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 Springtime |
| **RACS ID:** | 4210 |
| **Name of approved provider:** | Royal Freemasons Ltd |
| **Address details:** | 41 Manchester Drive SYDENHAM VIC 3037 |
| **Date of site audit:** | 12 November 2019 to 13 November 2019 |

**Summary of decision**

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| --- | --- | --- |
| **Decision made on:** | 11 December 2019 | |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. | |
| **Decision:** | To re-accredit the service under section 41 of the Rules. | |
| **Further period of accreditation:** | 31 January 2020 to 31 January 2023 | |
| **Assessment of performance with the Aged Care Quality Standards** | | |
| Standard 1 Consumer dignity and choice | | Met |
| Requirement 1(3)(a) | | Met |
| Requirement 1(3)(b) | | Met |
| Requirement 1(3)(c) | | Met |
| Requirement 1(3)(d) | | Met |
| Requirement 1(3)(e) | | Met |
| Requirement 1(3)(f) | | Met |
| Standard 2 Ongoing assessment and planning with consumers | | Met |
| Requirement 2(3)(a) | | Met |
| Requirement 2(3)(b) | | Met |
| Requirement 2(3)(c) | | Met |
| Requirement 2(3)(d) | | Met |
| Requirement 2(3)(e) | | Met |
| Standard 3 Personal care and clinical care | | Met |
| Requirement 3(3)(a) | | Met |
| Requirement 3(3)(b) | | Met |
| Requirement 3(3)(c) | | Met |
| Requirement 3(3)(d) | | Met |
| Requirement 3(3)(e) | | Met |
| Requirement 3(3)(f) | | Met |
| Requirement 3(3)(g) | | Met |
| Standard 4 Services and supports for daily living | | Met |
| Requirement 4(3)(a) | | Met |
| Requirement 4(3)(b) | | Met |
| Requirement 4(3)(c) | | Met |
| Requirement 4(3)(d) | | Met |
| Requirement 4(3)(e) | | Met |
| Requirement 4(3)(f) | | Met |
| Requirement 4(3)(g) | | Met |
| Standard 5 Organisation’s service environment | | Not Met |
| Requirement 5(3)(a) | | Met |
| Requirement 5(3)(b) | | Not Met |
| Requirement 5(3)(c) | | Met |
| Standard 6 Feedback and complaints | | Met |
| Requirement 6(3)(a) | | Met |
| Requirement 6(3)(b) | | Met |
| Requirement 6(3)(c) | | Met |
| Requirement 6(3)(d) | | Met |
| Standard 7 Human resources | | Met |
| Requirement 7(3)(a) | | Met |
| Requirement 7(3)(b) | | Met |
| Requirement 7(3)(c) | | Met |
| Requirement 7(3)(d) | | Met |
| Requirement 7(3)(e) | | Met |
| Standard 8 Organisational governance | | Met |
| Requirement 8(3)(a) | | Met |
| Requirement 8(3)(b) | | Met |
| Requirement 8(3)(c) | | Met |
| Requirement 8(3)(d) | | Met |
| Requirement 8(3)(e) | | Met |
| **Timetable for making improvements:** | By 6 March 2020 | |
| **Revised plan for continuous improvement due:** | By 6 January 2020 | |

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

Site Audit Performance   
Assessment Report

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

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

## Introduction

**This is the report of an assessment of Royal Freemasons Springtime (the Service) conducted from 12 November 2019 to 13 November 2019.**

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

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

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

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

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

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

## Assessment Details

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

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers | 10 |
| Cleaning staff | 1 |
| Representatives | 8 |
| Clinical care manager | 1 |
| Endorsed enrolled nurse | 1 |
| Lifestyle officer  Lifestyle assistant | 1  1 |
| Laundry staff | 1 |
| Maintenance officer | 1 |
| Care staff | 7 |
| Registered nurse | 1 |
| 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 Not Met

#### Consumer outcome:

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

#### Organisation statement:

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 five out of the six requirements under Standard 1.

The organisation is not able to demonstrate it supports consumers to make their own decisions regarding visitors and maintain intimate relationships of choice. The Assessment Team identified consumers do not have input to visitor timeframes during the day and relationships between consumers are not fully supported by management.

