Accreditation Decision

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Newmans on the Park |
| **RACS ID:** | 3877 |
| **Name of approved provider:** | McKenzie Aged Care Group Pty Ltd |
| **Address details:**  | 33 Newmans Road TEMPLESTOWE VIC 3106 |
| **Date of site audit:** | 15 October 2019 to 17 October 2019 |

**Summary of decision**

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| --- | --- |
| **Decision made on:** | 12 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:** | 29 December 2019 to 29 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 Newmans on the Park (the Service) conducted from 15 October 2019 to 17 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 | 19 |
| Representatives | 8 |
| Facility manager  | 1 |
| Clinical care manager  | 1 |
| Registered nurse  | 3 |
| Enrolled nurse | 1 |
| Care staff  | 9 |
| Lifestyle  | 2 |
| Catering, cleaning and laundry staff  | 4 |
| Cook | 1 |
| Quality and risk advisor  | 1 |
| Group quality and compliance manager  | 1 |
| Quality and compliance coordinator  | 1 |
| Regional operations manager  | 1 |
| Chef manager | 1 |
| Physiotherapist | 1 |
| Roster coordinator | 1 |
| Maintenance officer | 1 |

## Detailed findings

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

### Standard 1: Consumer dignity and choice Met

#### Consumer outcome:

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

#### Organisation statement:

2. The organisation:

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

(b) supports consumers to exercise choice and independence; and

(c) respects consumers’ privacy.

#### Summary of Assessment of Standard 1:

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

Consumer experience interviews show that 100% of consumers agree that staff treat them with respect all or most of the time. The organisation’s values include respect and valuing diversity. Management and senior staff model appropriate behaviour and take action when they become aware of any staff conduct that does not meet the organisation’s requirements.

The service demonstrated consumers are treated with dignity and respect and that the service actively promotes a culture of inclusion. Staff were observed to interact with consumers respectfully and could readily identify consumers’ individual preferences and interests. The service promotes and values individual consumers’ culture and diversity with assessment processes that identify how consumers wish to live these aspects of their lives. The service offers a wellbeing program to reflect the diverse backgrounds and preferences of consumers. Staff described how the delivery of care is tailored to the consumer.

Consumers and representatives interviewed confirmed that they feel safe, respected and have a choice in their daily activities. Staff provided meaningful examples of how they help consumers to make choices and assist them in doing what they want to do, even if this involves an element of risk. Consumers described the ways their social connections are supported and how friendships have developed within the service.

Consumers are satisfied that the service promotes and protects their privacy and confidentiality of information. The service demonstrated how information is confidential and discussions are held privately. Consumer electronic and hard copy information is generally kept secure, although the Assessment Team observed, on two occasions, nurse stations left unsecure and unattended. Management reconfirmed the security of information with staff while the Assessment Team was on-site.

#### 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:

(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 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 the organisation meets all five requirements under Standard 2.

All consumers and representatives interviewed confirmed consumers have a say in their daily activities.

Consumers and representatives said staff conduct assessments to identify the consumers’ initial and ongoing preferences and care needs. Consumers and representatives said they have been involved in care planning. Identification of goals and preferences are a focus of the care planning process, as needs and preferences change consumer care plans are updated in collaboration with the consumer or their representative. Risks to consumers’ health and wellbeing are identified and considered in the care planning process.

Care files viewed included documentation of consultation including, assessment of risks associated with daily activities and how the consumer choice could be supported. Referrals to allied health and specialists occurs in consultation with the consumer or their representative and according to the individual’s preferences. Consumers are supported to complete end of life planning and encouraged to discuss preferences for care with their representatives.

The Assessment Team sighted evidence that consumer’s care and wellbeing is monitored and reviewed by the clinical and lifestyle team including general practitioners, allied health professionals and specialists who help with recommendations and support for the consumer.

Care and service documentation reviewed by the Assessment Team demonstrated there is regular review of care involving the consumer and or their representative. Nursing staff described the care consultation process which encourages and supports the engagement of the consumer and or representative.

