Accreditation Decision

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | RFBI Leeton Masonic Village |
| **RACS ID:** | 0892 |
| **Name of approved provider:** | Royal Freemasons' Benevolent Institution |
| **Address details:** | 71-89 Karri Road Leeton NSW 2705 |
| **Date of site audit:** | 29 October 2019 to 31 October 2019 |

**Summary of decision**

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| --- | --- | --- |
| **Decision made on:** | 20 November 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:** | 23 December 2019 to 23 December 2022 | |
| **Assessment of performance with the Aged Care Quality Standards** | | |
| Standard 1 Consumer dignity and choice | | Met |
| Requirement 1(3)(a) | | Met |
| Requirement 1(3)(b) | | Met |
| Requirement 1(3)(c) | | Met |
| Requirement 1(3)(d) | | Met |
| Requirement 1(3)(e) | | Met |
| Requirement 1(3)(f) | | Met |
| Standard 2 Ongoing assessment and planning with consumers | | Met |
| Requirement 2(3)(a) | | Met |
| Requirement 2(3)(b) | | Met |
| Requirement 2(3)(c) | | Met |
| Requirement 2(3)(d) | | Met |
| Requirement 2(3)(e) | | Met |
| Standard 3 Personal care and clinical care | | Met |
| Requirement 3(3)(a) | | Met |
| Requirement 3(3)(b) | | Met |
| Requirement 3(3)(c) | | Met |
| Requirement 3(3)(d) | | Met |
| Requirement 3(3)(e) | | Met |
| Requirement 3(3)(f) | | Met |
| Requirement 3(3)(g) | | Met |
| Standard 4 Services and supports for daily living | | Met |
| Requirement 4(3)(a) | | Met |
| Requirement 4(3)(b) | | Met |
| Requirement 4(3)(c) | | Met |
| Requirement 4(3)(d) | | Met |
| Requirement 4(3)(e) | | Met |
| Requirement 4(3)(f) | | Met |
| Requirement 4(3)(g) | | Met |
| Standard 5 Organisation’s service environment | | Met |
| Requirement 5(3)(a) | | Met |
| Requirement 5(3)(b) | | Met |
| Requirement 5(3)(c) | | Met |
| Standard 6 Feedback and complaints | | Met |
| Requirement 6(3)(a) | | Met |
| Requirement 6(3)(b) | | Met |
| Requirement 6(3)(c) | | Met |
| Requirement 6(3)(d) | | Met |
| Standard 7 Human resources | | Met |
| Requirement 7(3)(a) | | Met |
| Requirement 7(3)(b) | | Met |
| Requirement 7(3)(c) | | Met |
| Requirement 7(3)(d) | | Met |
| Requirement 7(3)(e) | | Met |
| Standard 8 Organisational governance | | Met |
| Requirement 8(3)(a) | | Met |
| Requirement 8(3)(b) | | Met |
| Requirement 8(3)(c) | | Met |
| Requirement 8(3)(d) | | Met |
| Requirement 8(3)(e) | | Met |

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

Site Audit Performance   
Assessment Report

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

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

## Introduction

**This is the report of an assessment of RFBI Leeton Masonic Village (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 | 14 |
| Representatives  Village General Manager  RFBI Regional General Manager  Maintenance staff/fire safety warden | 6  1  1  1 |
| Management | 2 |
| Clinical staff | 3 |
| Care staff  Catering Manager/Chef  Catering staff  Administration staff | 8  1  2  1 |
| Education | 1 |
| Contract cleaning staff  Lifestyle staff | 2  1 |

## Detailed findings

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

### Standard 1: Consumer dignity and choice Met

#### Consumer outcome:

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

#### Organisation statement:

2. The organisation:

(a) has a culture of inclusion and respect for consumers; and

(b) supports consumers to exercise choice and independence; and

(c) respects consumers’ privacy.

#### Summary of Assessment of Standard 1:

The Assessment Team found that all the requirements in relation to Standard 1 were met.

***Consumer Experience Interviews***

13 consumer/representatives were interviewed at random plus seven purposeful interviews with consumers were undertaken.

