Accreditation Decision and Report

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | MiCare Margriet Manor |
| **RACS ID:** | 3585 |
| **Name of approved provider:** | MiCare Ltd |
| **Address details:**  | 722 Mount Dandenong Road KILSYTH VIC 3137 |
| **Date of site audit:** | 24 July 2019 to 26 July 2019 |

**Summary of decision**

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| **Decision made on:** | 26 August 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:** | 09 October 2019 to 09 October 2022 |
| **Assessment of performance with the Aged Care Quality Standards** |
| Standard 1 Consumer dignity and choice | Met  |
| Standard 2 Ongoing assessment and planning with consumers | Met  |
| Standard 3 Personal care and clinical care | Met  |
| Standard 4 Services and supports for daily living | Not Met |
| Standard 5 Organisation’s service environment | Met  |
| Standard 6 Feedback and complaints | Met  |
| Standard 7 Human resources | Met  |
| Standard 8 Organisational governance | Met  |
| **Timetable for making improvements:** | By 02 December 2019  |
| **Revised plan for continuous improvement due:** | By 10 September 2019  |

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

## Introduction

**This is the report of an assessment of MiCare Margriet Manor (the Service) conducted from 24 July 2019 to 26 July 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 Quality 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 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** |
| --- | --- |
| Personal care assistant | 2 |
| General manager business development | 1 |
| Homemaker | 2 |
| Admissions officer | 1 |
| General manager assets services and projects | 1 |
| Acting general manager, residential | 1 |
| Volunteer | 2 |
| Consumers | 16 |
| Catering staff | 1 |
| General Manager residential services | 1 |
| Representatives | 4 |
| Maintenance manager | 1 |
| Maintenance officer | 1 |
| Endorsed enrolled nurse | 1 |
| Care staff | 1 |
| Registered nurse | 2 |
| Receptionist | 1 |
| Nurse practitioner | 1 |
| Lifestyle Coordinator | 1 |
| Clinical care coordinator | 1 |
| Pharmacist | 1 |
| Facility manager | 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:

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:

The organisation:

a) has a culture of inclusion and respect for consumers; and

b) supports consumers to exercise choice and independence; and

c) respects consumers’ privacy.

#### Summary of Assessment of Standard 1:

The Assessment Team found that the organisation has met all six requirements under Standard 1.

Randomly sampled consumers experience interviews show that 93% of consumers agreed staff always or most of the time treat them with respect, that 93% of consumers agreed they are encouraged to do as much as possible for themselves, and that 93% of consumers agreed staff always or most of the time explain things to them. Comments from these interviews and through other interviews, which indicated similarly high levels of satisfaction, included that consumers feel culturally safe, that they are supported to exercise choice and independence and that their privacy is respected. Feedback from two consumers/representatives, supported by an observation by the Assessment Team, identified consumers are not always engaged when assisted with daily care routines by more than one member of staff.

Staff were mostly observed to interact with consumers patiently and respectfully and could readily identify consumer’s individual preferences and interests. Staff described the ways consumers’ social connections are supported both inside and outside the service.

While the service primarily supports consumers of Dutch heritage through décor, cuisine, and social and cultural connection, management actively promote a culture of inclusiveness and respect for diversity and other cultures. This was evidenced through individualised strategies for consumers from the three other cultural backgrounds. A diversity and inclusion framework is in place and all staff are required to complete education in this area.

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

Consumers reported that they are satisfied that care and services, including personal care, is undertaken in a way that respects their privacy. Staff gave examples of how they maintain the privacy of individuals. Staff were observed respecting consumer privacy by knocking on doors prior to entry and waiting permission to enter. Electronic information is password protected and the confidentiality of paper documentation was maintained.

The organisation uses observations by management, surveys and formal and informal feedback mechanisms to monitor and review that consumers are satisfied, that staff treat them with respect and support them to maintain their identity and live the live they choose.

#### Requirements:

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

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

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

The organisation demonstrates that care and services are culturally safe.

