Accreditation Decision

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

**Service and approved provider details**

|  |  |
| --- | --- |
| **Name of service:** | Omeo District Health |
| **RACS ID:** | 3393 |
| **Name of approved provider:** | Omeo District Health |
| **Address details:** | 12 Easton Street OMEO VIC 3898 |
| **Date of site audit:** | 01 October 2019 to 14 October 2019 |

**Summary of decision**

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| --- | --- | --- |
| **Decision made on:** | 31 October 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:** | 04 December 2019 to 04 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 Omeo District Health (the Service) conducted from 01 October 2019 to 14 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 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 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 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** |
| --- | --- |
| Registered nurse | 1 |
| Quality and safety coordinator | 1 |
| Facilities manager | 1 |
| Student | 1 |
| Catering & environmental services manager | 1 |
| Consumers | 4 |
| Nurse unit manager | 1 |
| Enrolled nurse | 4 |
| Cleaning staff | 1 |
| Lifestyle coordinator | 1 |
| People culture and business manager | 1 |
| Education facilitator | 1 |
| Administration staff | 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.

Consumers interviewed said they are treated with respect and feel safe always or most of the time. Consumers described the ways their social connections are supported both inside and outside the service. Consumers said they feel heard when they tell staff what matters to them and are encouraged to make decisions about their life, even when it involves an element of risk. Consumers said the organisation protects the privacy and confidentiality of their information and are satisfied care and services, including personal care, are undertaken in a way that respects their privacy.

The organisation demonstrated consumers are treated with dignity and respect and the service actively promotes a culture of inclusion. Staff were observed interacting with consumers respectfully and could readily identify or access information on consumers’ individual preferences and interests. The service promotes the value of culture and diversity in the wide range of activities it offers and in delivery of care that is tailored to the person. Staff could provide meaningful examples of how they help consumers make choices, including by giving consumers clear and accurate information and options to inform their choice. Staff gave examples of how they maintain the privacy of consumers. Electronic and filing systems support the protection of confidential information.

The organisation monitors and reviews its performance in relation to these requirements. Management is responsive to feedback in relation to staff practice that may inadvertently impact on consumers' taking risks and being as independent as possible. Consumer surveys and feedback and complaints mechanisms are used to ensure consumers are satisfied staff treat them with respect, support them to maintain their identity and live the life they choose.

#### Requirements:

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

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

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

The organisation demonstrates that care and services are culturally safe.

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

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

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

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

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

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

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

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

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

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

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 2:

The Assessment Team found that the organisation has met all five requirements under Standard 2.

Consumers said their direct engagement in the initial and ongoing assessment and planning of their care helps them to get the care and services they need. Consumers report feeling safe and confident that staff listen to their goals and preferences, and that the organisation gets input from other professionals to ensure consumers get the right care and services to meet their needs. Consumers report that consumer’s care and services are regularly reviewed and that when something goes wrong, or their needs or preferences change, the organisation is quick to communicate with them and to respond.

Staff could describe how consumers and others who contribute to the consumer’s care (including medical officers, allied health professionals, carers and family members) work together to deliver a tailored care and service plan and how they monitor and review the plan as needed. Each of the care and service plans reviewed evidence that plans had been regularly reviewed (with changes made as required) and included a date by which the next review of care and services must be undertaken. Documentation does not consistently reflect consultation/discussion with the consumer and their representative where appropriate.

The organisation monitors and reviews its performance in relation to these requirements. Staff demonstrate an understanding of adverse incidents or near-miss events and how these occurred. These are documented and reviewed by the organisation 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:

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

#### Summary of Assessment of Standard 3:

The Assessment Team found that the organisation met all seven requirements under Standard 3.

Consumers interviewed gave various examples of how staff ensure the care provided was right for them including by regularly asking them about their care and the way it is delivered.

The organisation demonstrated they have a suite of policies and procedures underpinning the delivery of care. Staff could describe how they ensure care is safe and appropriate for consumers, their opportunities for continuing education and how they ensure information is shared both within the organisation and with others outside the organisation. Care staff demonstrated understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. Staff could also identify the highest prevalence risks for different consumers and how incidents are used to inform changes in practice.