100% stated “*they are encouraged to do as much as possible for themselves”* most of the time or always.

100% of consumers stated they *“are always treated with dignity and respect”* most of the time or always.

100% of consumers stated that *“staff explain things to them”* most of the time or always.

The organisation advised that it is still developing its understanding and application of consumers choice to take risk, to enable them, to be able to live the best life they can. Management and staff said they understood consumers have the right to take risks and there are processes to assess and manage the risks. The service was previously a non-smoking facility, approximately six months ago the service supported consumers who want to smoke to exercise choice. The home currently has two smokers who are benefiting from this. Both when interviewed said that this had benefitted them and greatly improved the quality of their life at the home.

The service was able to demonstrate 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.

The service advised consumers and representatives are regularly invited to provide feedback to management by means of using the service’s feedback forms, completing regular surveys and at the monthly consumer/representative meetings.

The service advised that they do not currently have any consumers in the service that from different cultural backgrounds or with Aboriginal heritage. The service was able to demonstrate that even though they don’t have any consumers currently of a different cultural backyard, they are aware of how to access interpreting services and where to get documentation that is in the consumers spoken language.

The service was able to demonstrate that it supports consumers to be able to make connections, encourage them to maintain their current relationships, including intimate relationships and to continue to be involved with the community connections they had prior to coming to the service.

Staff demonstrated how each consumers’ privacy and personal information including that stored on computers is kept secure and confidential. No consumers information or personal needs where discussed in open common areas and personal care was deliver in a way that protected the privacy of the consumers.

#### 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:

(i) make decisions about their own care and the way care and services are delivered; and

(ii) make decisions about when family, friends, carers or others should be involved in their care; and

(iii) communicate their decisions; and

(iv) make connections with others and maintain relationships of choice, including intimate relationships.

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

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

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

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

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

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

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

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 2:

The assessment team found that all the five requirements related to Standard 2 were met.

***Consumer Experience Interviews***

13 consumer/representatives were interviewed at random plus seven purposeful interviews with consumers were undertaken.

Consumer experience interviews show that 100% confirmed that they have a say in their daily activities most of the time or always. Most consumers were able to explain how they have been involved in care conferences and/or review of their agreed care and services plan.

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. In general 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.

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.

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; 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.

#### 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:

(i) 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

(ii) includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

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

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

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

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

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

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 3:

The Assessment Team found that all requirements in relation to standard 3 were met.

Consumer experience interviews show that 100% of consumers said that staff explain things to them most of the time or always.

***Consumer Experience Interviews***

13 consumer/representatives were interviewed at random plus seven purposeful interviews with consumers were undertaken.

Consumer experience interviews show that 100% of consumers indicated they get the care they need most of the time or always and 100% of consumers responded they feel safe most of the time or always.

Staff were able to describe how they can easily access policies, their opportunities for education, and how they ensure information is shared both within and with others who partner in providing care.

Timely referrals occur to medical practitioners, specialists, allied health professionals and spiritual leaders.

A nurse practitioner visits the service regularly and reviews consumers who are unwell and assists with management of palliative care. Consumers end of life wishes are documented and staff are respectful of the consumers wishes.

Care staff demonstrated an understanding of infection control, including regular handwashing.

The assessment team was satisfied that care is provided in accordance with the organisation best practice policy and guidelines and optimises consumer well-being.

#### 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:

(i) is best practice and

(ii) is tailored to their needs and

(iii) optimises their health and well-being.

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

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

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

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

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

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

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

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

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

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

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

The organisation demonstrates that minimisation of infection related risks through implementing:

(i) standard and transmission based precautions to prevent and control infection; and

(ii) practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

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

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 4:

The Assessment Team found all requirements under Standard 4 were met.

***Consumer Experience Interviews***

13 consumer/representatives were interviewed at random plus seven purposeful interviews with consumers were undertaken.

100% of the consumers and representatives stated they “are encouraged to do as much as possible for themselves” most of the time or always.

92% of consumers/representatives interviewed say “they like the food” most of the time or always.

