | |
| Standard 1 Consumer dignity and choice | | Met |
| Requirement 1(3)(a) | | Met |
| Requirement 1(3)(b) | | Met |
| Requirement 1(3)(c) | | Met |
| Requirement 1(3)(d) | | Met |
| Requirement 1(3)(e) | | Met |
| Requirement 1(3)(f) | | Met |
| Standard 2 Ongoing assessment and planning with consumers | | Met |
| Requirement 2(3)(a) | | Met |
| Requirement 2(3)(b) | | Met |
| Requirement 2(3)(c) | | Met |
| Requirement 2(3)(d) | | Met |
| Requirement 2(3)(e) | | Met |
| Standard 3 Personal care and clinical care | | Met |
| Requirement 3(3)(a) | | Met |
| Requirement 3(3)(b) | | Met |
| Requirement 3(3)(c) | | Met |
| Requirement 3(3)(d) | | Met |
| Requirement 3(3)(e) | | Met |
| Requirement 3(3)(f) | | Met |
| Requirement 3(3)(g) | | Met |
| Standard 4 Services and supports for daily living | | Not 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) | | Not 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 |
| **Timetable for making improvements:** | By 14 February 2020 | |
| **Revised plan for continuous improvement due:** | By 27 December 2019 | |

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

Site Audit Performance   
Assessment Report

The Commission makes the decision taking into account this site audit report, any response by the provider, and any other relevant information.

The met/not met recommendations made by the Assessment Team in this site audit report may differ from the findings in the decision.

## Introduction

**This is the report of an assessment of Mercy Place Warrnambool (the Service) conducted from 12 November 2019 to 14 November 2019.**

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

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

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

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

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

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

## Assessment Details

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

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers | 14 |
| Representatives | 13 |
| Service manager  Quality manager  Clinical nurse manager | 1  1  1 |
| Volunteers | 4 |
| Pastoral care worker | 1 |
| Care staff | 6 |
| Lifestyle Coordinator and staff | 3 |
| Chef  Registered Nurse | 1  1 |
| Endorsed enrolled nurse  Physiotherapist | 3  1 |

## Detailed findings

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

### Standard 1: Consumer dignity and choice Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 1:

The Assessment Team found that the service has met all six requirements in relation to Standard 1 Consumer dignity and choice.

All consumers and representatives interviewed including those who participated in the consumer experience report said they are treated with dignity and respect most of the time or always. Feedback through other interviews highlighted consistent consumer satisfaction regarding how staff identified their individual needs and preferences. The service seeks information through regular consumer meetings, focus groups and through formal and informal complaints mechanisms.

The service demonstrated they actively promote a range of activities that support a range of cultural needs. Consumers say they feel staff treat them as an individual. Staff were observed to interact with consumers patiently and respectfully and could readily identify consumer’s individual preferences and interests. Work force orientation and training supports cultural safety.

Staff provided meaningful examples of how they promote individuality and independence. Of consumers and representatives interviewed for the consumer experience report, 93% agreed they are supported to do as much as possible for themselves most of the time or always. The remaining seven percent of consumers stated they needed help with most things due to their condition

Consumers reported they are satisfied with staff 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 individuals. Consumers said they are confident their information is kept confidential and electronic consumer files were password protected and paper-based files are stored securely.

#### 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 in relation to Standard 2 Ongoing assessment and planning with consumers.

The majority of consumers and representatives interviewed, including those interviewed as part of the consumer experience survey stated they are satisfied with communication about their care. Consumers and representatives interviewed said they were satisfied with assessment processes and confirmed they have an understanding a care plan is developed from this process however, not all consumers or representatives said they are provided with a copy of the care plan during the care consultation process.

Consumers and representatives interviewed said they are regularly consulted about consumer care and services and the service communicates with them promptly if there is a change in the consumer’s condition. Of consumers and representatives randomly sampled to participate in the consumer experience report, 100% said staff explain things all or most of the time.

Comprehensive assessments and risk assessments are conducted across all domains which informs the development of consumers’ care plans. Staff described access to consumers’ plans of care and their responsibility related to recording changes in the electronic care documentation program, incident reporting program or referral system.

