Accreditation Decision

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Opal Burpengary Gardens |
| **RACS ID:** | 5478 |
| **Name of approved provider:** | DPG Services Pty Ltd |
| **Address details:**  | 149 - 163 Rosehill Drive BURPENGARY QLD 4505 |
| **Date of site audit:** | 12 November 2019 to 14 November 2019 |

**Summary of decision**

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| --- | --- |
| **Decision made on:** | 19 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:** | 06 February 2020 to 06 February 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 |  Not Met  |
| Requirement 5(3)(a) | Met  |
| Requirement 5(3)(b) | Not 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 10 February 2020  |
| **Revised plan for continuous improvement due:** | By 03 January 2020  |

**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 Burpengary Gardens (the Service) conducted from 12 November 2019 to 14 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/representatives | 15 |
| Consumer representatives  | 9 |
| Management | 3 |
| Clinical staff | 7 |
| Care staff | 4 |
| Hospitality and environmental services staff | 7 |
| Lifestyle staff | 1 |
| Administration staff | 1 |
| Visiting service providers such as allied health professionals | 1 |
| 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 Not 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 five of the six requirements in relation to Standard 1 were met.

Consumers experience interviews show:

* 100% of consumers/representatives randomly interviewed said that staff treat the consumers with respect most of time or always.
* 87% consumers/representatives randomly interviewed said that staff encourage the consumers to do as much as possible for themselves most of time or always.
* 80% of consumers/representatives randomly interviewed said that staff explain things to the consumers most of time or always.

Consumers said they feel heard when they tell staff what matters to them and they can make decisions about their life, even when it involves an element of risk. Consumers/representatives described the ways that the consumer’s personal and social connections are supported both within and outside the service.

Consumers/representatives said the service protects the privacy and confidentiality of consumers’ information, and they are satisfied their care and services are delivered in a way that respects consumers’ privacy. The service also demonstrated how information about consumers, both electronic and paper documentation, maintains consumer confidentiality.

Staff provided meaningful examples of how they help and support consumers to make choices, including by giving consumers accurate information and options to inform their choices. Staff were observed interacting with consumers respectfully and were able to identify consumer’s individual preferences and interests.

Consumers described the ways their social connections are supported both inside and outside the service. Staff were observed to interact with consumers respectfully and provided examples of how they provided for individual consumer’s preferences and interests. The service promotes the value of culture and diversity through staff training, in the wide range of activities it offers for consumers with diverse backgrounds, and in celebrating and acknowledging days of significance to the consumers. Consumer preferences are respected and incorporated into care delivery.

The service promotes the value of culture and diversity in a wide range of activities it offers consumers and in the delivery of personalised care. However, the service did not adequately demonstrate a consistent understanding of the mechanisms to communicate with a consumer from a diverse background.

Management consults consumers/representatives on a one-on-one basis and uses case conferences, meetings, audits and surveys to gather feedback from consumers and representatives to monitor and ensure consumers are satisfied that staff treat them with respect, support them to maintain their identity and live the life they choose.

The service demonstrated they actively promote a culture of inclusion. Consumers are generally treated with dignity and respect. However, the service did not adequately demonstrate that dignity is maintained for consumers residing in the secure area, in particular relating to personal grooming and cleanliness of clothing.

#### Requirements:

##### **Standard 1 Requirement 3(a) Not 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 five of five requirements in relation to Standard 2 were met.

Consumer experience interviews show 93% of consumers/representatives randomly interviewed said consumers have a say in their daily activities most of the time or always.

The majority of consumers and representatives are satisfied the service was meeting their healthcare needs. Consumers and representatives confirmed they are involved in the assessment process and care planning on entry, annually and when there is a change to their needs, goals or preferences to ensure they or their family member receive the care and services they need. Consumers reported feeling safe, confirmed they are consulted about their preferences and that they are referred to other professionals to get the care and services they need.

Consumers confirmed discussions regarding end of life planning are part of the care planning process. Documentation including advanced health directives and end of life plans are available in consumer files.

The service could demonstrate processes and activities which reflect the intent of this requirement and did demonstrate monitoring and review of the risks.

#### 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 seven of seven requirements in relation to Standard 3 were met.

Consumer experience interviews show 100% of consumers/representatives randomly interviewed say consumers get the care they need most of the time or always.

Consumers and representatives reported the service meets their healthcare needs and gave various examples of how staff provide care that is right for them. This included regularly asking them about their care and by referring them to other providers when required including podiatry, physiotherapists, occupational therapists and dieticians.

Staff could describe the care they provide to individual consumers and demonstrated an understanding of the needs of consumers with behaviours and those consumers nearing the end of their life. Staff confirmed they are provided with training and demonstrated an understanding of infection control practices.

The service demonstrates information is shared within the service and with others outside the service and there are organisational policies and procedures that underpin the delivery of care, which are known by clinical staff.

#### 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 Not 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 that six of seven requirements in relation to Standard 4 were met.

Consumer experience interviews show:

* 87% of consumers/representatives randomly interviewed said they are encouraged to do as much as possible for themselves always or most of time.
* 100% of consumers/representatives randomly interviewed said they like the food always or most of the time.

Consumers/representatives interviewed said they are satisfied with the services the consumers receive and stated the service regularly seeks their feedback and supports the consumers to optimise their independence, health, wellbeing and quality of life. Consumers/representatives also expressed satisfaction that they are supported in their emotional and spiritual care, interests, and social and personal relationships.

