Accreditation Decision

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Royal Freemasons Moe |
| **RACS ID:** | 4581 |
| **Name of approved provider:** | Royal Freemasons Ltd |
| **Address details:** | 1C Haigh Street MOE VIC 3827 |
| **Date of site audit:** | 22 August 2019 to 23 August 2019 |

**Summary of decision**

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| --- | --- | --- |
| **Decision made on:** | 01 October 2019 | |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. | |
| **Decision:** | To re-accredit the service under section 41 of the Rules. | |
| **Further period of accreditation:** | 01 November 2019 to 01 November 2022 | |
| **Assessment of performance with the Aged Care Quality Standards** | | |
| Standard 1 Consumer dignity and choice | | Met |
| Requirement 1(3)(a) | | Met |
| Requirement 1(3)(b) | | Met |
| Requirement 1(3)(c) | | Met |
| Requirement 1(3)(d) | | Met |
| Requirement 1(3)(e) | | Met |
| Requirement 1(3)(f) | | Met |
| Standard 2 Ongoing assessment and planning with consumers | | Met |
| Requirement 2(3)(a) | | Met |
| Requirement 2(3)(b) | | Met |
| Requirement 2(3)(c) | | Met |
| Requirement 2(3)(d) | | Met |
| Requirement 2(3)(e) | | Met |
| Standard 3 Personal care and clinical care | | 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

## Introduction

**This is the report of an assessment of Royal Freemasons Moe (the Service) conducted from 22 August 2019 to 23 August 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** |
| --- | --- |
| Consumers | 16 |
| Representatives | 4 |
| Access coordinator | 1 |
| Care manager | 1 |
| Care staff | 4 |
| Chef manager | 1 |
| Contracted cleaner | 1 |
| Facility manager | 1 |
| Kitchen staff | 1 |
| Lifestyle Coordinator / diversional therapist | 1 |
| Maintenance officer | 1 |
| Manager of clinical practice. | 1 |
| Registered nurse | 2 |

## 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 the organisation has met all six requirements in relation to Standard 1 Consumer dignity and choice.

Of consumers and representatives randomly interviewed, 100% of consumers said they are treated with respect, they have a say in their daily activities and are encouraged to do as much as possible for themselves always or most of the time. Consumers identified staff always explain things to them 93% of the time. The one new consumer who said staff explained things to them some of the time identified they would prefer taking greater time to consider documentation. Management was immediately supportive of this request. Consumers described the ways their social connections are supported both inside and outside the service. Consumers said they feel heard when they tell staff what matters to them and are encouraged to make decisions about their life, even when it involves an element of risk. Consumers described in many ways how they are supported to live the lives they choose to live. Consumers said the organisation protects the privacy and confidentiality of their information and they are satisfied care and services, including personal care, are undertaken in a way that respects their privacy.

The organisation demonstrated consumers are treated with dignity and respect and the service actively promotes a culture of inclusion. Staff were observed interacting with consumers respectfully and could readily identify or provide information on consumers’ individual preferences and interests. The service promotes the value of culture and diversity through staff training, in the wide range of activities it offers and in delivery of care that is tailored to the person. Staff could provide meaningful examples of how they help consumers make choices. This includes giving consumers clear and accurate information and options to inform their choice. Staff gave examples of how they maintain the privacy of consumers. Electronic and filing systems support the protection of confidential information.

The organisation monitors and reviews its performance in relation to these requirements. Regular meetings, consumer surveys, feedback and complaints mechanisms are used to ensure consumers are satisfied staff treat them with respect, support them to maintain their identity and live the life they choose.

#### 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 five requirements in relation to Standard 2 Ongoing assessment and planning with consumers were met.

Of consumers and representatives randomly interviewed, 100% said they have choice in their daily activities most of the time or always. Consumers said their engagement in the initial and ongoing assessment and planning of their care helps them to get the care and services they need. Consumers reported feeling safe and confident as staff listen to their goals and preferences, and the organisation seeks input from other professionals to ensure they get the right care and services to meet their needs. Consumers and representatives described their involvement in advance care planning discussions as wished. Consumers said their care and services are regularly reviewed with many questions asked. Reviews also occur when something goes wrong or their needs or preferences change.