Each of the care and service plans reviewed evidenced the delivery of safe and effective care. Risk assessments are completed as required to support consumers choices. The service has process for referrals to other organisations, however the availability of specialist and allied health professionals is limited. The ongoing assessment and monitoring of consumers when their health deteriorates is satisfactory.

The organisation monitors and reviews its performance in relation to these requirements. The organisation demonstrated how they review practice and policies to ensure they remain current and appropriate. There is a regular care plan review process in collaboration with consumers and/or representatives. There is a scheduled program of audits and surveys to support the monitoring of this requirement.

#### 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 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:

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:

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.

Of consumers interviewed the majority said they were encouraged to do as much as possible for themselves most of the time or always with a small proportion responding ‘never’ saying they are unable to do anything for themselves and are dependent on staff. Consumers interviewed said they like the meals always or most of the time. Consumers confirmed satisfaction with services and supports for daily living that meet their needs. Consumers said they are supported to participate within their community, do things of interest to them and maintain social and personal relationships. Their emotional and spiritual needs were considerations in care provision with positive feedback provided in relation to support provided by the visiting minister. Consumers said any changes in their condition is discussed with them and where needed referrals to other health professionals occur, however, the availability of specialist and allied health professionals is limited.

The service demonstrated each consumer gets safe and effective services and supports for daily living that meet their needs and preferences. Care and lifestyle staff identify ways to support consumers to live the life they want. Staff were observed to provide positive interactions with consumers. Staff provide additional support to new consumers during the transition period. The service has process for referrals to other organisations, however the availability of specialist and allied health professionals is limited. The service provides safe, suitable and well-maintained equipment. Staff are appropriately trained to use the equipment. Management consults with consumers to increase satisfaction of their dining experience.

The service monitors and reviews its performance in relation to these requirements using a regular auditing program, feedback mechanisms and survey results. The organisation demonstrated how this helps inform and drive improvements to the service.

#### Requirements:

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

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

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

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

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

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

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

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

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

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

The organisation demonstrates 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 the organisation has met all three requirements under Standard 5.

The service demonstrates it provides a welcoming and easy to understand environment that optimises each consumer’s sense of belonging, independence, interaction and function and also monitors and reviews its performance. The services’ hostel and nursing home are co located and each consumer has their own room with an ensuite. Rooms are decorated with memorabilia, photographs and other personal items. The service has a large communal lounge and dining area for consumers. Consumer areas are appropriately furnished. There are quiet areas available for consumers to meet with family and friends. Doors to the outside areas were observed to be locked during both days of the performance assessment visit. Consumers are provided with door codes and have access to outdoor areas, a consumer that likes to garden was observed to be outside gardening on day two of the performance assessment visit. The Assessment Team observed consumers moving freely within the service with the support of mobility aids and devices.

Staff described how they monitor the services cleanliness and maintenance in relation to a safe, clean and well-maintained environment. There are documented processes to guide cleaning staff, including a room cleaning routine and a daily checklist is used and all areas receive a full clean once a week.

Maintenance issues are reported via maintenance request book located in the nurse’s station, maintenance staff check the book daily. Staff said any maintenance issues raised are addressed in a timely manner. Structured processes ensure essential services equipment is regularly serviced. The facilities manager and maintenance officer have received training on how to check and monitor fire safety equipment and are trained in test and tagging of electrical equipment. Observations of firefighting equipment and the preventative maintenance schedule demonstrate regular servicing. The services preventative maintenance program is monitored via a maintenance schedule and all external contracts are approved and monitored by management. The service has a process in place for the test and tagging of all equipment entering the service and test and tagging audits of electrical items are conducted. The services cleaning and maintenance staff monitors and reviews furniture, fittings and equipment.

#### 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:

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 the organisation has met all four requirements under Standard 6.