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

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

i) make decisions about their own care and the way care and services are delivered; and

ii) make decisions about when family, friends, carers or others should be involved in their care; and

iii) communicate their decisions; and

iv) make connections with others and maintain relationships of choice, including intimate relationships.

##### Standard 1 Requirement (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 (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 (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:

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:

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 organisation has met all five requirements under Standard 2.

The organisation demonstrates the consumer is a partner in ongoing assessment and planning that helps the consumer get the care and services needed for their health and well-being.

Consumer experience interviews show 100% agreed they have a say in their daily activities. These high levels of satisfaction were consistent with interviews with other consumers and representatives. Consumers provided various examples of how they are involved in assessing and planning their care to maintain their health and wellbeing and help them get the care they need. These examples included having meetings and discussions about care needs, feeling a part of the care and services received, and being confident that staff support their choices regarding care needs.

Staff could describe how consumers and others who contribute to the consumer’s care (including medical practitioners, allied health professionals and family) work together to deliver a tailored care and service plan and monitor and review the plan as needed.

Consumers gave examples of how they are involved in reviewing care and services including when needs or preferences change. The Assessment Team were satisfied that advance care planning and end of life planning formed part of the care planning. Consumer care plans sampled by the Assessment Team demonstrated regular reviews (with changes made), undertaken by qualified staff relevant to the care or service.

#### Requirements:

##### Standard 2 Requirement (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 (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 (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 (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 (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:

I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

#### Organisation statement:

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.

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

Of consumers and representatives randomly sampled, 93% said they get the care they need most of the time or always while 7% said this occurs sometimes. 100% of consumers and representatives randomly sampled said they feel safe always or most of the time. These high levels of satisfaction were consistent with interviews with other consumers and representatives. Consumers provided various examples of how staff ensured the care provided was right for them including by being aware of current needs and ensuring referrals are made when care needs increase.

Staff were observed to be kind, caring and respectful to the consumers and sensitive to their individual needs and preferences. Staff could describe how they ensure care is best practice and responsive to the changing needs of each consumer, including the need for referrals to a range of allied health professionals and sharing of information both within and outside the organisation. Staff are aware of consumers at risk and how incidents and changes in personal and care needs prompt reviews and assessments.

Care plans reviewed by the Assessment Team demonstrated the delivery of safe and effective care. Staff discussed how they manage the sensitive topic of understanding and attending to the individual needs of consumers at the end of their life.

The service demonstrated that ongoing and regular holistic multidisciplinary reviews and consultations with the consumer, family or representatives ensure personal and or clinical care is safe and right for each consumer.

#### Requirements:

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

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

##### Standard 3 Requirement (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:

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:

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 organisation has met six of the seven requirements under Standard 4.

The organisation demonstrated that it optimises consumer independence, health, wellbeing and quality of life; that it promotes emotional, spiritual and emotional wellbeing of consumers; that it assists consumers participate in the community, have social and personal relationships and do the things of interest to them; and, that these needs and preferences are communicated within the service. However, the organisation did not demonstrate meals are varied and of a suitable quality and quantity.

Of consumers and representatives randomly sampled, 92% said they that they are encouraged to do as much as possible for themselves most of the time or always, while 8% responded some of the time.  Consumers provided examples of how their independence is encouraged including being asked for ideas about new activities and being supported to exercise choice in how they live their life. Consumers also described how their emotional, psychological and spiritual health is promoted by encouraging a homelike atmosphere, including keeping their pets and personalising their rooms, enabling access to a range of meaningful activities both inside and outside the service and providing support when they are feeling down. Consumers also described how information is provided so they are informed about care and services and their preferences are respected when others are involved in their care.

However, of consumers randomly sampled as part of the consumer experience report, 60% confirmed they only ‘like the food here’ some of the time. Feedback through other consumers and representatives’ interviews were consistent with the random interviews. Although some positive feedback was received about adequate serving sizes, the majority of consumers provided negative feedback with concerns relating primarily to the food being prepared off-site and re-heated, the perceived lack of fresh vegetables or the limited choices available.

A consumer discussed lack of ironing facilities and management have undertaken to provide this in line with specified care and service requirements.