Staff could describe how consumers and others contribute to the consumer’s care including medical practitioners, allied health professionals, family and key stakeholders. They described how they work together to deliver a tailored care and service plan. The development of an initial care plan for consumers entering the service provides guidance for consumers’ needs and preferences until a schedule of assessments are completed. Monitoring and review is ongoing and occurs in line with consumer preferences and when care needs change. Documentation reviewed showed plans, including advance care plans, had been regularly reviewed with changes made. Staff demonstrated an understanding of adverse incidents or near-miss events with these documented and reviewed by the service to inform continuous improvement.

The organisation monitors and reviews its performance in relation to these requirements. The assessment and care evaluation process is monitored to ensure care plans are developed on entry to the service, risk assessments inform care planning and that directive for care are updated as required. The monitoring process is informed by mechanisms such as audits, meetings and feedback.

#### 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 seven of the requirements in relation to Standard 3 Personal care and clinical care were met.

Of consumers and representatives randomly interviewed, 100% said they feel safe and get the care they need always or most of the time and 100% said they are always encouraged to do as much as possible for themselves. Consumers reported feeling safe and confident they are receiving quality care and that care is reviewed when changes occur. Consumers living with high impact or high prevalence risks described strategies implemented and staff support provided. Consumers spoke positively about end of life discussions expressing confidence in staff awareness and their following of end of life wishes. Referrals to a range of allied health professionals were described with benefits reported from regular access to physiotherapy. Consumers spoke about the prescription of antibiotics when they have infections.

Staff could describe how they ensure care is best practice, their opportunities for continuing education and how they ensure that information is shared both within the organisation and with others outside the organisation. Staff could identify the highest prevalence risks for different groups of consumers and demonstrated knowledge in the management of these. Documentation for consumers living with identified high risks, such as those associated with smoking, food allergies and diabetes indicate these are managed and include the documentation of the risk and interventions required or completed. Staff demonstrated their understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. Care and service plans reviewed indicated the delivery of safe and effective care with advance care planning evident.

The organisation demonstrated they have access to a suite of policies and procedures underpinning the delivery of care. They review practice and policies to ensure they remain fit-for-purpose and informed by advice from consumers and other experts. Management is responsive to feedback. The organisation monitors and reviews its performance in relation to these requirements.

#### 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 seven of the requirements in relation to Standard 4 Services and support for daily living were met.

Of consumers and representatives randomly interviewed, 100% said they have a say in their daily activities and feel safe always or most of the time and are always encouraged to do as much as they can for themselves. Ninety-three percent of consumers identified staff always explain things to them. The one new consumer who said staff explained things to them some of the time identified they would prefer taking greater time to consider documentation. Management was immediately supportive of this request. One hundred percent said they have a say in their daily activities always or most of the time. Eighty-seven percent of consumers said they like the food always or most of the time. Where a consumer said they like the food some of the time, feedback related to the food not being to their taste but they stated the chef takes an active interest in supporting consumers’ preferences. Most consumers enjoy the social interactions and ambiance of eating in the dining areas but said they are welcome eat their meals in their rooms if they prefer. Consumers described in various ways how they participate in the community and are supported to do activities of interest and importance to them. Consumers are satisfied with the range of equipment available and staff responsiveness to requests.

The organisation demonstrated it supports consumers to maintain relationships and connect with other people inside and outside the organisation. Staff seek advice from consumers about activities of interest to them. Staff described in various ways how they assist consumers to maintain their emotional, spiritual and psychological wellbeing including arranging transport. Staff demonstrated they make timely referrals to other organisations and volunteers support the program. There availability of multi-purpose spaces enhances consumers enjoyment of a range of activities. The organisation’s chef provides meals of a suitable quality, variety and quantity with consumer preferences documented. The documentation of dietary information including allergies and intolerances is consistent. A range of safe, suitable, clean and well-maintained equipment is available.