The Assessment Team sampled consumer files that demonstrated assessment and planning is based on ongoing partnership with the consumer and their nominated representative. Including appropriate referrals and implementation of recommended specialist strategies. Consumer care plans described consumer goals and preferences, including advance care planning and not for resuscitation directives. Consumer files included documentation of consultation regarding risk associated with daily activities and how the consumer choice could be supported. However, not all consumers and representatives are satisfied that choices are considered, particularly in relation to nutritional needs.

The service has a scheduled process to review consumers care and generates key performance indicators and data which management analyse for trends. An audit schedule is active to monitor consumer documentation, care and services. Consumer satisfaction questions ae included in this process and results are discussed at relevant meetings with consideration to continuous improvement opportunities.

#### 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:

(i) 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

(ii) 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 service has met all seven requirements in relation to Standard 3 Personal and clinical care.

All Consumers and representatives interviewed said they receive the care they need and provided examples of what care and safety meant to them. All consumers interviewed said they felt safe at the service, however representative feedback included dissatisfaction with staffing numbers particularly in the memory support unit. Consumers and representatives are satisfied the service responds to changes in their health and provided various examples of positive outcomes.

The Assessment Team reviewed consumer files and documentation which demonstrated clinical and personal care is individualised for the consumer. Documentation included referrals to specialist services and escalation of changes in care needs in a timely manner.

Consumer care plans reviewed by the Assessment Team evidenced the delivery of safe and effective care in other clinical areas including end of life care, wound management, mobility, and behavioural management. The service provides a pastoral care program and staff described comfort and spiritual care related to consumers’ individual preference.

Staff feedback included satisfaction with education opportunities, however, not all staff are satisfied with staffing numbers to support consumers’ needs in a timely manner, particularly within the memory support unit.

Management demonstrated how risk is assessed in consultation with the consumer, representative, relevant allied health professionals, medical and specialist services. The Assessment Team reviewed a range of assessment tools and processes the service utilises to monitor and improve personal and clinical care as well manage identified risks.

The service has an auditing program including data collection for clinical indicators and psychotropic medication use. The clinical indicator program includes infection rates and combined with the organisation’s incident management is used to monitor consumers’ risks, clinical and personal care. A range of clinical education is provided including in response to results of audits clinical indicator data and incident analysis.

#### 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:

(i) is best practice and

(ii) is tailored to their needs and

(iii) 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:

(i) standard and transmission based precautions to prevent and control infection; and

(ii) 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 Not Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 4:

The Assessment Team found that the service has not met one of the seven requirements under Standard 4.

Of consumers and representatives interviewed as part of the consumer experience report 69% said they liked the food most of the time or always. However, the remaining 31% of consumers and representatives said they only liked the food some of the time and or never and others requested to speak to the Assessment Team to express their dissatisfaction. Management could not provide a response to why the organisation had not responded to the ongoing complaints of representatives but did state that they had employed a new chef.

Representative feedback included dissatisfaction with texture modified meal options and choices for consumers. The Assessment Team noted inconsistencies in information related to nutritional needs. Care plans for consumers requiring texture modified meals did not always state choice and preferences for all meals.

Consumers interviewed confirmed satisfaction with services and supports for daily living that meets their needs. Of consumers who participated in a consumer experience report interview 100% said they are encouraged to do as much as possible for themselves always or most of the time.

Consumers said they were 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 could not demonstrate that each consumer gets safe and effective services and supports for daily living that meet their goals and preferences. Care and lifestyle staff adapt ways to support consumers to live the life they want. Staff were observed to provide positive interactions to consumers and when interviewed were able to identify particular consumers who needed additional support, however, some staff and consumer/representative feedback included dissatisfaction with staffing numbers in the memory support unit.

The organisation monitors and reviews each requirement in this Standard using a regular individual review program, feedback mechanisms and survey results. The organisation demonstrated how this helps inform and drive improvements to the service.

#### 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) Not Met**

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

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

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

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

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 5:

The Assessment Team found that the service has met all three of the three requirements in relation to Standard 5 Organisation’s service environment.