Each consumer stated that they get safe and effective services and supports for their daily living that the service meets their needs, goals and preferences and optimise their independence, health, well-being and quality of life, including the service trying to be inclusive and accommodating of the consumers families.

The service demonstrated how spiritual services supports consumers emotional, spiritual and psychological wellbeing through the provision of church services and group activities.

The service was able to demonstrate how the residents are able to participate in their community within and outside of the service. Consumers are able to continue the social and personal relationships formed prior to moving into the service and the consumer is enabled to participate in activities that interest them.

The organisation demonstrated relevant knowledge and application of effective strategies to support consumers with mental health conditions and consumers with psychological and behavioural issues. The organisation demonstrated that it makes timely referrals to other organisations.

The organisation demonstrated that it provides meals of a suitable quality, variety and quantity that are enjoyed by consumers and that it provides safe, suitable, clean well-maintained fixtures, fittings and outdoor courtyards and gardens.

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

#### 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:

(i) participate in their community within and outside the organisation’s service environment; and

(ii) have social and personal relationships; and

(iii) do the things of interest to them.

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

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

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

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

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

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

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

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

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

#### Consumer outcome:

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

#### Organisation statement:

2. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

#### Summary of Assessment of Standard 5:

The Assessment team found the organisation demonstrated that all requirements in relation to Standard 5 are met.

***Consumer Experience Interviews***

13 consumer/representatives were interviewed at random plus seven purposeful interviews with consumers were undertaken.

100% of consumer/representatives interviewed said they “feel safe at the home” most of the time or always.

92% of consumer/representatives said that they “feel at home here” most of the time or always.

The organisation demonstrated that they are providing consumers with a safe and comfortable environment that they find welcoming, easy to understand, and that optimises each consumer’s sense of belonging, independence, interaction and function.

Consumers/representatives interviewed are happy with the service environment stating that it is relaxed, welcoming, safe and comfortable.

RFBI Leeton is located in the town of Leeton and is close to shops, transport and medical services. Leeton is 4 hours from Goulburn and around 1 hour from Griffith in the Riverina District.

The service seeks to provide a home like environment for its consumers who reside in single rooms with ensuite bathrooms contained in three separate units or houses. Consumers rooms provide them with high levels of privacy and comfort.

The service environment includes a central administration area with coffee shop, communal dining and lounge areas, spacious well-appointed activities rooms, a hairdressing salon, activity area and outdoor garden courtyards.

Consumer/representatives stated that they were happy with the quality of their living environment stating that a well maintained, clean and hygienic environment was maintained at all time.

Consumers said they are consulted and kept up to date regarding proposed changes to the service environment citing as an example their involvement in the choice of plants and garden objects.

The service was observed to be welcoming with spaces for consumers to interact with others and spaces for quiet reflection located in each house or areas and outdoors.

Consumers were observed to have decorated their rooms with memorabilia, photographs and other personal items.

The Assessment Team observed that the layout of the building enables consumers to move freely around both indoors and out, with suitable well-maintained furniture, fittings and equipment provided. The outdoor courtyards are well used as they are popular with consumers and visitors alike.

The organisation demonstrated that the services environment including furnishing fittings and equipment are safe, clean, well maintained and comfortable; and enables consumers to move freely, both indoors and outdoors. It employs a range of effective strategies to maintain this. These include policies and procedures for the purchase, service and maintenance of furnishing and equipment, a cleaning program and systems to identify and manage environment risks. Management and staff interviewed confirmed that they are familiar with the use of these systems.

#### 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:

(i) is safe, clean, well maintained and comfortable; and

(ii) enables consumers to move freely, both indoors and outdoors.

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

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

### Standard 6: Feedback and complaints Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 6:

***Consumer Experience Interviews***

13 consumer/representatives were interviewed at random plus seven purposeful interviews with consumers were undertaken.

100% of consumers/representatives said “staff follow up when you raise things with them" most of the time or always.

Interviews with 20 consumers/representatives revealed that they are aware of, and feel comfortable to use the feedback mechanisms, which include both internal and external complaint mechanisms. For example, meetings with management, the residents’ monthly meetings, staff meetings, use of feedback forms for feedback and complaints, and external complaints bodies and advocacy groups.

