Accreditation Decision

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Southern Cross Care Allora |
| **RACS ID:** | 5974 |
| **Name of approved provider:** | Southern Cross Care (Qld) Ltd |
| **Address details:** | 29 Darling St ALLORA QLD 4362 |
| **Date of site audit:** | 29 October 2019 to 31 October 2019 |

**Summary of decision**

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| --- | --- | --- |
| **Decision made on:** | 27 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:** | 24 December 2019 to 24 December 2022 | |
| **Assessment of performance with the Aged Care Quality Standards** | | |
| Standard 1 Consumer dignity and choice | | Met |
| Requirement 1(3)(a) | | Met |
| Requirement 1(3)(b) | | Met |
| Requirement 1(3)(c) | | Met |
| Requirement 1(3)(d) | | Met |
| Requirement 1(3)(e) | | Met |
| Requirement 1(3)(f) | | Met |
| Standard 2 Ongoing assessment and planning with consumers | | Met |
| Requirement 2(3)(a) | | Met |
| Requirement 2(3)(b) | | Met |
| Requirement 2(3)(c) | | Met |
| Requirement 2(3)(d) | | Met |
| Requirement 2(3)(e) | | Met |
| Standard 3 Personal care and clinical care | | Met |
| Requirement 3(3)(a) | | Met |
| Requirement 3(3)(b) | | Met |
| Requirement 3(3)(c) | | Met |
| Requirement 3(3)(d) | | Met |
| Requirement 3(3)(e) | | Met |
| Requirement 3(3)(f) | | Met |
| Requirement 3(3)(g) | | Met |
| Standard 4 Services and supports for daily living | | Met |
| Requirement 4(3)(a) | | Met |
| Requirement 4(3)(b) | | Met |
| Requirement 4(3)(c) | | Met |
| Requirement 4(3)(d) | | Met |
| Requirement 4(3)(e) | | Met |
| Requirement 4(3)(f) | | Met |
| Requirement 4(3)(g) | | Met |
| Standard 5 Organisation’s service environment | | Met |
| Requirement 5(3)(a) | | Met |
| Requirement 5(3)(b) | | Met |
| Requirement 5(3)(c) | | Met |
| Standard 6 Feedback and complaints | | Met |
| Requirement 6(3)(a) | | Met |
| Requirement 6(3)(b) | | Met |
| Requirement 6(3)(c) | | Met |
| Requirement 6(3)(d) | | Met |
| Standard 7 Human resources | | Met |
| Requirement 7(3)(a) | | Met |
| Requirement 7(3)(b) | | Met |
| Requirement 7(3)(c) | | Met |
| Requirement 7(3)(d) | | Met |
| Requirement 7(3)(e) | | Met |
| Standard 8 Organisational governance | | Met |
| Requirement 8(3)(a) | | Met |
| Requirement 8(3)(b) | | Met |
| Requirement 8(3)(c) | | Met |
| Requirement 8(3)(d) | | Met |
| Requirement 8(3)(e) | | Met |
| **Timetable for making improvements:** | N/A | |
| **Revised plan for continuous improvement due:** | N/A | |

**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 Southern Cross Care Allora (the Service) conducted from 29 October 2019 to 31 October 2019.**

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

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

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

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

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

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

## Assessment Details

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

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Contractor | 1 |
| Consumers | 13 |
| Occupational therapist | 1 |
| Representatives | 4 |
| Care staff | 5 |
| Pastoral carer | 1 |
| Facility manager | 1 |
| Activity officer | 1 |
| Maintenance officer | 1 |
| Volunteer | 1 |
| Chief Operating Officer | 1 |

## Detailed findings

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

### Standard 1: Consumer dignity and choice Met

#### Consumer outcome:

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

#### Organisation statement:

2. The organisation:

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

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

(c) respects consumers’ privacy.

#### Summary of Assessment of Standard 1:

The Assessment Team found that the service met all requirements under this standard.

Twelve consumers and representatives were sampled to participate in a consumer experience interview about their experience at the service. Results showed that:

* One hundred per cent say they are treated with respect most of the time or always,
* One hundred per cent say they are encouraged to do as much as possible for themselves most of the time or always,
* Ninety-two per cent say staff explain things to them most of the time or always.

Consumers and their representatives said staff always treat consumers with respect. The service uses consumer and representative feedback, complaints mechanisms and meetings to ensure that consumers are satisfied that staff treat them with respect, support them to maintain their identity and live the life they choose.

The service demonstrated that 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 identify consumer’s individual preferences and interests. Consumers described the ways their social connections are supported both inside and outside the service. The service promotes the value of culture and diversity in the wide range of activities it offers consumers and in the delivery of personalised care.

Staff could provide examples of how they help consumers make choices, including by giving consumers information and options to inform their choice of living the life they choose. Consumers reported that they are able to make decisions about their life, even when it involves an element of risk when is then supported by the service.