The organisation monitors and reviews its performance in relation to these requirements. A range of consumer meetings, surveys, audits and feedback mechanisms inform the program. The chef attends recent consumer meetings with improvements identified and implement. Monitoring of improvements occurs with further improvements planned.

#### 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 the service has met the three requirements under Standard 5.

Of consumers and representatives randomly interviewed, 87% said they feel at home here most of the time or always. Thirteen percent said they some of the time or never feel at home as the service is not the home they identify with. For example, although they are comfortable and staff do their best to make them feel at home, the facility doesn’t include their garden, pets or the family history associated with their real home. All consumers said that they felt safe at the service always or most of the time. The service was observed to be welcoming with individual rooms decorated with memorabilia, photographs and other personal items and is 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 and paths with handrails that enabled free movement around the area.

Consumer’s reported that the service was well maintained and kept at a comfortable temperature. They have access to a range of equipment and furnishings and felt safe using them. The service regularly sought feedback about how the service environment could be improved and made more welcoming. The passageways are designed like small streets where other consumers reside. The dining room and other areas provides opportunities for social contact and activities for small group or at times of celebration. These areas also provide for comfort and privacy when consumers meet with family.

Management confirmed that environmental audits are conducted to assess potential risk areas and instigate improvements. The service environment is discussed at meetings and where any emerging risk or environment issues are discussed along with 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 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 the service has met the four requirements under Standard 6.

Of consumers and representatives randomly sampled, 100% said that staff follow up when they raise things with them most of the time or always. Consumer’s reported overall, they are supported and encouraged to give feedback and make complaints and appropriate actions are taken. Stakeholders are encouraged to attend meetings to provide feedback and have access to feedback forms and electronic kiosks in multiple areas throughout the service and a secure lodgement box at reception. Feedback forms outline timeframes for acknowledgement and response to feedback, other methods for raising and resolving complaints and elder rights advocacy information. Staff described how they would support consumers to provide feedback and or make a complaint.

The service has a framework for open disclosure for when things go wrong and elements may include an apology or expression of regret, an opportunity for the consumer and/or representative to express their experience, a factual explanation of what happened, and steps being taken to manage and/or prevent reoccurrence.

The service demonstrated how it uses feedback and complaints to improve the quality and care of 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 the service has met the five requirements under Standard 7.

The service demonstrated they ensure the numbers and mix of the staff is planned, managed and reviewed to enable safe and quality care and services.

Of consumers randomly interviewed, 100% said they get the care they need most of the time or always. Additionally, 100% of consumers said staff are kind and caring and know what they are doing most of the time or always. The service demonstrated they ensure staff interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. Consumers provided various examples of what this means to them including in relation to events of cultural and social significance, specific care and relationship needs. Interactions between consumers, representatives and staff were observed to be kind, caring and respectful.

The service demonstrated the workforce is recruited to specific roles, trained and equipped to undertake these roles and supported to deliver quality outcomes for consumers. New staff are satisfied with the induction/orientation process and the support provided.

The service demonstrated they monitor staff qualifications and ensure through staff selection and extensive education and training processes that the workforce is competent, and they have the knowledge and skills to effectively perform their roles.

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

#### 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 service has met the five requirements under Standard 8.

Of consumers randomly interviewed, 100% said this place is well run most of or all the time. 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 design of services and are engaged on a day to day basis. These include meetings, surveys, gatherings and promotion of shared decision-making processes. Consumers confirmed they are involved in care planning, delivery and evaluation and provided examples of how this occurs in practice.

The governing body meets regularly, sets expectations for the service and regularly reviews risks from the organisational and consumer perspective. Organisational wide governance systems support effective information management, the workforce, compliance with regulation and clinical care.

The service has a continuous improvement program which drives the quality system and involves all stakeholders.

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

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