Accreditation Decision

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Pioneer House Aged Care |
| **RACS ID:** | 2453 |
| **Name of approved provider:** | Pioneer House Living Limited |
| **Address details:** | 44-46 Court Street MUDGEE NSW 2850 |
| **Date of site audit:** | 29 October 2019 to 31 October 2019 |

**Summary of decision**

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| --- | --- | --- |
| **Decision made on:** | 18 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:** | 08 January 2020 to 08 January 2021 | |
| **Assessment of performance with the Aged Care Quality Standards** | | |
| Standard 1 Consumer dignity and choice | | Not 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) | | Not Met |
| Standard 2 Ongoing assessment and planning with consumers | | Not Met |
| Requirement 2(3)(a) | | Not Met |
| Requirement 2(3)(b) | | Not 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) | | Not 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 | | Not Met |
| Requirement 4(3)(a) | | Met |
| Requirement 4(3)(b) | | Met |
| Requirement 4(3)(c) | | Not 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 | | Not Met |
| Requirement 6(3)(a) | | Met |
| Requirement 6(3)(b) | | Met |
| Requirement 6(3)(c) | | Met |
| Requirement 6(3)(d) | | Not Met |
| Standard 7 Human resources | | Not Met |
| Requirement 7(3)(a) | | Not Met |
| Requirement 7(3)(b) | | Met |
| Requirement 7(3)(c) | | Not Met |
| Requirement 7(3)(d) | | Met |
| Requirement 7(3)(e) | | Not 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 18 March 2020 | |
| **Revised plan for continuous improvement due:** | By 02 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 Pioneer House Aged Care (the Service) conducted from 29 October 2019 to 31 October 2019.**

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

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

A Met rating for the Quality Standard means that all requirements of that Quality Standard have been assessed and rated as Met.

A Not Met rating for the Quality Standard means that one or more requirements of that Quality Standard has been assessed and one or more of those requirements have been rated as Not Met.

There will be no rating of the Quality Standard if only some of the requirements have been assessed and those requirements have been rated as Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers | 18 |
| Consumer representatives | 6 |
| Management | 6 |
| Clinical staff | 4 |
| Care staff | 8 |
| Hospitality and environmental services staff | 4 |
| Lifestyle staff | 4 |
| External contractors | 1 |
| Visiting service providers such as allied health professionals | 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 six requirements in relation to Standard 1 were met.

100% of consumers/representatives interviewed said staff treat them with respect most of the time or always. Consumers express general satisfaction with staff attitude, friendliness and care.

The organisation demonstrates that cultural safety is maintained for consumers. Through a process of interviews, observations and review of documentation, the Assessment Team found recent evidence of processes and strategies to improve engagement and consultation and inclusion of consumers/representatives in decision-making. Staff knowledge and understanding of treating consumers with dignity and respect was demonstrated in communication about individual consumers and in kind and respectful practices observed of staff while caring for consumers.

The organisation demonstrates attempt to support consumers to take risks to enable them to live the live they choose. Staff could provide examples of how they help consumers including consumers with culturally and linguistic needs to make choices including using a range of communication aids.

However, the service does not consistently demonstrate it monitors and reviews staff practises and consumer satisfaction with results used to improve processes, practices and outcomes for consumers in terms of consumer dignity and respect. Some consumer behaviours impact negatively on other consumers.

The organisation could not demonstrate their understanding that consumer’s privacy needs to be respected and personal information kept confidential.

#### 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) Not 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 Not 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 the organisation was able to demonstrate three of the five requirements for Standard 2 are met.

Whilst the organisation has systems for assessment and planning including consideration of risk to wellbeing, issues are not always identified or considered and acted upon to ensure safe and effective care delivery. The service has a computerised care documentation system including a suite of assessments. Plans of care, have not been regularly updated and some assessments are not current. Deficits were identified in the assessment of some consumers.

The service has advance care directives and generally has funeral arrangements documented for consumers. End of life plans and preferences were found to be limited. Most consumers and representatives expressed satisfaction with management’s communication however some gaps in end of life planning were identified.

The organisation demonstrates assessment and planning is based on consultation or partnership with consumers and others to direct care provision.

The organisation is able to demonstrate 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. Recent efforts and case conferencing have occurred to improve this aspect of service however no consumer or representative interviewed was aware they are able to have a copy of the care plan.

The organisation has generally demonstrated 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. Gaps were identified with documentation in regards to care and planning and assessment of consumer needs.

#### Requirements:

##### **Standard 2 Requirement 3(a) Not 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) Not 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 the organisation was able to demonstrate four of the seven requirements in Standard 3 were met.

The organisation does not demonstrate that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care that is best practice; and is tailored to their needs; and optimises their health and well-being. Clinical indicators demonstrate high incidence of falls, medication incidents and infections. Issues were identified with skin care, medication management, pain management, continence care, palliative care and pain management. Medical officer directives are not always followed.

The organisation does not demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. Gaps were identified in information communicated about the consumer’s condition, needs and preferences at times impacting negatively on care provision.

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.