Consumer experience interviews demonstrate 86% of consumers and representatives said that staff treat them with respect most of the times or always, while 14% said some of the times or never. In addition, 86% said consumers are encouraged to do as much as possible for themselves most of the times or always. The remaining 14% said this occurs only some of the time or never primarily due to cognitive limitations of the consumer. Of consumers and representatives interviewed 77% said staff explain things to consumers most of the times or always. The remaining 23% expressed dissatisfaction due to not having anyone to talk to or choosing not to talk to people/staff

The organisation is able to demonstrate how management and staff encourage an inclusive, safe culture while respecting choice and independence of consumers. The Assessment Team observed staff interacting in a gentle, caring manner during activities of daily living. The Assessment Team observed how the organisation fosters cultural inclusion and socialisation with respecting individual choices for religious faiths, food preferences and engaging in an intergenerational playgroup.

Staff described how they assist and support consumers to make their own choices including risk-based activities. Consumers and representatives stated how staff support consumer’s independence by helping them dress, shower, medication administration and support other daily activities to live a quality life.

Regarding privacy and dignity, the Assessment Team observed the Darlington Unit bedroom doors to have a lack of personal privacy even if a consumer chose to close their door. However, staff gave good examples on how to protect consumer information and said they have received education in relation to privacy, dignity and confidentiality.

#### 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) Not 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 the organisation has met all five requirements under Standard 2.

The organisation demonstrates the consumer is a partner in ongoing assessment and planning that assists the consumer to receive the care and services required for their individual health and well-being.

Consumer experience interviews demonstrate 86% of consumers and representatives said consumers have a say in their daily activities most of the time or always. Of the 14% who said some of the time or never provided no additional comments as to why and one representative said never as the consumer requires full support and cannot have a say in their activities.

Consumers and representatives provided various examples of how they are involved in assessing and planning their care to maintain their health and wellbeing and help them get the care they need. These examples included care conferences and discussions about care needs and being confident that staff support their choices regarding care needs

File review confirmed the organisation engages and partners with the consumer and or representative for ongoing assessment and planning. The Assessment Team observed advance care planning was documented and discussed during care conferences. Consumer care plans sampled by the Assessment Team demonstrated regular reviews were conducted by nursing staff, allied health and other specialists supporting consumer’s needs, goals and preferences.

Staff interviews confirmed how individual care plans are reviewed and updated in conjunction with qualified staff and specialists. Review of consumer risk assessments are completed and reviewed by competent skilled staff ensuring safety and quality care.

Staff said that handovers assist with informing them of changing consumer needs. Consumer care plans sampled by the Assessment Team confirmed qualified staff conduct regular reviews. This includes changes in consumer’s health and wellbeing or when incident impacts on the needs and choices 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 the organisation has met all seven requirements under Standard 3.

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- they feel safe always or most of the time. being.

Of consumers and representatives randomly sampled, 93% said they get the care they need most of the time or always while 7% said this occurs some of the time in relation to personal care preference. 100% of consumers and representatives randomly sampled said they feel safe always or most of the time. Consumers and representatives gave examples of how staff provide safe and effective care and feeling safe due to the presence of staff.

The Assessment Team observed staff be gentle, caring and respectful to consumers. Staff at interview were able to provide examples of how they provide best practice such as how they manage and care for consumers with responsive behaviours. This also included examples of responding to deteriorating changing needs and involving external services such as palliative care service, wound consultant and behavioural management services.

Management and staff are aware of consumers at risk, how to monitor and review incidents and changes consumer care needs that require immediate review and assessment. Staff said they received education and training in relation to clinical and personal care. This includes competencies and mandatory education.

Care plans reviewed by the Assessment Team demonstrated how the staff and organisation provide safe and effective care. However, the Assessment Team noted the behavioural care plans do not always specify current information to guide staff and were generic in nature due electronic care planning limitations. Management said this would be rectified and enhanced in the near future.

Staff interviews confirmed how they honour, respect and provide quality end of life care for individual consumers and supporting respective family members. A representative extended their gratitude and thanks for the palliative care provided for their parent who died recently.

File review and staff interviews confirm ongoing and regular reviews are conducted. Evidence of care consultations with the consumer and or their representative ensure appropriate ongoing personal and clinical care is safe and optimises consumers health and wellbeing.

#### 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 the organisation meets all seven requirements under Standard 4.

Consumers interviewed confirm satisfaction with the services and supports for daily living that are important to them. 86% of consumers and representatives who participated in the consumer experience interviews indicated consumers are encouraged to do as much as possible for themselves most of the time or always. Consumers are satisfied they are able to participate within their community, do things of interest to them and have social and personal relationships to optimise their independence, health, wellbeing and quality of life. 73% of consumers and representatives who participated in the consumer experience interviews like the meals most of the time or always. Management said they are engaging with consumers about food through consumer focus groups and are open to receiving feedback.

