Accreditation Decision

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Regis Cranbourne |
| **RACS ID:** | 3619 |
| **Name of approved provider:** | Regis Aged Care Pty Ltd |
| **Address details:**  | 18 Sherwood Road JUNCTION VILLAGE VIC 3977 |
| **Date of site audit:** | 03 September 2019 to 05 September 2019 |

**Summary of decision**

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| --- | --- |
| **Decision made on:** | 16 October 2019 |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. |
| **Decision:** | To re-accredit the service under section 41 of the Rules. |
| **Further period of accreditation:** | 13 November 2019 to 13 November 2022 |
| **Assessment of performance with the Aged Care Quality Standards** |
| Standard 1 Consumer dignity and choice | Met |
| Requirement 1(3)(a) | Met |
| Requirement 1(3)(b) | Met |
| Requirement 1(3)(c) | Met |
| Requirement 1(3)(d) | Met |
| Requirement 1(3)(e) | Met |
| Requirement 1(3)(f) | Met |
| Standard 2 Ongoing assessment and planning with consumers | Met |
| Requirement 2(3)(a) | Met |
| Requirement 2(3)(b) | Met |
| Requirement 2(3)(c) | Met |
| Requirement 2(3)(d) | Met |
| Requirement 2(3)(e) | Met |
| Standard 3 Personal care and clinical care | 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 Regis Cranbourne (the Service) conducted from 03 September 2019 to 05 September 2019.**

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

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

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

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

## Assessment Details

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

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Senior quality and compliance manager | 2 |
| Assistant manager | 1 |
| Regional manager - Victoria | 1 |
| Environmental services | 1 |
| Regional catering manger | 1 |
| Regional lifestyle specialist | 1 |
| Clinical support team  | 2 |
| Lifestyle coordinator | 1 |
| National lifestyle manager | 1 |
| Representatives | 5 |
| Consumers | 26 |
| Care staff | 17 |
| Allied health staff | 3 |
| Clinical managers | 2 |
| Clinical care coordinator | 1 |
| Registered/enrolled nurses | 3 |
| Catering staff | 1 |
| Cook | 1 |
| Maintenance officer | 1 |
| State maintenance supervisor | 1 |
| Chef | 1 |
| Cleaning staff | 2 |
| Facility manager | 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 requirements under Standard 1 were met.

Of consumers and representatives randomly interviewed, 100% agreed that staff treat consumers with respect all or most of the time. 100% of consumers and representatives agreed that they are encouraged to do as much as possible for themselves most of the time or always. 100% indicated that staff explain things to them most of the time or always.

The organisation demonstrated that consumers are treated with dignity and respect, and that the service actively promotes a culture of acceptance and inclusion. Staff were observed to interact with consumers politely and respectfully and could generally describe consumer’s individual preferences and interests. Consumers gave examples of how they have maintained their social connections both inside and outside the service. The organisation provided examples of the activities offered to consumers with diverse backgrounds and preferences. Activities offered included consideration of food requirements and in the delivery of care that is tailored to each person.

Consumers and representatives interviewed confirmed that consumers feel safe, respected and have a choice in their daily activities. Staff provided examples of how they help consumers make choices. Consumers said they are able to make decisions about their life, even when it involves an element of risk.

Consumers reported that they are satisfied that care and services, including personal care, are undertaken in a way that respects their privacy. Staff gave examples of how they maintain the privacy of individuals. Staff were observed respecting consumer privacy, including environmental services and other staff.

Most consumers confirmed they understand the organisation’s communications and they can make choices based on the information provided, with some consumers saying communication with some staff could be difficult. Electronic information is password protected and the confidentiality of paper documented was maintained.

#### Requirements:

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

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

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

The organisation demonstrates that care and services are culturally safe.

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

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

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

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

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

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

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

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

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

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

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 2:

The Assessment Team found that all requirements under Standard 2 were met.

Of consumers randomly sampled, 93% of consumers agreed they have a say in their daily activities and 93% of consumers agreed they get the care they need. Consumers and representatives interviewed are generally satisfied they have direct engagement in the initial and ongoing assessment and planning of their care. However, a small number said they either do not remember being asked about their preferences or they sometimes have to wait for staff to respond to their requests for assistance.

Consumers said they feel safe and are confident that staff listen to them and that the service seeks input from other professionals to ensure consumers get the right care and services. Staff described how consumers and others who contribute to the consumer’s care (including medical officers, allied health professionals, carers and family) work together to deliver a tailored care and service plan and monitor and review the plan as needed.

