Accreditation Decision

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | San Carlo Homes for the Aged |
| **RACS ID:** | 4351 |
| **Name of approved provider:** | San Carlo Homes for the Aged Ltd |
| **Address details:** | 970 Plenty Road SOUTH MORANG VIC 3752 |
| **Date of site audit:** | 07 October 2019 to 09 October 2019 |

**Summary of decision**

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| **Decision made on:** | 08 November 2019 | |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. | |
| **Decision:** | To re-accredit the service under section 41 of the Rules. | |
| **Further period of accreditation:** | 11 December 2019 to 11 December 2021 | |
| **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 | | Not Met |
| Requirement 2(3)(a) | | Not Met |
| Requirement 2(3)(b) | | Not Met |
| Requirement 2(3)(c) | | Met |
| Requirement 2(3)(d) | | Met |
| Requirement 2(3)(e) | | Met |
| Standard 3 Personal care and clinical care | | Not Met |
| Requirement 3(3)(a) | | Not Met |
| Requirement 3(3)(b) | | Not Met |
| Requirement 3(3)(c) | | Not 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 | | Not Met |
| Requirement 7(3)(a) | | Met |
| Requirement 7(3)(b) | | Met |
| Requirement 7(3)(c) | | Met |
| Requirement 7(3)(d) | | Not Met |
| Requirement 7(3)(e) | | Met |
| Standard 8 Organisational governance | | Not Met |
| Requirement 8(3)(a) | | Met |
| Requirement 8(3)(b) | | Met |
| Requirement 8(3)(c) | | Met |
| Requirement 8(3)(d) | | Not Met |
| Requirement 8(3)(e) | | Not Met |
| **Timetable for making improvements:** | By 29 February 2020 | |
| **Revised plan for continuous improvement due:** | By 23 November 2019 | |

**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 San Carlo Homes for the Aged (the Service) conducted from 07 October 2019 to 09 October 2019.**

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

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

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

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

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

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

## Assessment Details

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

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers | 18 |
| Representatives | 15 |
| Admission / Funding coordinator | 1 |
| Care staff | 7 |
| Chair of the board | 1 |
| Chief executive officer | 1 |
| Cleaning and catering staff | 2 |
| Clinical care coordinator | 1 |
| Environmental services manager | 1 |
| HR & Payroll Coordinator | 1 |
| Lifestyle staff | 3 |
| Physiotherapist | 1 |
| Registered and enrolled nurses | 4 |
| Volunteer | 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 the service has met the six requirements under Standard 1.

Of consumers and representatives randomly sampled, 93% agreed that staff treat them with respect most of the time or always. One consumer or representative answered some of the time to this question saying the consumer does not get meals they can eat. Of consumers and representatives randomly sampled, 93% agreed that staff explain things to them most of the time or always. One consumer or representative answered some of the time saying regular staff keep consumers updated, some other staff do not.

Feedback through other interviews with consumers and representatives was consistent with this high level of satisfaction.

The service demonstrated consumers are treated with dignity and respect and that the service actively promotes a culture of inclusion. Staff were observed to interact with consumers respectfully and could readily identify consumers’ individual preferences and interests. The service promotes and values individual consumers’ culture and diversity with assessment processes that identify how consumers wish to live these aspects of their lives.

Staff provided meaningful examples of how they help consumers to make choices and assist them in doing what they want to do, even if this involves an element of risk. Consumers described the ways their social connections are supported and how friendships have developed within the service. Information about the service is provided to consumers through an initial information pack, a handbook, meetings, newsletters, case conferences and individual interactions.

Consumers are satisfied that the service promotes and protects their privacy and confidentiality of information. The service demonstrated how information stored both electronically and in hard copy is kept secure and confidential and how confidential discussions are held privately.

#### Requirements:

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

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

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

The organisation demonstrates that care and services are culturally safe.

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

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

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

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

(iii) communicate their decisions; and

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

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

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

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

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

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

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

### Standard 2: Ongoing assessment and planning with consumers Not Met

#### Consumer outcome:

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

#### Organisation statement:

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 the service has met three of five requirements under Standard 2.