Consumers and representatives report that the service protects the privacy and confidentiality of their information, and that they are satisfied that care and services, including personal care, is undertaken in a way that respects their privacy. Staff gave examples of how they maintain the privacy of consumers while providing care and services to their daily living. The service also demonstrated how consumer documentation is protected to preserve confidentiality of consumer information, consistent with policies and procedures.

#### Requirements:

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

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

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

The organisation demonstrates that care and services are culturally safe.

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

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

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

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

(iii) communicate their decisions; and

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

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

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

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

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

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

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

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

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 2:

The Assessment Team found that the service met all requirements under this standard.

Twelve consumers and representatives were sampled to participate in a consumer experience interview about their experience at the service. Results showed that:

* Ninety-two per cent say they have a say in their daily activities most of the time or always.

Consumers and their representatives said they have a say in their daily activities. Consumers said their engagement in the initial and ongoing assessment and planning of their care requirements assists them to get the care and services they need. Consumers reported feeling safe living at the service and staff listen to their input of preferences in relation to their goals. The service seeks input from other professionals to ensure they get the right care and services to meet their needs. Staff work together with the consumer to deliver a personal care and service plan with input into the consumers care (including medical practitioners, allied health professionals, carers and family) and monitor and review their plan as required.

The service’s monitoring system identified consumer’s individual advance care planning and end of life planning has been consistently captured for all consumers currently residing in the service. The service is actively consulting with consumers and their representatives about their advance care planning and end of life needs, goals and preferences on entry to the home and on and ongoing basis. Consumers and their representatives said they are consulted when there is a change in healthcare needs and documentation indicates consumers or consumers’ representatives are consulted about individual needs, goals and preferences of the consumer. Management said the service has a process in place to ensure all consumers have the opportunity to be involved in the assessment and planning of the consumer’s individualised advance care planning and end of life plan, when they choose to do so.

Consumers reported that their care and services are regularly reviewed and that when something goes wrong, or their needs or preferences change, the organisation will communicate with them and seek their input to update the care and services they are recieving. Each of the care and service plans reviewed showed plans had been regularly reviewed (with changes made) and included a date by which the next review of care and services must be undertaken. Staff demonstrated an understanding of adverse incidents or near-miss events and how these were identified, documented and reviewed by the service, to inform continuous improvement.

#### Requirements:

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

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

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

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

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

The organisation demonstrates that assessment and planning:

(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 service met all requirements under this standard.

Twelve consumers and representatives were sampled to participate in a consumer experience interview about their experience at the service. Results showed that:

* One hundred per cent say they feel safe most of the time or always,
* One hundred per cent say they get the care they need most of the time or always.

Consumers and their representatives said consumers always get the care they need and gave various examples of how staff ensured the care provided was right for them. This included regularly asking them about their care and the way it is delivered and through involving consumers in providing feedback on how staff deliver their personal and clinical care needs.

Staff could describe how there are opportunities for ongoing education that is based on best practice and how they ensure that information is shared both within the organisation, and with others outside the organisation. Care staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. Staff could identify strategies to manage consumers with high prevalence risks.

Each of the care plans reviewed indicated the delivery of safe and effective care. This includes a review of care of consumers who had been personal care to reflect the needs and preferences of these consumers at the end of their life.

The organisation demonstrated they have policies and procedures underpinning the delivery of care and how they review practice and policies to ensure they remain current and informed by advice from consumers and other health professionals.

#### 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 that the service met all requirements under this standard.

Twelve consumers and representatives were sampled to participate in a consumer experience interview about their experience at the service. Results showed that:

* One hundred per cent say they are encouraged to do as much as possible for themselves most of the time or always.

Consumers and their representatives said consumers are always encouraged to do as much as possible for themselves and most said they like the food most of the time or always. Consumers expressed satisfaction that they are supported and enabled to live their life as they choose which includes receiving emotional and spiritual care, participating in a range of activities, and engaging with the local community.

The service could demonstrate how information regarding consumers’ health, well-being and quality of life is communicated in a timely and appropriate way. Staff could give examples of how information about consumers is collected and shared and demonstrated their knowledge of consumers’ individual needs and preferences in relation to activities, goals, food and independence.

Consumers said their leisure interests, emotional, spiritual and psychological needs are met, and staff could demonstrate ways this is done in a supportive manner. Staff demonstrated how consumers are supported to do things of interest to them including one on one and group activities, and outings to places of interest.

The service demonstrated how meals are provided to meet individual consumer’s needs and preferences and to ensure suitable variety, quality and quantity are provided.

The service demonstrated consumers and staff are supported by equipment, which is safe, suitable, clean and well maintained through staff at the service and external contractors.