Consumers and representatives said that consumers’ care and services are reviewed. When something goes wrong, or their needs and preferences change, the service communicates with them and seeks their input to update their care and services. Each of the care and management plans reviewed by the Assessment Team evidenced that plans have been regularly reviewed (with changes made where necessary) and include the next review date. Qualified staff undertake reviews relevant to the care and service. Staff demonstrated an understanding of adverse incidents or near miss events and how these are identified, documented and reviewed by the service, to inform continuous improvement.

#### Requirements:

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

The organisation demonstrates that assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.

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

The organisation demonstrates that assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.

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

The organisation demonstrates that assessment and planning:

1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and
2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

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

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

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

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

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

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 3:

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

The organisation demonstrates it delivers safe and effective personal and clinical care in accordance with the consumer’s needs, goals and preferences to optimise health and well-being. Of consumers randomly interviewed, 100% of consumers agreed they felt safe here and 94% of consumers agreed they get the care they need, with some consumers saying staff delays to calls for assistance as the reason for their ‘some of the time’ responses.

Consumers provided various examples of how staff provided appropriate, individualised care. Staff could describe how they ensure care is best practice, their opportunities for continuing education and the processes to share information both within the organisation and with others outside the organisation. Care staff demonstrated a good working understanding of precautions to prevent and control infection. Staff could identify the highest prevalence risks for different cohorts of consumers and how incidents are used to identify improved practices. Each of the plans of care reviewed by the Assessment Team generally evidenced the delivery of safe and effective care.

Care plans of consumers who were receiving or had received palliative care, also showed individualised, specific information to guide staff in the care of these consumers. The organisation demonstrated they have a schedule of audits and regularly monitor clinical data that is analysed for trends to enable clinical staff to evaluate the effectiveness of clinical care. The organisation has a suite of policies and processes underpinning the delivery of care and management described how these are reviewed along with observation of staff practices, to ensure care remains appropriate and best practice.

#### Requirements:

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

The organisation demonstrates that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

1. is best practice and
2. is tailored to their needs and
3. optimises their health and well-being.

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

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

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

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

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

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

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

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

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

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

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

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

1. standard and transmission based precautions to prevent and control infection; and
2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

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

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 4:

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

Consumers interviewed confirm satisfaction with services and supports for daily living that are important to them. 100% of consumers and representatives randomly interviewed said they do as much as possible for themselves most of the time or always. 75% of consumers and representatives randomly interviewed said they liked the food most of the time or always. A small number of consumers said they like the food some of the time, saying “there is not much choice”, “there is only one hot option” and “veggies are always steamed.”

Consumers and representatives said they are made to feel part of service. Consumers described the support they receive for religious, spiritual and community activities. Consumers said staff and volunteers support them when they were feeling down. Consumers said they could influence the activities provided in the service that are of interest to individuals and groups.

The organisation demonstrated that it supports consumers to connect with other communities and people outside the service. The service has a range of programs that enable consumers to participate in intergenerational programs and cultural outings. The organisation demonstrated how it supports consumer’s mental health and wellbeing. Additionally, the organisation demonstrated timely referrals to other organisations, provides meals of a suitable quality, variety and quantity and provides safe, suitable clean and well- maintained furniture.

Wellness plans of care provide clear information about goals and strategies for achieving safe and effective services and supports for daily living, emotional and spiritual care, and accessing the community and personal relationships. Staff described examples of how they provide meaningful support individual needs and preferences, in relation to this standard.

The organisation monitors and reviews each requirement in this Standard using a regular individual review program.

#### Requirements:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 5:

The Assessment Team found that all requirements under Standard 5 were met.

Consumer experience interviews show 73% of consumers and representatives randomly interviewed said they feel at home here most of the time or always. A minority of consumers stated they miss their own home some of the time. 100% of consumers and representatives randomly interviewed said they feel safe here most of the time or always. Other consumers and representatives interviewed provided positive feedback about the organisation’s service environment. Consumers reported that:

* The service was well maintained, safe and kept clean and at a comfortable temperature.
* They have access to a range of equipment and furnishings and felt safe using them.
* They have access to gardens and outdoor spaces and are encouraged to use all areas of the service.
* Management encourages feedback about the service environment.

The service was observed to be welcoming (with individual rooms and hallways decorated with memorabilia, photographs and other personal items), clean and well maintained. There was signage to help consumers navigate the service. Garden and larger communal areas, that include a pool room, lounge rooms and hair salon were observed to be safe, inviting and well maintained.

While the service has keypad access to each wing, consumers have freedom of movement between wings and access to outside areas, assisted where required. Consumers are satisfied they have access to areas they wish to access.

A preventative and reactive maintenance program ensures a structured approach managing the living environment. Staff demonstrated an understanding of the service’s procedures to ensure a safe living environment. Management demonstrated that feedback and monitoring processes drive improvements.

#### Requirements:

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

The organisation demonstrates that the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

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

The organisation demonstrates that the service environment:

1. is safe, clean, well maintained and comfortable; and
2. enables consumers to move freely, both indoors and outdoors.