The service demonstrates that it encourages and supports stakeholders to provide feedback or make complaints in various ways and monitors and reviews its performance.The organisation has a compliment and complaint handling policy and procedure.Consumers and representatives are informed about feedback and complaint processes through handbooks, brochures and they are reminded at the regular ‘resident’ meetings. Information brochures and posters about how consumers and representatives can make external complaints through the Aged Care Quality and Safety Commission were available. Complaints are logged into an electronic system and monthly trends are identified and discussed at meetings. All feedback is collated and provided to the quality and safety committee and the Board.Information on advocacy services is provided within admission packs. The Charter of Aged Care Rights has been distributed to all consumers and/or representatives and copies of the signed Charter were discussed and sighted and the Charter is on display throughout the service.

The organisation has a ‘quick’ survey for consumers accessing the different services and can be utilised by consumers living in the aged care service.Consumer and staff surveys are conducted annually.Management said trends in performance data and comments/complaints are added to the continuous quality improvement plan to implement change across the service to improve care and services for all consumers. Management said, and observations confirmed consumer feedback graph data is updated monthly on public and staff noticeboards.

#### 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 the organisation has met all five requirements under Standard 7.

Management discussed the recruitment, selection, induction and orientation processes to 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 position descriptions. Newly appointed staff are supported by buddy shifts with an experienced staff member and ongoing support. Management have processes in place for monitoring staff compliance including nursing registrations and police checks. Staff have access to ongoing face to face and online training that is monitored by management. Mandatory education and accompanying competencies are completed following employment and annually where required. Mandatory training included manual handling, elder abuse, infection control and staff recently had training in the new national residential medication charts, palliative flipcharts, dementia and workplace aggression. The service has supported staff to obtain further education, an enrolled nurse received assistance and training to become a registered nurse and administration staff have been assisted and trained to become enrolled nurses at the service. Management use a range of processes to monitor staff performance including observation, monitoring incidents and feedback. All staff are required to undergo an annual performance appraisal that is monitored by management and reported to the leadership management team and the Board.

Management said, and documentation reviewed identified there are systems and processes in place to ensure there are enough 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. Care staff working at the service are registered and enrolled nurses. Staff interviewed said there are enough staff to complete their work and said unplanned leave is replaced.

The service demonstrated they ensure staff interactions with consumers are kind, caring and respectful of each consumer’s identity, care and relationship needs and cultural and social significance.

#### 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 the organisation has met all five requirements under Standard 8.

The organisations governing body meet regularly, management produces a variety of monthly reports including financial, management, quality and safety, feedback and risk information to the Board. The organisations finance audit and risk committee monitor the organisations finances and monthly financial reports are completed and presented to the Board.

The service has a range of secure electronic systems to manage clinical, financial, incident, risk, complaint and continuous improvement information. These systems and the information they contain are accessible only to appropriate staff to assist with monitoring, oversight and governance. Staff interviewed confirmed access to information to help them do their job, including access to position descriptions and policies/procedures.

The Leadership management team monitor and review the workforce plan to ensure there are enough skilled, competent and qualified staff to deliver safe quality care and services to their consumers. There are human resource management policies and procedures to ensure all staff are recruited, orientated, trained, developed and monitored.

The organisation has regulatory compliance systems to ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. Updates are received from government departments, funding, legal and peak bodies. The Quality and safety coordinator review the information received and forwards to the relevant responsible reviewer for review with input from relevant staff, the reviewer makes relevant changes and forwards to the relevant committee for approval. Staff are notified of changes to policies and procedures via email with a hyperlink and meetings. Staff can access policies and procedures via an electronic storage system.

The organisation has a risk management framework inclusive of a risk register, risk management policy and business continuity plan with a risk matrix that is reviewed by the Board. All incidents are recorded and inputted into the organisations electronic database and there are processes in place for escalating the reporting of risks to external agencies.

The clinical governance framework addresses anti-microbial stewardship, open disclosure and minimising the use of restraint. Management demonstrated an understanding of the new legislation in relation to restraint. Management advised that the service is currently a restraint free environment.

#### 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:

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 that 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