Accreditation Decision

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Terrace Gardens |
| **RACS ID:** | 6988 |
| **Name of approved provider:** | Australian Regional and Remote Community Services Limited |
| **Address details:**  | 1 Kettle Street PALMERSTON NT 0830 |
| **Date of site audit:** | 16 September 2019 to 19 September 2019 |

**Summary of decision**

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| --- | --- |
| **Decision made on:** | 24 October 2019 |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. |
| **Decision:** | To re-accredit the service under section 41 of the Rules. |
| **Further period of accreditation:** | 04 December 2019 to 04 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) | 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) | Met  |
| Requirement 3(3)(d) | Met  |
| Requirement 3(3)(e) | Met |
| Requirement 3(3)(f) | Met  |
| Requirement 3(3)(g) | Not 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 | Not 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) | Not Met |
| **Timetable for making improvements:** | By 17 February 2020  |
| **Revised plan for continuous improvement due:** | By 08 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 Terrace Gardens (the Service) conducted from 16 September 2019 to 19 September 2019.**

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

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

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

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

## Assessment Details

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

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers | 19 |
| Consumer representatives  | 2 |
| Service manager | 1 |
| Quality manager | 1 |
| Clinical staff | 7 |
| Care staff | 6 |
| Hospitality staff | 2 |
| Lifestyle staff | 2 |
| Maintenance staff  | 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:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

#### Summary of Assessment of Standard 1:

The Assessment Team found that the organisation has met all six requirements under Standard1.

Consumer experience interviews show that 94% of consumers and representatives agreed that staff treat consumers with respect most of the time or always. The organisation uses surveys, feedback processes, monthly resident of the day processes, observation of staff practice and monthly Resident meeting forums to ensure consumers are satisfied staff treat them with respect, support them to maintain their identity and live the life they choose.

The organisation demonstrated that consumers are treated with dignity and respect, and that the service promotes a culture of inclusion. Feedback processes demonstrated actions are taken where issues are identified. The organisation has a Reconciliation action plan and an Aboriginal representative supports and visits the service to meet with consumers regularly. Staff were observed to interact with consumers respectfully and could readily described preferences and interests of individual consumers. Consumers and staff described social connections within and outside of the service and how these are supported. Staff receive cultural awareness training on induction and on an annual basis. Culture and diversity are promoted through the service’s lifestyle program and in the delivery of care and services where consumers’ individual needs and preferences are identified through consultation and assessment processes.

Consumer experience interviews show that 100% of consumers agreed they have a say in their daily activities. Eighty-seven per cent of consumers agreed staff explain things to them, commenting “they don’t explain things to me often” and “only if I ask”. Staff described how they support consumers to make choices and decisions about their care and how it is delivered. Consumers are supported to make choices and decisions about the care and services they receive through the provision clear and accurate information. Consumers said they feel they are able to make decisions about their life, including where there are elements of risk.

Consumers said the organisation protects their privacy and confidentiality of information and are satisfied care and services are undertaken in a respectful manner. Staff provided examples of how they maintain consumers’ privacy, including when undertaking activities of daily living. The organisation demonstrated how hard copy and electronic information, including consumer information is maintained to ensure 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) Met

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

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

Standard 1 Requirement 3(d) Met

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

Standard 1 Requirement 3(e) Met

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

Standard 1 Requirement 3(f) Met

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

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

1. 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 four of five requirements in relation to Standard 2 were met.

Of consumers randomly sampled 100% agreed they have a say in their daily activities. Consumers reported they have access to medical officers regularly and the organisation engages other allied health professionals to ensure they get the right care and services to meet their needs.

Staff described initial and ongoing assessment processes and how consumers, and/or their representatives contribute to consumers’ care. Care plans are developed in line with assessment and consultation outcomes to ensure they align with consumers’ needs and preferences.

The organisation demonstrated processes for regular review of care and services, including daily review of progress notes, a new monthly Resident of the day process and Room visits in line with care plan review processes. A sample of consumer files viewed demonstrated where changes to consumers’ health care needs or preferences for care are identified reassessment and updates to care plans occur. Care plan reviews are conducted in line with a schedule and are monitored through Clinical governance meetings. Staff demonstrated an understanding of incident reporting, review and monitoring processes.

The Assessment Team was not satisfied that advanced care planning and end of life planning formed part of the overall care planning process. This was evidenced by the lack of documentation for six consumers. Whilst clinical staff said consumer preferences in relation to advanced care planning are discussed on entry to the service, this was not evidenced in the consumer files viewed. Monitoring processes are not effectively used by the service to identify deficits in documentation and there are currently no processes in place to revisit discussions with consumers and/or representatives in relation to end of life care planning when this information is not gathered during entry processes.

#### 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) 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:

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

Standard 2 Requirement 3(d) Met

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

Standard 2 Requirement 3(e) Met

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

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

1. 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 four of seven requirements in relation to Standard 2 were met.

Of consumers randomly sampled, 94% agreed they get the care they need always or most of the time. Ninety-three per cent of consumers said they feel safe in the service most of the time or always and are confident they are receiving quality care.