Of consumers and representatives randomly sampled, 93% agreed that consumers get to have a say in their daily activities most of the time or always. One consumer or representative answered some of the time to this question saying the consumer would like more physiotherapy and walking. All consumers and representatives purposefully interviewed in relation to end of life wishes said in various ways end of life and advanced care planning discussions had not been held.

The service demonstrated that assessment and planning is generally done in partnership with the consumer or representative and changes to care needs are effectively communicated to consumers and representatives. Care and services are reviewed regularly however it was unclear that this review always ensured reassessment when needs had changed.

Staff could describe the care needs of individuals and personalised strategies to manage the care of individuals, although it was noted that this level of detail was not always documented. Staff demonstrated how they complete documentation to support and identify care needs and were able to explain how this information was collected, however it was not always clear how the information was used to improve outcomes for consumers and that staff considered all aspects of consumer care when managing challenging behaviours.

The service was unable to effectively demonstrate that assessment and planning documents inform safe and effective care for consumers including in the assessment and management of pain, the use of bed poles for mobility, the use of physical restraint and psychotropic medication monitoring. The current needs of consumers are not clearly documented including advanced care planning and specific instructions for managing restraint, managing pain and meal assistance needs.

#### Requirements:

##### Standard 2 Requirement 3(a) Not Met

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

##### Standard 2 Requirement 3(b) Not Met

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

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

The organisation demonstrates that assessment and planning:

(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 Not Met

#### Consumer outcome:

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

#### Organisation statement:

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 the service has met four of seven requirements under Standard 3.

Of consumers and representatives randomly sampled 93% agreed they get the care they need most of the time or always. One representative chose the answer some of the time in relation to personal hygiene of the consumer.

The service demonstrated that deterioration of consumers is generally recognised and responded to in a timely manner and referrals are made to allied health and other organisations when required to support the needs of consumers. The service has adjusted their handover processes to ensure information documented within the last 24 hours for each consumer is shared and communicated. The service has processes to identify and manage infection related risks.

Staff were observed providing care to meet the individualised needs of consumers and could outline the management high impact and high prevalence consumer risks in their areas. Staff were aware of consumers with challenging behaviours however said they had difficulty in managing the behaviours of some consumers. Staff did not clearly demonstrate an understanding of consumers living with dementia and any correlation between challenging behaviours and pain.

The service was unable to effectively demonstrate that each consumer gets safe and effective personal care in relation to the management of pain, swallowing difficulties, the use of bed poles and medication management. The service was unable to effectively demonstrate that effective management of high impact and high prevalence risks associated with the care of each consumer in relation to challenging behaviours and physical and chemical restraint management. The service was unable to effectively demonstrate that consumers nearing the end of life have their needs, goals and preferences recognised and addressed.

#### Requirements:

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

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

(i) is best practice and

(ii) is tailored to their needs and

(iii) optimises their health and well-being.

##### Standard 3 Requirement 3(b) Not 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) Not 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 recommends that the organisation has met all seven requirements under Standard 4.

Consumers interviewed confirmed satisfaction with services and supports for daily living that meets their needs. Of consumers and representatives randomly interviewed 93% said they are encouraged to do as much as possible for themselves always or most of the time. One consumer or representative answered this question some of the time in relation to the amount of activities available for the consumer.

Of consumers and representatives randomly interviewed 87% said they liked the meals always or most of the time with. One consumer or representative answered this question some of the time and another never with both commenting on the lack of alternative options available. Two other consumers or representatives also commented on the lack of alternatives offered. Management said they continue to consult with consumers to increase satisfaction with their dining experience.

Staff provided examples of how consumers are encouraged to be active members of the community and how existing and new relationships are supported by the service. Consumers provided examples on how they feel their emotional and spiritual needs are met. The service demonstrates the process of providing information to health professionals when a consumer’s health needs change. Consumers and representatives are satisfied changes in their condition are discussed with them and where needed, referrals to other health professionals generally occur in a timely manner.

Care and lifestyle staff develop ways to support consumers to live the life they want and help support consumers with their individualised activity plans which involve group, solo and one to one activity and link consumers to their local community. Staff were observed to engage in respectful interactions with consumers and identified consumers who required additional support.

The service monitors and reviews each requirement in this Standard through formal review of individual consumer’s care needs and feedback mechanisms. The lifestyle team have recognised the need to develop personalised lifestyle care plans that better reflect the consumers individual profile and interests.

