Accreditation Decision

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Opal Berkeley Village |
| **RACS ID:** | 2807 |
| **Name of approved provider:** | DPG Services Pty Ltd |
| **Address details:** | 8 Lorraine Avenue BERKELEY VALE NSW 2261 |
| **Date of site audit:** | 10 September 2019 to 13 September 2019 |

**Summary of decision**

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| **Decision made on:** | 18 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:** | 01 November 2019 to 01 November 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 | | Not Met |
| Requirement 3(3)(a) | | Not 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 |
| **Timetable for making improvements:** | By 13 January 2020 | |
| **Revised plan for continuous improvement due:** | By 02 November 2019 | |

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

Site Audit Performance   
Assessment Report

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

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

## Introduction

**This is the report of an assessment of Opal Berkeley Village (the Service) conducted from 10 September 2019 to 13 September 2019.**

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

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

For a ‘Not met’ finding, the Assessment Team has provided information about why the requirement was Not Met.

This Report is to be read in conjunction with the 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 |
| Consumer representatives | 8 |
| Management | 5 |
| Clinical staff | 6 |
| Care staff | 15 |
| Hospitality and environmental services staff | 4 |
| Lifestyle staff | 2 |
| Visiting service providers such as allied health professionals | 2 |
| Other | 1 |

## Detailed findings

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

### Standard 1: Consumer dignity and choice Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 1:

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

Consumer experience interviews show that 100% of consumers said staff treat them with respect either most of the time or always. The organisation holds monthly meetings with consumers and representatives and gain feedback to ensure consumers are being treated with respect and are supported to maintain their identify and live the life they choose. Consumers are also encouraged to use the service’s confidential complaints mechanism if they wish to remain anonymous.

The organisation demonstrated that consumers are treated with dignity and respect, and that the service actively promotes a culture of inclusion. Staff were mostly observed to treat consumers with dignity and respect however there were some observations on the contrary. For example, on one occasion staff were observed to be calling out to each other in the dining room about consumers and their needs in relation to assistance with feeding. When staff were interviewed about specific needs of consumers, they demonstrated knowledge of consumers’ individual needs, preferences and interests. The service promotes the value of culture and diversity through staff training. The service demonstrated they had planned and are successfully delivering care to a consumer of a diverse background.

Staff were able to provide examples of how they assist consumers to make choices and demonstrated sound knowledge of informed consent and dignity of risk. Several consumers were able to provide examples of how the service have supported them to take risks. Review of documentation demonstrates the service systems and process are effective.

Consumers said the service protects the privacy and confidentiality of their information. Consumers were satisfied that their care and services, including personal care, are undertaken in a way that respects their privacy. This was observed during observations, however there was one occasion when a consumer was observed in the toilet with the door open. Staff provided examples of how they maintain and respect the privacy of consumers as well as keep personal information private. The organisation demonstrated how electronic and filing systems support the protection of confidential information including consumer information, consistent with documented policies and procedures.

#### 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 requirements in relation to Standard 2 were met.

Of consumers randomly sampled, 100% said they get the care their need either most of the time or always. Most consumers confirmed that their needs, goals and preference were gathered on admission to ensure they receive the care they need. Review of documents confirmed this was occurring on admission and routinely. An admission pathway is followed for all consumers that are admitted to the service, and risk assessments are embedded in all care domain assessments.

It was evident assessment and planning addresses consumers’ current needs, goals and preferences as care plans were reviewed following any changes in care. End of life planning and advanced health directives are discussed during this process. When case conferences occur, the service confirm what the consumers’ current goals are and put a plan in place to see how they can best meet these goals and continue to do so. A range of other organisations are involved in the care of consumers to enhance their care and services.

Consumers and representatives report changes to care and services plans are communicated to them and review of clinical files confirmed this. Care and services plans are available to consumers on request. A copy of each consumers’ interim care plan is placed inside their bedroom. One consumer requested for a copy of their care and services plan on site as they had not seen the full care plan; management organised this however they did not wish to make any changes and confirmed it was correct and reflected their needs.

Review of clinical files confirmed care and services are reviewed regularly for effectiveness and updated with appropriate interventions when circumstances change or when incidents impact on the needs, goals or preferences of consumers. The service has a suite of clinical policies and procedures and are guided by this when determining how they can best provide care and services that reflects best practice.