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

The service has allied health providers who have made visits and provide support and expertise to consumers. The physiotherapist regularly visits the service. Dietician, podiatrist and speech pathology services have been available to consumers.

The organisation demonstrates minimisation of infection related risks through implementation of standard and transmission based precautions to prevent and control infection. There is some limited practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

#### 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) Not 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) Not 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 five of seven requirements in relation to Standard 4 were met.

94% of consumers/representatives said they felt safe always and 33% said they felt safe most of the time. 88% of consumers/representatives said that staff know what they are doing always or most of the time. 100% of consumers/representatives said that they always or most of the time get the care they need.

There have been some very recent improvements in the lifestyle program and ongoing changes to the lifestyle staff. There are attempts to cater to individual consumers needs and preferences including where consumers choices involve risk.

The organisation demonstrates some improvements for consumers to receive supports for daily living to promote their emotional, spiritual and psychological well-being.

The organisation adequately demonstrates it makes timely referrals to other organisations.

The organisation demonstrates that it provides meals of a suitable quality, variety and quantity and provides safe, suitable, clean and well maintained equipment.

However, the Assessment Team found the service currently does not adequately demonstrate understanding and application of Requirement 3 (a) and (c). For example, some gaps were found in documentation and in consumer’s feedback from several consumers relates to being bored and not much in the way of activities that are of interest to them. Lifestyle participation records and interviews demonstrate limited engagement for many consumers.

#### Requirements:

##### **Standard 4 Requirement 3(a) Not 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) Not 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 in relation to this Standard.

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

Consumers said they felt safe and the environment suited their needs. Others said they had lived in the area all their lives, know the people at the service and are close to family.

Consumers and representatives interviewed generally provided feedback that furniture, fittings and equipment are safe, clean, well maintained and suitable. Interviews with maintenance, cleaning and kitchen staff and review of related records and observations generally confirm this.

Management and maintenance staff were able to describe systems for the service and maintenance of furnishings and equipment and how environmental related risks to consumers were identified and managed. Staff interviewed confirmed their understanding of the systems and maintenance arrangements. Management confirmed that the service environment is discussed at meetings and where any emerging risk or maintenance issues are raised and recorded including any consumer feedback on the service environment.

#### 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 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 organisation did not demonstrate that one of the four requirements under Standard 6 was met.

While the organisation could demonstrate that it supports consumers and representatives to provide feedback and make complaints, and consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints, it was not able to demonstrate that other requirements under this Standard were met.

The organisation failed to demonstrate that:

* Feedback and complaints were being systematically reviewed and were only being reviewed periodically.
* Documentation of follow up actions for feedback and complaints was incomplete and inadequate for reviewing and monitoring feedback.

#### 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 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 four of the five requirements in relation to Standard 7 were not met.

This service has 68 high care consumers and requires a workforce that can enable safe and quality care to be delivered to each. Most consumers are satisfied with the how well the service is run, staff responsiveness, attitude and knowledge and that staff are kind and caring.

However, the organisation did not demonstrate that it has sufficient numbers of qualified staff to support safe and quality care and services. For example:

* Staff shortages are consistently occurring across shifts. Records indicate that many shifts are not being replaced and rosters allocations are not met.
* Consumers and representatives noted that staff are very busy and do not always have enough time to adequately met their needs.

The organisation did not demonstrate that staff roles and responsibilities are clearly defined, provided to staff or adequately documented. Position descriptions are not complete for the majority of staff and duty lists are outdated. Staff say they are sometimes unclear what their roles are as they have changed several times.

Whilst a considerable amount of training has been provided to staff in 2019 deficits are still occurring with some training being limited in scope and does not identify competency of staff for example in medication management, manual handling and continence management. Several staff interviewed are not experienced enough to enable them to provide safe and quality care and there has not been any training for staff who have stepped into leadership roles and/or are working above their original position.

There is no evidence that the organisation regularly assesses, monitors and reviews the performance of its employees. Staff were unable to report when they had their last performance appraisal and management did not provide evidence that performance reviews were conducted.

#### 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) Not 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) Not 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 Not 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 how they involve consumes and their representatives in the delivery and evaluation of care and services. Consumers confirmed they are involved in care planning, delivery and evaluation of care.

The service was able to demonstrate that it promotes a culture of safe, inclusive and quality care and services, however deliverables from the service’s strategic plan and key performance indicators and measures to monitor progress in relation to them are still in development.

The Assessment Team have identified gaps in information management and workforce governance. Documentation does not always identify that the service has an effective information management system and the service is challenged in providing enough skilled and qualified members of the workforce. Continuous improvement systems have been established to monitor and improve the quality and safety of care and services. Whilst significant improvements have been identified by management many are still in development and have not had opportunity to be evaluated.

The clinical governance framework addresses anti-microbial stewardship, open disclosure framework and minimising the use of restraint. Staff interviewed understood these concepts and could explain how they are applied in the service. Consumers and their representatives confirmed when restraint is used the service first contacts them for consent and discussed alternative options with them.

#### 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:

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.