Management and staff described ways where consumers are supported to optimise independence and quality of life through examples including adapting meal times to accommodate activities and the installation of new multimedia equipment designed for those living with dementia. Management and staff described ways the service promotes emotional, spiritual and psychological wellbeing and observations of activities and the living environment supported this. Management and staff provided examples how they support consumers to do things of interest to them such as an old farmer tending vegetables and an old librarian organising the service’s library. The Assessment Team observed a café well-supported by consumers, families and friends. Management demonstrated equipment is safe, suitable, clean and well maintained.

Management said consumers are advised of the organisation’s cook chill catering arrangements prior to entering the service and described the ways in which the organisation engages consumers to test meals for the menu and receive feedback on the quality and sufficiency of meals.

#### Requirements:

##### Standard 4 Requirement (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 (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 (c) Met

The organisation demonstrates that services and supports for daily living assist each consumer to:
i) participate in their community within and outside the organisation’s service environment; and
ii) have social and personal relationships; and
iii) do the things of interest to them.

##### Standard 4 Requirement (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 (e) Met

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

##### Standard 4 Requirement (f) Not met

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

##### Standard 4 Requirement (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:

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

#### Organisation statement:

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 92% of consumers agreed that they feel at home at Margriet Manor and 100% of consumers agreed they feel safe at the service. Comments from these interviews and through other interviews, which indicated similarly high levels of satisfaction, described how the service was welcoming and supported their wellbeing.

Consumers also reported that:

* The service was well maintained and kept at a comfortable temperature.
* They have access to a range of equipment and furnishings and felt safe using them.
* They have access to quiet rooms and community hubs to meet family and friends.
* They are able to move freely, both indoors and outdoors.
* Management encourages feedback about the service environment.

Two couples appreciated the support provided to enable them to live together as partners.

The service was observed to be welcoming (with individual rooms decorated with memorabilia, photographs and other personal items) and well maintained, a minority of representatives were not satisfied with cleaning of rooms in the memory support wing, also observed by the Assessment Team in the dining area in that wing. There was signage to help consumers navigate the service. Garden and larger communal areas, that include the café were observed to be safe, inviting and well maintained. Management addressed during the audit observations of window blinds in the memory support wing impeding potential emergency egress when drawn.

While the service consists of three wings with keypad access, consumers have freedom of movement, aided by self-opening doors, to the larger communal and café area. Consumers access a number of outside areas and courtyards, assisted where required. Stable-type split room doors in the memory support wing promote the privacy for the occupant without restricting their movement from the room. Consumers are satisfied they have access to areas they wish to access.

Preventative and reactive maintenance programs ensure a structured approach managing the living environment. 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 (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 (b) Met

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

##### Standard 5 Requirement (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:

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:

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 organisation 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 they are reviewed and used to improve services.

Consumer experience interviews show 93% of consumers are satisfied staff follow up when they raise things with them. Other consumers and representatives interviewed provided positive feedback about staff and management’s responsiveness to any issues raised. Consumers interviewed were aware of ways to raise a complaint and supported and encouraged to voice them. A randomly selected consumer with limited mobility said they do not have direct access to the manager and have to work through staff, who do not always take time to hear her concerns.

Information about internal and external feedback processes is provided to consumers and representatives at entry. To normalise the complaints process and ensure complete anonymity the mail box in the hallway also serves as a complaints lodgement box. However, feedback forms and lodgement boxes are not located within every wing. Brochures and information relating to advocacy services and external complaints bodies are displayed in multiple languages in the larger communal and reception area not always accessible to all consumers; management responded by saying they try to make wings as homely as possible.

Management said most consumer complaints are received and dealt with verbally and “on the spot”, and do not generally result in a record of the issue. New governance procedures are in the process of being implemented for management to report on complaints in a more structured way.

Non English-speaking consumers are supported to raise complaints. Staff said management are responsive to issues raised and are always available to staff, consumers and representatives.

The organisation has developed an open disclosure framework and management demonstrated working understanding of open disclosure through recent examples. Representatives said management acknowledge when errors are made by the service. The service is currently working with a consumer, their representatives and an advocate to resolve a recent concerns.

