Accreditation Decision

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Oakfield Lodge |
| **RACS ID:** | 6310 |
| **Name of approved provider:** | Southern Cross Care (SA & NT) Incorporated |
| **Address details:** | 15 Hawthorn Road Mount Barker SA 5251 |
| **Date of site audit:** | 26 November 2019 to 28 November 2019 |

**Summary of decision**

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| --- | --- | --- |
| **Decision made on:** | 30 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:** | 28 January 2020 to 28 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 | | 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 Oakfield Lodge (the Service) conducted from 26 November 2019 to 27 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 and representatives | 17 |
| Corporate and site management | 4 |
| Nursing and personal care staff | 10 |
| Hospitality and environmental services staff | 6 |
| Lifestyle staff | 2 |
| Allied health | 2 |
| Visiting medical officer | 1 |
| Pastoral care worker | 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 all six of the requirements in relation to Standard 1 are met.

#### Consumers and representatives interviewed confirm they are treated with dignity and respect and provided various examples of how the organisation is considerate of their identity, choices and privacy. Consumers described how staff are kind and courteous to them and treat them as individuals by calling them by their preferred name and providing tailored centred and culturally safe care and services.

#### Staff described how they refer to consumers by their preferred name, respect consumer’s choice and are flexible to their need on the day. Staff said they respect consumers’ culture, decision making and choice in supporting them to achieve their goals. Staff described how some consumers speak to them about personal things and how they keep information confidential however would report the information to management if there is a potential harm to the consumer and or others.

#### The Assessment Team observed staff and consumer interaction to be in a familiar, friendly and respectful manner.

#### The organisation demonstrated that information is communicated, and consumers are supported to exercise choice take risks while respecting the consumer’s cultural diversity, goals and preferences so that services are delivered accordingly. Staff are provided with training, policies and procedures to guide their practices in relation to dignity, respect, privacy and confidentiality. The organisation seeks feedback from consumers through meetings. Surveys and feedback processes to assist in ongoing care and service provision.

#### Requirements:

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

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

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

The organisation demonstrates that care and services are culturally safe.

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

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

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

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

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

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

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

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

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

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

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 2:

The Assessment Team found that all five of the requirements in relation to Standard 2 are met.

Of the consumers and representatives randomly sampled 93 percent confirmed consumers most of the time or always have a say in their daily activities and provided examples of how the service provides assessment and planning to identify and assess consumers’ current needs, goals and preferences, including advanced care planning and end of life planning. Consumers reported feeling safe and confident staff listen to their goals and preferences and the organisation seeks input from other professionals to ensure they get the right care and services to meet their needs.

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

Consumers reported their care and services are regularly reviewed and when something goes wrong, or their needs or preferences change, the organisation is quick to communicate with them and seek their input to update the care and services they are getting. Each of the care and service plans reviewed showed plans are being regularly reviewed and include date by which the next review of care and services must be undertaken. Staff demonstrated an understanding of adverse incidents or near-miss events and how these were identified, documented and reviewed by the service, to inform continuous improvement.

#### Requirements:

##### **Standard 2 Requirement 3(a) Met**

The organisation demonstrates that assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.

##### **Standard 2 Requirement 3(b) Met**

The organisation demonstrates that assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.

##### **Standard 2 Requirement 3(c) Met**

The organisation demonstrates that assessment and planning:

1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and
2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

##### **Standard 2 Requirement 3(d) Met**

The organisation demonstrates that the outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.

##### **Standard 2 Requirement 3(e) Met**

The organisation demonstrates that care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

### Standard 3: Personal care and clinical care Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 3:

The Assessment Team found that all seven of the requirements in relation to Standard 3 are met.

The organisation demonstrates that each consumer gets safe and effective personal and clinical care that is tailored to their needs and optimises their health and wellbeing.

The organisation demonstrates when a consumer’s condition deteriorates or changes in relation to a consumer’s mental health, cognitive or physical function, capacity or condition, it is recognised and responded to in a timely manner and referred to other professionals.