The organization demonstrates that consumers are encouraged and supported to provide feedback and/or make a complaint. Management and staff have participated in relevant training and could describe how they support consumers to provide feedback or make a complaint.

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. For example, the service provides a choice of well-publicized complaint mechanisms that can be used by stakeholders including consumers, relatives and staff.

The organisation demonstrated that feedback and complaints are reviewed by the General Manager of the Village, the Regional General Manager and the RFBI Board and is being used to improve the quality of care and services for individuals or across the organisation. Numerous examples of the services responsiveness to feedback and complaints were provided.

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

#### Requirements:

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

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

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

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

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

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

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

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

### Standard 7: Human resources Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 7:

The Assessment team found the organisation demonstrated that all requirements in relation to Standard 7 are met.

***Consumer Experience Interviews***

13 consumer/representatives were interviewed at random plus seven purposeful interviews with consumers were undertaken.

92% of consumers/representatives feel “that staff know what they are doing” most of the time or always.

100% of consumers/representatives said *“they get the care they need”* most of the time always.

100% of consumers/representatives said *“staff are kind and caring”*,most of the time always.

Consumers also stated, “*Occasionally there is a new staff member who doesn't know us, but they soon get up to speed with us.”* and *“Staff are pretty good overall. Many have been here for a long time and know us well.”*

Other consumer stated that *“they are all lovely girls”* and *“I enjoy the staff”* A representative stated “*95% of staff are brilliant and he's more settled here. They're very caring”*

The service demonstrated that the workforce is planned and has an appropriate number and mix of staff to deliver and manage the provision of safe, quality care and services. The service has a recruitment, orientation, training and performance review processes in place, where both internal and external services are used. The service was able to demonstrate how they work closely with the staff to support their interests to up skill and train in other areas of the service.

The service also has a comprehensively written performance management policy and the service has direct support from the organisations Human Resource Team. The service was able to demonstrate it completes regular performance appraisals on each staff member.

#### Requirements:

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

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

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

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

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

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

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

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

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

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

### Standard 8: Organisational governance Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 8:

The Assessment Team found the organisation demonstrated that all requirements in relation to Standard 8 are met.

***Consumer Experience Interviews***

13 consumer/representatives were interviewed at random plus seven purposeful interviews with consumers were undertaken.

100% of consumer/representatives interviewed said “the place is well run” most of the time or always.

The organisation demonstrated that they involve consumers in the design, delivery and evaluation of care and services, providing numerous examples of how consumers are involved in the co-design of services and are engaged on a day to day basis.

Consumers and representatives interviewed confirmed that they can partner in improving the delivery of care and services. Consumer/representatives said they are involved in care and service planning, delivery and evaluation, providing various examples of how this occurs in practice.

RFBI Leeton's governing body (Board, Board sub-committees and executive teams and management) meet regularly, set clear expectations for the organisation and regularly reviews risks from an organisational and consumer perspective.

There are organisation wide governance systems to support effective information management, the workforce, compliance with regulation and clinical care.

The clinical governance framework effectively addresses anti-microbial stewardship, open disclosure and minimising the use of restraint.

Management and staff interviewed understood these concepts and could explain how they were applied in practice.

#### Requirements:

##### Standard 8 Requirement 3(a) Met

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

##### Standard 8 Requirement 3(b) Met

The organisation demonstrates that the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

##### Standard 8 Requirement 3(c) Met

The organisation demonstrates that effective organisation wide governance systems relating to the following:

(i) information management

(ii) continuous improvement

(iii) financial governance

(iv) workforce governance, including the assignment of clear responsibilities and accountabilities

(v) regulatory compliance

(vi) feedback and complaints

##### Standard 8 Requirement 3(d) Met

The organisation demonstrates that effective risk management systems and practices, including but not limited to the following:

(i) managing high-impact or high-prevalence risks associated with the care of consumers

(ii) identifying and responding to abuse and neglect of consumers

(iii) 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:

(i) antimicrobial stewardship

(ii) minimising the use of restraint

(iii) open disclosure.