The service environment was observed to be welcoming with individual rooms decorated with photographs and other personal items.

Of consumers and representatives who participated in the consumer experience report, 93% agreed consumers feel safe here most of the time or always, 7% (one consumer) responded some of the time due to other consumers walking into their room, however the consumer said the consumer was harmless and now locks the door at night to feel safer. Consumers expressed satisfaction they are able to move around freely within each building and access the external living areas

Most staff, consumers and representatives said that the cleaning is satisfactory and maintenance is performed in a timely manner. The Assessment Team received feedback related to dissatisfaction with cleaning in one circumstance. Cleaning and preventative maintenance schedules are in place. Staff demonstrated an understanding of the service’s procedures to ensure a safe living environment.

Management demonstrated that feedback and monitoring processes drive improvements.

#### 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**

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

### 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 the service has met all four requirements in relation to Standard 6 Feedback and complaints.

Consumers and representatives interviewed said management and staff encourage feedback and they would speak to staff or family if they needed help. Of consumers and representatives randomly sampled for the consumer experience report, 93% said staff follow up when things are raised, all or most of the time. One representative felt that some feedback is not always actioned to their satisfaction.

The service demonstrated an understanding and application of these requirements in various ways. Management demonstrated how it informs, encourages and supports consumers and their representatives to provide feedback through feedback forms, surveys and meetings. The service also informs consumers about how they can seek assistance to make a complaint using advocates, if required. A complaints management policy which includes a system to record, track and manage feedback is in place. Staff interviewed demonstrated an understanding of how to help consumers provide feedback. Feedback is reviewed and analysed to identify trends leading to improvements in care and service.

The service monitors and reviews its performance in relation to these requirements. Regular meetings, audits and consumer surveys are used to ensure consumers are encouraged and supported to give feedback and make complaints.

#### 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 Not 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 the service has met four out of the five requirements in relation to Standard 7 Human resources.

Consumers and representatives provided positive comments about the staff however, many felt more staff were required, particularly in the memory support area of the service. Staff also felt more staff were required to ensure safe, quality care is provided to all consumers. Management acknowledged this feedback and commenced reviewing staff allocation. They are also recruiting an additional registered nurse and casual care staff.

Of consumers and representatives randomly sampled for the consumer experience report, 100% said staff are kind and caring and 100% said that staff know what they are doing most of the time or always.

The service demonstrated an understanding and application of four of the requirements in various ways. The service’s recruitment and selection processes ensure the workforce is competent and staff have the qualifications and knowledge to effectively perform their roles. Staff complete mandatory education and accompanying competencies annually and additional training when needs are identifed. Staff interviewed confirmed attendance to a range of education. The service uses a range of processes to monitor staff performance including observation, monitoring incidents, analysis of consumer feedback and a formal annual performance appraisal.

The service monitors and reviews its performance in relation to four of these requirements. Regular meetings, audits and consumer surveys are used to ensure consumers get quality care and services from knowledgeable, capable and caring staff.

#### Requirements:

##### **Standard 7 Requirement 3(a) Not 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 the service has met all five requirements in relation to Standard 8 Organisational governance.

Consumers and representatives interviewed said management and staff encourage feedback and seek their opinion on care and services. Of consumers and representatives randomly sampled for the consumer experience report, 100% said the home is well run most of the time or always.

The service demonstrated an understanding and application of these requirements in various ways. The service consult consumers and their representatives in the development, delivery and evaluation of care and some services. Mercy Health have a consumer advisory committee how recently reviewed consumer information to ensure it was easy to understand. Consumers were consulted about the courtyard redevelopment and are regularly consulted about the activity program.

The organisation’s governing body has systems to promote a culture of safe, inclusive and quality care and service. The governance structure including committee structure and monthly reports demonstrate how information is reported to key decision makers within the organisation. This includes information and data on continuous improvement, financial governance, workforce governance, regulatory compliance and complaints. High-impact or high-prevalence risks, and abuse and neglect are also identified, managed and reported. The clinical governance framework includes antimicrobial stewardship, minimising the use of restraint and open disclosure.

#### 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.