All consumers and representatives interviewed are satisfied with the care being provided is meeting their needs and are satisfied staff response to their change in health status in a timely manner. Staff interviewed could describe how they use the handover information, care plans and policies and procedures guidelines to guide them to best practice. Staff described a range of consumer’s clinical and personal care needs and how the care provided is tailored to meet these needs and described how they recognise changes in consumer’s condition, health and abilities and the responses they would take, and infection minimisation strategies.

The service’s monitoring process includes data analysing and trending through a variety of processes including incident evaluation and reviewing outcomes to keep improving the clinical and personal care and changes to care and practice. When an improvement is identified in relation to optimising care for each consumer, the service implements it through their continuous improving system.

#### Requirements:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The organisation demonstrates minimisation of infection related risks through implementing:

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

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

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 4:

#### Consumers and representatives interviewed said they are generally satisfied with the services and support they receive. Consumers said they are encouraged to do things for themselves, they are engaged in the community within and outside the facility, have input into the activities they would like to do including attending activities to support and maintain their independence in their daily living, are able to maintain personal relationships and equipment is safe and suitable. Some consumers were not satisfied with the menu, quality of the food and the meal service. The organisation has feedback and engagement systems to ensure consumers’ choice and input is recognised, respected and implemented.

Staff described how they ensure consumers choices about the services and support they receive are respected, examples staff provided showed an understanding of consumers’ needs relating to emotional and spiritual wellbeing, inclusion in communities and relationships and optimisation of independence and quality of life. The organisation’s processes and documents support the staff to ensure safe and effective services and provided, including timely and appropriate referrals and communication with other relevant parties.

#### Requirements:

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

The organisation demonstrates that each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.

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

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

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

The organisation demonstrates that services and supports for daily living assist each consumer to:

1. participate in their community within and outside the organisation’s service environment; and
2. have social and personal relationships; and
3. do the things of interest to them.

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

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

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

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

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

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

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

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

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

#### Consumer outcome:

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

#### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment. Summary of Assessment of Standard 5: The Assessment Team found the organisation demonstrated that all requirements in relation to Standard 5 were met.

#### Summary of Assessment of Standard 5:

#### The facility was observed to be open and welcoming with individual rooms decorated with photographs and other personal items. All rooms are single with ensuites and the rooms were observed to be very large, clean and well maintained. The layout of the service enables consumers to move around freely, with suitable furniture, fittings and lighting. Consumers have access to clean and well-maintained outdoor areas, with communal tables and chairs.

#### Consumers said they are satisfied with their room and the communal areas. Each floor has sitting areas and there are quiet areas for consumers to meet with family and friends. There are dining areas on each floor. The service also has a café which is used by consumers, staff and family members.

#### Cleaning of consumer’s rooms and public areas is undertaken according to a schedule. The service launders consumer clothing. Flat linen is laundered by an external contractor. Consumers said they are satisfied with both the cleaning and laundry services provided.

#### Preventative maintenance and unplanned maintenance ensure the service is well maintained and staff can report any maintenance issues through an electronic system. Staff said repairs or arrangements for repairs are organised by maintenance staff in a timely manner. Electrical items are tested and tagged annually, and fire safety is monitored by an external contractor.

#### Requirements:

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

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

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

The organisation demonstrates that the service environment:

1. is safe, clean, well maintained and comfortable; and
2. enables consumers to move freely, both indoors and outdoors.

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

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

### Standard 6: Feedback and complaints Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 6:

The Assessment Team found that all four of the requirements in relation to Standard 6 are met.

Of consumers randomly sampled, 100 percent said the staff always or most of the time followed up things when they raised things with them. The organisation could demonstrate consumers know how to give feedback and/or make complaints and feel safe and comfortable doing so. They demonstrated consumers have access to advocates and other methods for raising and resolving complaints. Consumers said they have minimal complaints which are resolved to their satisfaction.

The organisation has processes in place to respond to complaints and an open disclosure process is used when things go wrong. Staff could explain the open disclosure processes and what they are required to do when feedback or complaints are made.

Consumers and staff could both explain their understanding of advocacy services available and access to service. The service has processes in place to access to staff access language services and other methods of raising complaints.