#### 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 Not 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 six of the seven requirements in relation to Standard 3 were met.

Of consumers randomly sampled, 100% of said that staff meet their healthcare needs most of the time or always.

Staff could describe how they ensure care is best practice, their opportunities for continuing education and how they ensure that information is shared both within the organisation and with others outside the organisation. Care staff demonstrated an understanding of precautions to prevent and control infections. Registered nurses could identify the steps they take to minimise the need for antibiotics.

Staff interviewed were asked about specific consumers with high prevalence risks and were asked how they manage this; the information provided reflected information in care plans which also reflect best practice. Consumers’ goals, needs and preferences are identified on admission and reviewed routinely. Consumers confirmed there are regular meetings in which they can raise any issues in relation to care and services.

Care and service plans reviewed indicated the delivery of safe and effective care, except for two. Two consumers had developed pressure injuries, however these injuries were initially reported as “unstageable.” Staff interviewed demonstrated sufficient understanding of the prevention and management of impaired skin integrity, the various stages of pressure injuries and their reporting requirements. Care staff confirmed that they had reported one consumers’ pressure injury for some time however this injury was only reported once it had turned black. Management said this information was incorrect and believe it is possible the unstageable pressure injury could have appeared within a 24-hour to 48-hour period.

Care and services of those who had been provided palliative care in the past were reviewed; their care reflected attention to their needs and preferences. A focus on pain relief, review of pain management strategies, spiritual needs, and close involvement with representatives was evident. The service has access to external palliative care services, a palliative care kit and a palliative care room to optimise outcomes for consumers.

The organisation demonstrated they have a suite of policies and procedures that reflect best practice guidelines. Review of files indicate these policies and procedures are followed and staff reported they refer to these documents whenever they need guidance.

#### Requirements:

Standard 3 Requirement 3(a) Not 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:

The Assessment Team found the organisation met all seven of the requirements under this Standard.

Of consumers randomly sampled, 88% agreed they are encouraged to do as much as possible for themselves. Consumers commented that due to their health concerns they are unable to do tasks for themselves much of the time.

The organisation demonstrated each consumer gets safe and effective services for daily living that meet the consumer’s needs, goal and preferences and optimise their independence, health, well-being and quality of life. The organisation offers services for daily living that promote each consumer’s emotional, spiritual and psychological well-being. Information about each consumer’s condition, needs and preferences is communicated as needed where responsibility for care is shared.

Timely and appropriate referrals are made for the consumer where external services are required or requested.

100% of consumers interviewed said they like the food most or all of the time. The meals provided are varied, and of suitable quality and quantity. Catering staff have a good knowledge of consumer allergies and likes and dislikes and preferences.

Equipment at the service is safe, clean and well maintained. There is a preventative maintenance program, and consumers report satisfaction with the timeliness of maintenance.

#### 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 met all three of the requirements under this Standard.

Of consumers randomly sampled 100% of consumers feel safe at the service most of the time or always. 90% of consumers randomly sampled stated they feel at home at the service always or most of the time. Of those who do not feel at home, it is because they miss their old homes. Consumers and representatives interviewed described various ways the service is welcoming and supports their wellbeing. Consumers reported:

* They able to personalise their rooms and have them arranged as they like.
* They are satisfied with the standard of cleaning.
* Laundry is returned in a timely manner

The service is generally a comfortable temperature, although some consumers said the temperature in their room is at times too hot or cold, and this has been discussed with management. Management confirmed there are plans to improve the environment with 30 new air conditioning units to be fitted over the coming month, and bathroom renovations are continuing.

Observation shows the environment is maintained regularly and consumers were observed to have free and easy access both inside and outside as they prefer.

The organisation has systems and processes to identify and escalate risks and maintenance issues. There are monitoring systems and processes in place which support ongoing maintenance of the service and to ensure the building, furniture, fittings and equipment are suitable. Hazards are identified, recorded and managed in a timely manner.

Staff interviewed are educated in the how to use systems which support the maintenance of a safe and comfortable environment. Cleaning staff use a new electronic tablet system to ensure all cleaning services are delivered appropriately. Laundry services operate each day of the week.

#### 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 into and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

#### Summary of Assessment of Standard 6:

The Assessment Team found that the organisation met all four requirements in Standard 6.