Staff demonstrated an understanding of how to recognise and report adverse events and management described ways of how this information is used to inform the service’s continuous improvement plan for better consumer outcomes. Staff gave examples of how they provide consumer care by following directives outlined in individual consumer care plans.

#### 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 the service has met the seven requirements under Standard 3.

All consumers and representatives interviewed, said consumers feel safe and that they get the care they need always or most of the time. Consumers said they are being consulted and offered choices daily regarding their care and personal needs, goals and preferences.

Consumers and representatives expressed confidence in that staff know what to do to meet the consumers’ personal and health care needs and what to do if there is a change in consumer care needs. The Assessment Team were provided with examples from consumers and representatives as to how staff and management support consumer care.

The organisation demonstrated, where the care of the consumer was associated with risks or choices that involve an element of risk, that a collaborative approach and consultation with the consumer or their representative occurs. Where possible management in consultation with the consumer have implemented processes to minimise risk.

Care files viewed included documentation of consultation regarding risk associated with daily activities and how the consumer choice could be supported. Files viewed confirm the consumer’s care and lifestyle plans consider the consumer preferences including plans for end of life or palliation. When there are changes in consumers’ wellbeing and or health condition, including deterioration and onset of new illnesses, nursing staff liaise and consult with the consumer, their representative and their preferred general practitioner. Medical practitioners and nursing staff refer consumers to appropriate specialists or allied health services. The consumers medical practitioners, visiting pharmacists and mental health specialists collaborate in the review of psychotropic medications on a regular basis and in response to changes in behaviours of individual consumers.

Staff demonstrated an understanding of infection prevention and control practices appropriate to their positions. The service is working to ensure antibiotic use is monitored appropriately. The service demonstrated processes used by the organisation to ensure care is best practice through ongoing education, performance appraisals, use of policies and procedures which are linked to best practice research.

#### 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 Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 4:

The Assessment Team found that the organisation has met all seven requirements under Standard 4.

Consumers and representatives interviewed confirmed they are satisfied with the services the consumer receives especially in relation to their physical care. Of consumers and representatives interviewed 94% said they like the food all or most of the time, although some consumers and representatives expressed concerns that meals lacked variety and did not always meet their needs and preferences. Management demonstrated they were aware of these issues and processes have been established to address them.

The organisation adequately demonstrated that it makes timely referrals to other organisations, provides meals of a suitable quality, variety and quantity and provides safe, suitable clean and well-maintained furniture.

The organisation demonstrated that it supports consumers to connect with other external services and people outside the facility and seeks feedback from consumers about activities of interest to them within the service. The organisation demonstrated that it supports consumers emotional, spiritual and psychological well-being.

#### 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:

(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 3(d) Met

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

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

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

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

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

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

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

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

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 5:

The Assessment Team found that the organisation has met all three requirements under Standard 5.

The service was observed to be welcoming (with individual rooms decorated with memorabilia, photographs and other personal items), clean and well maintained. The layout of the service enabled consumers to move around freely, with suitable furniture, fixtures and signage to help consumers navigate the service. Consumers had ready access to tidy outdoor areas with gardens, furniture and pathways that enable free movement around the areas.

Policies and procedures described systems for the service and maintenance of furnishings and equipment and how environmental risks to consumers were identified and managed. Staff interviewed confirmed their understanding of the systems, and record keeping arrangements. Consumers and representatives confirmed cleaning was delivered as arranged. Management confirmed the service environment is routinely monitored for any emerging risk or maintenance.

#### Requirements:

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

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

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

The organisation demonstrates that the service environment:

(i) is safe, clean, well maintained and comfortable; and

(ii) enables consumers to move freely, both indoors and outdoors.

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

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

### Standard 6: Feedback and complaints Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 6:

The Assessment Team found that all four requirements under Standard 6 were met.