#### Requirements:

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

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

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

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

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

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

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

(ii) have social and personal relationships; and

(iii) do the things of interest to them.

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

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

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

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

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

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

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

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

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

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 5:

The Assessment Team found that the organisation has met all three requirements under Standard 5.

Of consumers and representatives randomly sampled, 100% agreed that they feel safe here most of the time or always, and 93% agree that they feel at home here most of the time or always. One consumer answered never to this question saying that they wanted to return to their own house. Consumers and representatives gave various examples of what this meant to them.

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

The service demonstrated there is a system in place to undertake assessments of equipment, regular servicing and maintenance of furnishings and equipment. Processes enable the identification and management of environmental risks to consumers. Staff interviewed confirmed their understanding of the systems and arrangements for documentation of servicing and maintenance. Management confirmed the service environment is routinely monitored for risk or maintenance.

#### Requirements:

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

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

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

The organisation demonstrates that the service environment:

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

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

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

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

### Standard 6: Feedback and complaints Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 6:

The organisation demonstrated that consumers are encouraged and supported to provide feedback and make complaints, have access to advocates and methods for resolving complaints, have appropriate action taken in response to their complaints and they are reviewed and used to improve services.

Of consumers and representatives randomly interviewed 93% said staff follow up things when they raise them always and most of the time. One consumer or representative said some of the time and that they were waiting for further clinical reviews. Consumers and representatives who participated in targeted interviews said the service does respond when issues are raised although in some cases respondents said follow up could be timelier.

Information about internal and external feedback processes and advocacy services is provided to consumers and representatives at entry and brochures are displayed in the home.

Consumers and representatives said in various ways management are generally responsive to issues raised and are available to staff, consumers and representatives. Management demonstrated a working understanding of open disclosure.

#### 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 Not Met

#### Consumer outcome:

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

#### Organisation statement:

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 the service met four of five requirements under standard seven.

Of consumers and representatives randomly interviewed for the consumer experience report 80% said staff know what they are doing most of the time or always. Three consumers or representatives answered this question with some of the time with two saying in various ways some staff need to improve their skills and another saying they were unsure what staff needed to know.

100% of consumers and representatives interviewed for the consumer experience report said staff are kind and caring most of the time or always. Of consumers and representatives randomly interviewed for the consumer experience report 93% said they get the care and services they need most of the time or always. One consumer or representative answered this question some of the time commenting that personal hygiene was not always satisfactory.

The service demonstrated that the workforce is planned, and the number of staff is available generally supports safe and quality care and service. The service demonstrated that workforce interactions with consumers are kind, caring and generally respectful of each consumer’s identity, culture and diversity. Staff were observed engaging with consumers in a kind and caring way, although some staff were observed to not always engage with consumers at the point of care delivery.

While some staff demonstrated that they have detailed understanding of individual consumers’ preferences and needs, they were not consistently able to demonstrate and understanding of the identification and management of clinical issues such as pain, the management of behaviour and use of restraint. Staff have access to position descriptions, policies, work instructions and other guidance material to support them in providing care and services. Education and training are provided for staff on a range of topics, including mandatory topics.

The service demonstrated they monitor and manage staff qualifications and compliance requirements to meet the organisations expectations. While training needs are identified through performance reviews and other processes, the focus has been on meals and catering services. The service could not effectively demonstrate all staff have the required skills and knowledge in relation to clinical care.

#### 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) Not Met

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

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

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

### Standard 8: Organisational governance Not Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 8:

The Assessment Team found the organisation has met three of five requirements under Standard 8.

Of consumers and representatives randomly interviewed 93% said they think the place is well run most of the time or always. One consumer or representative answered this question some of the time due to ongoing issues they have had in the laundry and concern about the timeliness of medical review following a fall.

The service demonstrated that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. The governing body promotes a culture of safe and inclusive care.

The service could not effectively demonstrate that there are effective risk management systems and practices and an effective clinical governance structure in place. The Assessment Team identified failings in Standard 2 Ongoing assessment and planning and Standard 3 Personal care and clinical care in relation to the management of clinical care, high prevenance and high impact risks, particularly chemical and physical restraint, behaviour management pain management and palliative care management.

#### 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) Not 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) Not 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