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

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

### Standard 6: Feedback and complaints Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 6:

The Assessment Team found that all requirements under Standard 6 were met.

The organisation demonstrated consumers know how to give feedback and make complaints. Of consumers and representatives interviewed, including those who participated in the consumer experience report, 93% are satisfied that staff follow up when they raise things with them most of the time or always.

Consumers and representatives are encouraged to provide feedback in multiple ways, including at regular meetings, by way of feedback forms on display throughout the service and through annual surveys. Information regarding the complaints process, both internal and external, is also explained to consumers and/or their representatives on entry to the service. The organisation demonstrated that there are established processes to receive, record and respond to complaints.

Staff explained how they support consumers to provide feedback. Management demonstrated that appropriate action is taken in response to complaints and when things go wrong. The organisation has a complaints and continuous improvement policy and have implemented staff training in open disclosure.

Management provided examples of where consumer feedback has resulted in improvements to care and services.

#### 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 that all requirements under Standard 7 were met.

Of consumers and representatives randomly interviewed, 100% said staff are kind and caring and 94% said they get the care they need. The remaining 6% of consumers, said they felt they get the care they needed some of the time and that care was generally “okay”. 93% of consumers said staff know what they are doing always or most of the time. The remaining 7% of consumers said this occurred some of the time and explained that the they found communicating with staff was sometimes difficult.

Consumers outlined in various ways how staff know and respond to their needs commenting on the greater knowledge of their needs by staff who have worked at the service for a longer period of time.

The organisation demonstrated they ensure staff interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. Management has reinforced with staff the benefits to consumers of staff speaking more slowly and clearly to ensure more meaningful communication. Interactions between consumers, representatives and staff were observed to be cheerful, kind, caring and respectful. The workforce is recruited to specific roles which require qualification, credentialing or competency with orientation of new staff occurring. Staff are trained and equipped to undertake their roles and supported to deliver quality outcomes for consumers. Performance monitoring occurs as part of their probation as a new employee and thereafter, on a regular basis.

The organisation monitors and reviews its performance in relation to these requirements. The service can access casual staff from other organisational services in the region to fill unplanned vacancies and recruitment is ongoing. The organisation continues to monitor care needs and increases staffing levels on a short and long term basis to meet the changing care needs of consumers. Education is monitored for completion and human resource processes monitor staff availability and suitability.

#### 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 that all requirements under Standard 8 were met.

Of consumers and representatives randomly interviewed, 93% of consumers and representatives randomly interviewed said this place is well run most of the time or always. The remaining consumer said only that this occurred some of the time.

Consumers gave various examples of how staff ensured the care provided met their preferences and how any risks or incidents were discussed with them or their representative. Consumers and representatives said consumers have been provided with a copy of the newly updated Charter of Aged Care Rights to sign. Consumers and representative are satisfied with management’s responsiveness to feedback and complaints.

The organisation’s Board requires a range of reporting to support their oversight of governance. Consumers have agreements in place and there is an established process for communication of the new charter. A range of policies and processes are available including in relation to open disclosure.

Meetings occur with various stakeholders and information is considered in relation to clinical governance, antimicrobial stewardship and the use of restraint. Incident reporting and related investigations are timely and involves the consumer, their representatives and is escalated to relevant organisational managers.

There is monitoring of high impact or high prevalence risks. Mandatory reporting occurs as required and management and staff understand their obligations.

The organisation ensures the recruitment of appropriate staff with the required skills and qualifications to meet service and care needs. Ongoing monitoring ensures the currency of professional registrations, police certification and visa requirements. Management implement and monitor mandatory training requirements.

Oversight of the complaints’ management process includes trending and identification of opportunities for improvement. Opportunities for improvement from the complaints process is added to the organisation’s continuous improvement plan. The organisation has an active continuous improvement plan, both at the national and service levels.

The organisation monitors and reviews its performance in relation to these requirements. Key documents are updated and disseminated. Continuous improvement initiatives are implemented and overseen. These include opportunities to enhance the quality of care and lifestyle in line with the preferences of consumers and the implementation of the new Aged Care Quality Standards.

#### Requirements:

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

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

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

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

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

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

1. information management
2. continuous improvement
3. financial governance
4. workforce governance, including the assignment of clear responsibilities and accountabilities
5. regulatory compliance
6. feedback and complaints

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

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

1. managing high-impact or high-prevalence risks associated with the care of consumers
2. identifying and responding to abuse and neglect of consumers
3. supporting consumers to live the best life they can

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

The organisation demonstrates that where clinical care is provided - a clinical governance framework, including but not limited to the following:

1. antimicrobial stewardship
2. minimising the use of restraint
3. open disclosure