Feedback and complaints are reviewed and used to improve the quality of care. The organisation provided a complaints log and demonstrated how complaints were reviewed on site and corporately to identify opportunities for improvement. Consumer satisfaction is monitored by surveying the complainant once the complaint has been closed.

#### Requirements:

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

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

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

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

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

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

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

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

### Standard 7: Human resources Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 7:

The Assessment Team observed staff interacting with consumers in a kind, caring and respectful way and staff were available in the facility to assist consumers and provide care. The organisation demonstrated how they monitor, and review call bell response times, care and services provided by staff and, when required, how they address staff performance deficiencies.

Staff interviewed described how they ensure they are respectful of consumers’ identity and how they show kindness and care. Staff said they have relevant information and training to support them in their roles including relevant consumers information to ensure care and services are delivered according to the care plan and that consumers receive safe quality care. Staff described the orientation, induction, education, training and performance monitoring processes. One lifestyle staff said they do not have sufficient time to complete all their work when care staff request them to do additional one-to-one visits to consumers.

The organisation demonstrated processes are in place to ensure sufficient number of staff are providing care and services. The organisation recently implemented new workforce strategies initiatives to ensure suitable workforce arrangements to deliver care and services and processes are in place to monitor and review workforce levels and skills requirements. The organisation has processes in place to ensure staff have relevant qualifications and skills to perform their role and they are provided with relevant information such as position descriptions, policies, procedures, code of conduct, orientation/induction and relevant training. Management demonstrated how they monitor and review staff’s performance and how they monitor consumers’ satisfaction with workforce arrangements.

#### Requirements:

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

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

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

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

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

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

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

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

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

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

### Standard 8: Organisational governance Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 8:

The majority of consumers interviewed confirmed in various ways that the organisation is well run and that they can partner in improving the delivery of care and services. For example:

The majority of consumers are aware of, and have access to, feedback and complaints mechanisms and one of these consumers described how their feedback lead to an improvement at the service.

All consumers randomly sampled confirmed that most of the time or always they feel safe and are satisfied the place is well run.

To understand how the organisation understands and applies the requirement of this Standard, the Assessment Team spoke to management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services.

The organisation demonstrated how consumers are engaged with care and services through consumer groups, consumer committee, feedback, surveys and meetings and how this informs continuous improvement activities. The Assessment Team reviewed feedback and continuous improvement registers which identified consumers are engaged in the evaluation of care and services provided.

The organisation demonstrated that the governing body is committed to promoting consumers’ quality of life and has a framework in place to ensure a person-centred approach and promotion of healthy ageing and wellness for consumers. The organisation has systems in place to ensure the safety of consumers and key deliverables are reported to the executive team and board members.

The organisation demonstrated the organisation has governance systems with respect to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints. The organisation demonstrated how consumers are involved in delivery of care and services and provided examples of consumer participation. The organisation’s complaints register and continuous improvement plan reviewed by the Assessment Team indicated consumer feedback is documented and addressed; the continuous improvement plan reviewed confirmed consumer feedback informs improvements and this was evidenced by consumer initiated improvements. The organisation demonstrated processes are in place to ensure financial and workforce governance through delegations, monitoring and reporting to the executive team and the board. The organisation ensures regulatory compliance through processes to receive regulatory updates and communication to consumers and staff. The organisation demonstrated information management is effective to ensure consumers, staff and management are provided relevant information.

The organisation demonstrated that there are risk management systems and practices in place to ensure safety of consumers. Staff and management interviewed could describe processes in place to identify and report incidents and changes to consumers’ needs and/or condition. The organisation has policies and procedures in place to provide the framework for managing consumer risks. The Assessment Team reviewed risk management documentation which indicated risks are identified and managed to ensure consumers care and services are safe and appropriate.

The organisation demonstrated that clinical governance framework, including antimicrobial stewardship, minimising the use of restraint and open disclosure, is in place. The organisation has established an antimicrobial stewardship program and infection prevention and control processes. The organisation has established restraint-free policies and procedures and, where restraint is used or has been requested to be used, it has been assessed, risk discussed with the consumer and/or representative and is monitored to ensure safe use. The organisation has an open disclosure policy and processes in place.

#### 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.