The organisation demonstrated consumers know how to give feedback and make complaints and that actions are taken in response to feedback.

Of consumers and representatives randomly sampled, 100 % said they are satisfied that staff follow up when they raise things with them always or most of the time.

Other consumers and representatives interviewed were generally satisfied with complaints resolution. Where ongoing concerns occur, management facilitates meetings with consumers or their representatives to determine agreed actions and outcomes.

The organisation demonstrated that it encouraged consumers and their representatives to provide feedback and make complaints. Staff explained how they support consumers to provide feedback as required. Management demonstrated that appropriate action is taken in response to complaints and when things go wrong. The organisation’s complaints system incorporates ‘open disclosure’ processes. The organisation records comments, complaints and suggestions within an electronic system. Management documents issues and actions taken including agreed actions and feedback to the complainant. Items which require an improvement activity to occur to improve the quality of care and services are recorded on their plan for continuous improvement. Organisational oversite is undertaken through review of complaints at Board level. The Assessment Team observed feedback forms and suggestion boxes available throughout the service.

Management provided examples of where consumer feedback has initiated changes and improvements to care and services.

#### Requirements:

##### Standard 6 Requirement 3(a) Met

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

##### Standard 6 Requirement 3(b) Met

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

##### Standard 6 Requirement 3(c) Met

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

##### Standard 6 Requirement 3(d) Met

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7: Human resources Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 7:

The Assessment Team found that the five requirements under Standard 7 were met.

The organisation demonstrated that they ensure the numbers and mix of staff is planned, managed and reviewed to enable provision of safe, respectful and quality care and services.

Of consumers and representatives randomly sampled, 100 % indicated that staff are kind and caring and that consumers get the care they need. 94 % of consumers and representatives randomly sampled, said that staff know what they are doing, always or most of the time.

A small number of consumers or their representatives discussed occasions when they felt staff availability or response times were not satisfactory and gave permission for the Assessment Team to discuss this feedback with management. Management discussed the concerns with the consumers during the reaccreditation audit.

Management said they continue to review rosters in relation to consumer needs, feedback and organisational requirements. Recent recruitment has resulted in additional staff being appointed and commencing work at the service.

Staffing levels and skill mix are reviewed regularly and in response to changes in consumers’ needs. There are processes to address planned and unplanned leave. Registered nurses are rostered each shift, seven days a week. The organisation demonstrated the workforce is recruited to specific roles, trained and equipped to undertake these roles and supported to deliver outcomes for consumers. Onsite and support office management monitor staff qualifications, registrations and police check currency. The service ensures, through staff selection, planned education and training processes that the workforce is competent, and they have the knowledge and skills to effectively perform their roles. Staff are satisfied there are enough education opportunities and advised they complete mandatory education and accompanying competencies annually and additional training in response to any identified needs.

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

#### Requirements:

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

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

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

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

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

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

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

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

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

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

### Standard 8: Organisational governance Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 8:

The Assessment Team found that all five requirements under Standard 8 were met.

Of consumers and representatives randomly sampled, 100% said that the service is well run.

The organisation demonstrated they involve consumers in the design, delivery and evaluation of care and services, providing examples of how consumers are involved on a day to day basis. These include meetings, surveys and shared decision-making processes. Consumers and representatives confirmed they are involved in care and service planning and delivery. For example, there are regular ‘resident’ meetings, scheduled collaborative care planning meetings and consumer attendance at management and medication advisory committee meetings.

Organisational-wide governance systems support effective information management, continuous improvement, financial and workforce processes and regulatory compliance. There are established processes to identify, manage and report high impact or high prevalence risks, including identifying and responding to abuse and neglect of consumers. The clinical governance framework addresses anti- microbial stewardship, open disclosure and minimising the use of restraint with policies, procedures and staff practice supporting this framework. Clinical key indicators are collected and reported monthly; discussed locally at relevant meetings and reports are provided directly to the Board.

#### Requirements:

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

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

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

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

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

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

(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 3(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 3(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