#### Requirements:

##### Standard 6 Requirement (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 (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 (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 (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:

I get quality care and services when I need them from people who are knowledgeable, capable and caring.

#### Organisation statement:

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.

Consumers provided mostly positive feedback about the workforce. Randomly sampled consumer experience interviews show that 93% of consumers agreed that this place is well run, that 93% of consumers agreed staff are kind and caring, that 93% of consumers agreed staff know what they are doing, and, that 86% of consumers agreed they get the care they need.

Comments from these interviews and other interviews, which indicated similarly high levels of satisfaction, included that staff are mostly there when consumers need them, are friendly and helpful, and knowledgeable about their roles. A consumer who requires assistance with transferring said there are delays to calls for help. A representative said there is a lack of staff in the memory support wing to support assisted meals.

There are processes to ensure there are sufficient skilled and qualified staff to deliver safe, quality care and services. Management explained, and documentation confirmed, the service has processes in place for rostering of staff and replacing staff in the roster. Management and staff explained circumstances where the roster is temporarily increased to meet changing care needs. Volunteers assist with community support within the service.

Staff were observed to be attentive, kind and caring in their interactions with consumers, families and other visitors to the service. Staff said they have sufficient time to complete their work load and that circumstances of unplanned leave is always replaced.

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/or experience and are provided with relevant information to enable them to complete their tasks. Organisational management have recently completed a review of the service’s workforce requirements and a new clinical management model is being implemented.

Management monitor staff compliance with nursing registrations and police certificates. Management and staff have access to policies and procedures to guide care and services and these are reviewed regularly. Management and staff have access to a range of education to support them in their relevant positions. An education plan reflects current training needs. Staff are satisfied with education opportunities to support them in their roles.

Management discussed processes to monitor staff performance, including call bell response. Methods of monitoring staff performance on an ongoing basis include observations of staff practice, incidents follow up and feedback from consumers and representatives. While performance appraisals have previously occurred on an as required basis, new procedures will require all staff to complete an annual performance appraisal.

#### Requirements:

##### Standard 7 Requirement (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 (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 (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 (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 (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:

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

#### Organisation statement:

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.

Consumers described how they are involved in meetings to review particular aspects of care or service delivery and in discussions with staff about their care needs. Consumer experience interviews showed that 100% of consumers agreed that the service is well run.

The service demonstrated that they involve consumers in the design, delivery and evaluation of care and services, providing examples of how consumers are directly engaged on a regular basis in planned co-design and feedback forums.

The organisation demonstrated a culture of safe and quality care through organisation-wide promotion of their Eden philosophy of consumer engagement, with accountability commencing at induction of new staff. Regular consumer and representative meetings, care consultations, yearly consumer surveys and schedules of audits demonstrates the service is engaged with their consumers in the delivery and evaluation of their care and services.

The organisation’s governing body meets regularly. Monthly reports are completed by the senior management and forwarded the executive and board. The clinical governance framework and structure addresses anti-microbial stewardship, open disclosure and minimising the use of restraint. Management and staff interviewed advised that information is shared and received through various means including electronic mail, memoranda and the electronic consumer database.

Discussions with management and staff and review of consumer files, related documentation and the quality improvement plan demonstrated how risks to consumers are assessed and managed to ensure consumer choice and how outcomes of incident and complaints investigations, scheduled audits and consumer feedback contribute to improvements.

#### Requirements:

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

The organisation demonstrates that effective organisation wide governance systems relating to the following:
i) information management
ii) continuous improvement
iii) financial governance
iv) workforce governance, including the assignment of clear responsibilities and accountabilities
v) regulatory compliance
vi) feedback and complaints

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

The organisation demonstrates that effective risk management systems and practices, including but not limited to the following:
i) managing high-impact or high-prevalence risks associated with the care of consumers
ii) identifying and responding to abuse and neglect of consumers
iii) supporting consumers to live the best life they can

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

The organisation demonstrates that where clinical care is provided - a clinical governance framework, including but not limited to the following:
i) antimicrobial stewardship
ii) minimising the use of restraint
iii) open disclosure