The service demonstrated how they provide safe and effective services and support for daily living that optimise the consumer’s independence, health, well-being and quality of life. Staff could demonstrate ways consumers’ emotional, spiritual and psychological needs are supported. Staff demonstrated shared understanding of consumers’ individual preferences and interests. Staff described how consumers are supported to participate in leisure interests, have relationships and access to the community. Staff provided examples of consultation and referral to other organisations to ensure consumers live the best life they can. The service demonstrated how information regarding consumers’ condition, needs and preferences is communicated in a timely and appropriate way.

The service demonstrated where equipment is provided, it is safe, suitable and well maintained.

The service demonstrated how meals provided generally meet individual consumer’s needs and preferences to ensure suitable variety, quality and quantity are provided. However, for consumers who are unable to verbalise their choices and require a pureed diet, the service has not adequately demonstrated that those consumers are afforded choices and their preferences adhered to as they are for other consumers.

#### 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) Not 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 Not 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 that the service met one of the three requirements under this Standard.

Consumer experience interviews show:

* 87% of consumers/representatives randomly interviewed say they feel at home here most of the time or always.
* 93% of consumers/representatives randomly interviewed said they feel safe most of the time or always.

The service environment is welcoming with a reception desk and car parking on site. The service is located in three areas with keypad access required for two of the wings, including a secure dementia support unit. Consumers are accommodated in single or shared rooms with ensuite bathroom facilities. Air-conditioners in consumers rooms support individual comfort preferences. The Assessment Team observed consumers have decorated their rooms with personal items.

Not all areas of the service environment are safe, clean, well maintained and comfortable. Although corrective and preventative maintenance programs support the safety and comfort of the service environment for staff, consumers and representatives, audit processes have not identified deficiencies in cleaning and maintenance.

Not all consumers are able to move freely indoors and outdoors. Courtyard gardens are located outside each of the three areas, however, access to the Wattle outdoor space is keypad coded and the exits to the Grevillea secure dementia unit are not accessible without staff assistance.

Management confirmed the service has rostered cleaning staff and staff demonstrated an understanding of how to raise a maintenance request. However, the service’s monitoring systems have not consistently identified or actioned deficiencies in the cleaning and maintenance systems of the home such as furniture in communal areas in Grevillea wing was not clean or well maintained. In addition, equipment and furniture is not always suitable for the consumer and repairs have not been addressed in a timely manner.

**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)

#####  Not 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)

#####  Not Met

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

### Standard 6:Feedback and complaints Not 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 the service met three of the four requirements in relation to Standard 6.

Consumers experience interviews show 93% of consumers/representative randomly interviewed said that staff follow up when they raise things with them most of time or always.

Consumers and representatives report they are aware of feedback and complaints avenues available to them. Most representatives said they feel comfortable to access them if needed. Some representatives advised that when they have provided feedback, they are not satisfied with the actions implemented in response to that feedback. Consumers/representatives also reported the service responded to their complaints through apologies but have not formally applied the principles of open disclosure.

Staff demonstrated knowledge of how to assist or enable consumers and representatives to access feedback processes and advocacy services as needed.

The service demonstrated a register of feedback but could not demonstrate how the feedback fed into the service’s actions to support better consumer outcomes.

#### 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) Not 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:

Assessment Team found that the service met all five requirements under this Standard.

Consumer experience interviews show:

* 100% of consumers/representatives randomly interviewed said they get the care they need most of the time or always.
* 100% of consumers/representatives randomly interviewed said staff are kind and caring most of the time or always.
* 100% of consumers/representatives randomly interviewed said staff know what they are doing most of the time or always.

The organisation demonstrated the workforce is planned and there are sufficient numbers of appropriately qualified staff to ensure quality care and services are delivered. Registered staff are responsible for the day to day clinical management of the service and report directly to the Clinical manager.

The Assessment Team observed staff interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. Consumers provided feedback that staff are kind and caring. The organisation has provided education to staff in relation to the new Quality Standards.

The organisation demonstrated the workforce is recruited for specific roles and have the appropriate qualifications and skills to undertake these roles. Staff are provided with an orientation on commencement and said management is supportive.

Management, staff and a review of documentation demonstrated staff performance is reviewed on a regular basis, through informal and formal processes. Education is provided to meet mandatory requirements as well as service needs. The management team have been in their roles for less than six months.

#### 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 Not Met**

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 8:

The Assessment Team found the service met four of the five requirements in relation to Standard 8.

Consumer experience interviews show 100% of consumers/representatives randomly interviewed said this place is well run most of the time or always.

The organisation demonstrated consumers are engaged in the development, delivery and evaluation of care and services. Consumers said their feedback and input to service delivery is sought by staff and management. Documentation to support this include minutes of meetings, feedback forms and resident agreements.

Staff were observed using appropriate and respectful terms to address consumers. Staff said they know how to raise issues with management for themselves, on behalf of consumers and representatives.

The organisation demonstrated they have organisation wide governance systems in relation to continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints, however, they failed to demonstrate appropriate monitoring and review of verbal feedback and complaints.

The organisation demonstrated they have effective risk management systems in relation to identifying and responding to abuse and neglect, the effective management of high impact/high prevalence risks and supporting consumers to live the best life they can. The organisation supports service budgets for capital expenditure to reduce risks.

The organisation demonstrated they have a clinical governance framework in relation to antimicrobial stewardship, minimising the use of restraint and open disclosure.

#### 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)

#####  Not 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:

managing high impact or high prevalence risks associated with the care of consumers;

identifying and responding to abuse and neglect of consumers;

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.