Management could demonstrate the services and support for daily living provided at the service are monitored and reviewed, and improvement are made where needed.

#### 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 service met all requirements under this standard.

Twelve consumers and representatives were sampled to participate in a consumer experience interview about their experience at the service. Results showed that:

* One hundred per cent say they feel at home here most of the time or always.
* One hundred per cent say they feel safe here most of the time or always.

The organisation was observed to be welcoming with individual rooms decorated with, photographs, memorabilia and personal items. The organisation was clean and well maintained, and consumers confirmed their rooms were comfortable and well maintained. Consumers, representatives and visitors were able to navigate and access all areas of the organisation, with suitable furniture, fittings and signage. Consumers had ready access to clean outdoor areas with gardens, outdoor furniture, and paths that enabled free movement around the area.

The organisation was well maintained and kept at a comfortable temperature. Consumers confirmed they can use a range of personal and organisation-provided furnishings and equipment and felt confident in using them. Consumer were encouraged to use all areas of the organisation including an activities area where social gatherings are held throughout the year.

Staff interviewed demonstrated their knowledge in reporting hazards and the maintenance issues. Maintenance activity was observed throughout the service and completed in a safe and timely manner. Maintenance activity is a standing agenda item for consumer and staff meetings. Management monitor maintenance activities to identify any emerging risks or continuous improvements relevant to the service.

#### 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 Assessment Team found that the service met all requirements under this standard.

Twelve consumers and representatives were sampled to participate in a consumer experience interview about their experience at the service. Results showed that:

* Ninety two per cent say staff follow up when they raise things with staff most of the time or always.

The service uses feedback forms, consumer surveys, consumer meetings and case conferences as communication channels to facilitate feedback from consumers and representatives.

Consumers and representatives reported they were satisfied with the service’s complaints management process and felt supported and confident in providing feedback if required. The service has a sequential feedback process which involves the consumer during the resolution of the complaint, ensuring their satisfaction before the complaint is closed.

Staff were able to describe the process of assisting residents in accessing internal and external complaints mechanisms including advocates and instances of mandatory reporting. Staff confirmed they have received training in dealing with complaints and have discussed complaints during staff meetings.

The service demonstrated appropriate action is taken in response to complaints and an open disclosure process is used when fault is identified. The organisation further demonstrated feedback and complaints are reviewed and used to improve the quality of care.

#### 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 the service met all requirements under this standard.

Twelve consumers and representatives were sampled to participate in a consumer experience interview about their experience at the service. Results showed that:

* One hundred per cent say they get the care they need most of the time or always.
* One hundred per cent say staff kind and caring most of the time or always.
* One hundred per cent say staff know what they are doing most of the time or always.

The organisation reviews consumer acuity, clinical indicators and incidents, and consumers and staff feedback to plan and allocate staff within the service. Staff workload is monitored by management and hours of care staff are reviewed across the organisation. Consumers and staff confirm the staff are well-trained and there are enough experienced staff to provide safe and quality care.

Management demonstrated how they are actively involved in staff culture and foster an environment of respect. The organisation has a dedicated recruitment and induction process to ensure all staff are recruited, inducted and equipped to provide the care reflective of the organisation’s policies and procedures.

Staff were observed to possess the required skills and qualifications to assess, plan and coordinate care and services. The organisation provides staff with mandatory and specialised care training to meet the needs of consumers, via dedicated online training platform. The organisation monitors staff competencies and training via the online training platform.

Interactions between staff, consumers and their representatives was observed to be kind , respectful and supportive of consumer needs and identities.

#### 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 the service met all requirements under this standard.

Twelve consumers and representatives were sampled to participate in a consumer experience interview about their experience at the service. Results showed that:

* One hundred per cent say this place is well run most of the time or always.

The service demonstrated they consistently involve consumers in the delivery and evaluation of care and services, providing examples of how consumers are supported on a daily basis basis. Consumers/representatives said they are involved in initial care planning and delivery and expressed their satisfaction with the organisation’s practice.

The governing body meets regularly, sets clear expectations for the organisation and regularly reviews risks from an organisational and consumer perspective. There are organisation-wide governance systems to support effective information management, the workforce, compliance with regulations and clinical care. The clinical governance framework addresses anti-microbial stewardship, open disclosure and minimising the use of restraint. Staff demonstrated their understanding of these concepts and could explain how they were applied in practice.

The risk management framework supports consumer’s quality of life and has established processes to identify and respond to instance of abuse or neglect of consumers. Staff could describe how they would respond to such incidents and management demonstrated appropriate systems in place to support staff.

The organisation’s clinical framework manages high-impact or high-prevalence risks to consumers including pressure injuries, restrictive practices and falls. Staff demonstrated their competencies in identifying instances of risk, incidents or hazards and how these were documented and reviewed by the service to improve service performance and care delivery.

#### 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