Care plans are developed and include information about consumer goals and strategies for achieving them. Care and lifestyle staff said they are encouraged to adapt to ways consumers can be supported to live the life they want to. Staff demonstrated a good understanding of individual consumer needs and preferences and gave examples of how these are met. Staff provided examples of how they assist consumers optimise independence, health, wellbeing and quality of life. Examples include bus outings, art and craft therapy classes, bingo and word searches. The service has a process for skilled and qualified staff to review consumer needs on a regular basis. Consumers interviewed are satisfied they can participate within their community, do the things of interest to them and have social and personal relationships.

Consumers said any changes in their condition are discussed with them and they are satisfied this information, along with any changes in their needs and preferences, is communicated within the organisation and with their representatives. Representatives of consumers said they are kept informed of any changes in the condition of their consumer living in the service which also includes care conferences evidenced in file review.

The organisation monitors and reviews each requirement in this Standard using a regular individual review program, ‘resident’ of the day reviews, feedback mechanisms and survey results. The organisation demonstrated how this helps inform and drive improvements to the service.

#### 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 Not 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 the organisation has met one of three requirements under Standard 5.

Of consumers and representatives interviewed, 62% responded they feel at home most of the time or always.100% of consumers and representatives interviewed said consumers feel safe most of the time or always.

Although the service allows consumers to personalise their own room the Assessment Team observed the memory support unit rooms were often sparse of any personal belongings and the unit’s environment did not actively support consumers’ sense of belonging.

Consumers and representatives spoke positively about the cleanliness and maintenance of the living environment.

While the organisation demonstrated a safe clean, well maintained and comfortable service environment, the organisation did not demonstrate it enables consumers to move freely, both indoors and outdoors. In the ‘Darlington’ unit, the Assessment Team observed keypad locked doors to and from the unit, and keypads on external doors into courtyards are all keypad locked. The external doors leading to outside areas in the Springtime unit, including the smokers’ area, were observed to be keypad locked.

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. There is a program of audits to monitor the living environment.

#### Requirements:

##### Standard 5 Requirement 3(a) Not Met

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

##### Standard 5 Requirement 3(b) Not Met

The organisation demonstrates that the service environment:

(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:

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

Of consumers and representatives randomly sampled, 93% responded that staff follow up when you raise things with them. The service demonstrated consumers and representatives know how to give feedback and make complaints.

Management demonstrates that appropriate action is taken in response to complaints and when things go wrong. Staff describe how they support consumers to provide feedback as required. Management provided examples of how feedback and complaints are reviewed and used to improve the quality of care and services provided. The Assessment Team observed feedback forms and lodgement boxes on display in main foyer and Springtime unit, but no lodgement box within Darlington unit. Feedback, complaints and compliments are an agenda item for the ‘resident and relative’ meetings. The organisation is developing an open disclosure framework.

Management advised they analyse feedback information for trends and identify improvements which are documented on the continuous improvement plan. Management described examples of improvements that have been made due to consumer feedback. Management also monitor the effectiveness of their response to complaints through consumer feedback processes to check satisfaction with complaint resolution outcomes.

#### Requirements:

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

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

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

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

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

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

##### Standard 6 Requirement 3(d) 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 five requirements under Standard 7 were met.

Of consumers and representatives randomly selected, 93% responded that they get the care they need. 93% responded that staff are kind and caring. 93% responded that they feel staff know what they are doing. The service demonstrates they ensure the numbers and mix of the staff is planned, managed and reviewed to enable safe and quality care and services.

The service demonstrates they ensure staff interactions with consumers are kind, caring and respectful of each consumer’s identity, care and relationship needs and cultural and social significance. Interactions between consumers, representatives and staff were observed to be kind, caring and respectful.

The service demonstrates the workforce is recruited to specific roles, trained and equipped to undertake these roles and supported to deliver outcomes for consumers. The service demonstrates 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. Could add: The service ensures a registered nurse is available during all shifts to oversee consumer care needs and support care staff.

The service 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 that all five requirements under Standard 8 were met.

Of consumers and representatives randomly selected, 93% responded that they feel that the place is well run always or most the time. The organisation demonstrates that they involve consumers in the design, delivery and evaluation of care and services, providing examples of how consumers are involved in the design of services and are engaged on a day to day basis. These include meetings, surveys, and promotion of shared decision-making processes. Consumers and representatives confirm they are involved in care planning, delivery and evaluation and provided examples of how this occurs in practice. Evidence in care file review confirmed participation.

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 further 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:

(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