The organisation could demonstrate the majority of consumers knew how to give feedback and make complaints. Pamphlets and brochures were on display around the service on how to make complaints and there was a locked suggestion box for consumers who wish to make confidential complaints. There were however three consumers who had concerns in relation to call bell response times however management were unaware as consumers had not raised this.

On admission, consumers are made aware of advocates and how to access them; there was information displayed in the service in relation to this. The service does not have information about complaints in other languages as there are no consumers that require this, however, are willing to translate any information for future consumers who are of culturally and linguistically diverse backgrounds.

Documentation reviewed demonstrated the service takes appropriate action in response to complaints. There were no outstanding or unresolved complaints at the time of the audit. The organisation has developed an open disclosure process and were able to demonstrate they had followed this process on one occasion.

The service was able to demonstrate feedback and complaints are reviewed and used to improve the quality of care and services. The service has a proactive stance to encourage consumers, representatives, staff and other stake holders to raise concerns. Management also have an open-door policy and it is evident regular case conferences have been a good opportunity to set goals with the intention of improving quality of care.

#### Requirements:

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

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

Standard 6 Requirement 3(b) Met

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

Standard 6 Requirement 3(c) Met

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

Standard 6 Requirement 3(d) Met

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

### Standard 7: Human resources Not Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 7:

The Assessment Team found that the organisation did not demonstrate that two of the five requirements in relation to Standard 7 were met.

The organisation demonstrated they ensure staff interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. Of consumers and representatives that were randomly interviewed, 94% said staff are kind and caring either most of the time or always. Interactions between consumers, representatives and staff were mostly observed to be kind, caring and respectful.

The organisation demonstrated the workforce is competent and the members of the workforce have qualifications and knowledge to effectively perform their roles. Of the consumers and representatives randomly interviewed, 100% said that staff know what they are doing either most of the time or always.

The organisation demonstrated that the workforce is recruited, trained, equipped and supported in various ways. The service has support from the organisation’s head office in relation to recruitment; they have a comprehensive induction program to ensure staff have the knowledge and skills to perform their new roles. Staff interviewed expressed satisfaction with how their training and support from management to deliver quality care and services.

However, the organisation failed to demonstrate that the number and mix of staff is planned to enable safe and quality care and services. There were five consumers who reported extended wait times for call bells. Review of call bell monitoring documentation indicate some consumers have had their calls bells responded after extended times.

The organisation also failed to demonstrate regular assessment, monitoring and review of the performance of each member of the workforce. Two of three staff files reviewed did not include up to date staff appraisals in line with the organisation’s policies and procedures, despite being involved in performance management meetings and receiving formal letters of warning.

#### Requirements:

Standard 7 Requirement 3(a) Not Met

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

Standard 7 Requirement 3(b) Met

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

Standard 7 Requirement 3(c) Met

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

Standard 7 Requirement 3(d) Met

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

Standard 7 Requirement 3(e) Not 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 organisation demonstrated they have taken steps to involve consumers in the care planning process, and provided examples of how consumers are involved in making decisions on how care and services are provided to them. Consumers and their representatives gave examples of how they are encouraged to participate in care planning, delivery and evaluation of their care and services and how feedback is used to improve their daily life.

The Board of the organisation meets monthly to review quality reports from the facility and make recommendations where necessary. The reports summarise all incidents, near misses, audit data and benchmarking results for each facility over the previous month, as well as actions taken to address any issues arising. Additionally, incidents are recorded on the organisation’s new electronic system, which automatically escalates critical incidents to regional level and above if needed, to ensure effective management and action. There are organisational governance systems to support effective information management, financial governance, workforce, compliance with regulations, as well as clinical care.

The organisation is a member of a peak body, and the facility receives information on regulatory changes through the organisational legal team.

The organisation can provide evidence of improvements which have been made through the development of clinical governance across the organisation.

Of consumers interviewed, 100% said they feel the place is well run most or all of the time.

The organisation was able to demonstrate a clinical governance framework, including for minimising the use of physical and chemical restraint. They also demonstrated they have a process for anti-microbial stewardship and open disclosure.

The Assessment Team identified a gap in the timely response to call bells for some consumers, and the effective monitoring of same. Management took immediate action and have received approval for a new call bell system which will be installed over the coming months to improve monitoring, and are working with consumers to improve response times. The new system will ensure accurate monitoring of individual call bell responses.

Overall, the organisation demonstrated it is working to provide consumers with opportunity to live the best life they can.

#### 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.