Management and staff described how they identify best practice and how this is incorporated into consumer care and services. Staff said they have opportunities for continuing education within and outside of the organisation, have access to up to date consumer information and described how they are notified of changes to consumers’ care and service needs.

Consumer files viewed indicated the care and services provided are safe and effective. This included a review of one consumer file which demonstrated information in relation to end of life wishes and preferences has been gathered from the consumer’s representative and incorporated into the care plan, regular medical officer reviews are occurring, referrals to allied health services have been initiated and pain and skin assessments have been recently completed. A further sample of consumer files viewed also included consumers who have chosen to take risks, who have had a decline in their health and abilities and who have complex care needs. Consumer files viewed demonstrated referrals to medical officers and other allied health professionals are initiated in a timely manner and recommendations are incorporated into plans of care to direct staff with the delivery of care and services.

Clinical staff described processes for review of consumers’ care and service needs, including consultation with consumers and/or representatives. Staff said they have access to a range of documentation, including clinical policies, procedures and guidelines to assist them to deliver safe and effective care and services to consumers.

The Assessment Team was not satisfied that diabetic management, particularly in relation to blood glucose level monitoring was in line with best practice or consumers’ individual diabetic management plans. This was evidenced by inconsistent blood glucose monitoring processes documented in monitoring charts and progress notes for three consumers. Whilst clinical staff said they follow diabetic management plans, clinical staff described blood glucose level monitoring processes which were inconsistent with these plans.

The Assessment Team was not satisfied that restraint processes are in line with the organisation’s processes or legislative requirements. This was evidenced in three consumer files viewed by the lack of documentation in care plans, such as duration and monitoring to ensure consumer safety and guide staff practice in the use of physical restraint devices. There is no evidence of alternative strategies trialled prior to the decision to implement restraint devices or discussions with consumers and/or representatives in relation to the risks associated with the use of restraint devices. Management and care staff described inconsistent processes relating to monitoring of restraint devices when in use; this was also evidenced through monitoring chart documentation.

There is a system for reporting, collating and monitoring infections on a monthly basis. A sample of consumer files viewed demonstrate, where infections are identified, referral to medical officers occurs and strategies for care are implemented. There is an influenza vaccination program for both consumers and the workforce. Staff demonstrated an understanding of precautions to prevent and control infection and observations during the visit supported this.

However, the Assessment Team was not satisfied the organisation has implemented processes to promote appropriate antibiotic prescribing. This was evidenced through feedback provided by clinical staff and the fact that antimicrobial stewardship practices and processes, including a policy which is currently in development are yet to be implemented by the organisation.

#### 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:

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

Standard 3 Requirement 3(b) Not Met

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

Standard 3 Requirement 3(g) Not Met

The organisation demonstrates minimisation of infection related risks through implementing:

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

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

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 4:

The Assessment Team found that all seven requirements in relation to Standard 4 were met.

Of consumers and representatives randomly sampled, 87% agreed they are encouraged to do as much as they can for themselves. Comments from consumers included “I need help with everything”; “half of the time I am not” and “I do as much as I can”. Consumers said they are satisfied with the care and services they receive, especially in relation to their personal care, the activities provided and the food service. Consumers also described positive interactions they have with staff and said they feel comfortable to discuss any issues they may have with them.

The organisation demonstrated that it makes timely referrals to medical officers and allied health professionals. It provides safe, suitable, clean and well-maintained furniture. This was also observed by the Assessment Team.

Of consumers randomly sampled, 73% confirmed they like the food most of the time or always. Consumers’ nutritional preferences are identified on entry, including likes and dislikes. The service uses a standardised menu which is currently being reviewed by a Dietitian. Feedback relating to consumer satisfaction with meal services is sought through the Resident meeting forum and the newly formed food focus group.

Staff described examples of how consumers are supported to connect with their community and family within and outside of the service. The organisation demonstrated how it seeks advice from consumers about activities of interest to them within the service and how consumers’ mental health and well-being is supported. Consumer and staff interviews, observation and consumer files viewed demonstrated how consumers’ emotional, spiritual and cultural needs and preferences are identified, supported and monitored.

#### Requirements:

Standard 4 Requirement 3(a) Met

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

Standard 4 Requirement 3(b) Met

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

Standard 4 Requirement 3(c) Met

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

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

Standard 4 Requirement 3(d) Met

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

Standard 4 Requirement 3(e) Met

The organisation demonstrates 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:

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

#### Summary of Assessment of Standard 5:

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

Of consumers and representatives randomly sampled, 67 % said they feel at home here most of the time or always. Comments included “my wife is not here so it doesn’t feel like home”; “I want to go back to country” and “this is a hard question, home is with family and friends”. One representative said it took their mother a long time to settle into the service, and now “she feels more at home living here”. Ninety-three per cent of consumers and representatives randomly sampled said they feel safe here most of the time or always. Consumers confirmed the service is clean, tidy and well maintained, and management seek their feedback on how things can be improved for them.

The service was observed to be welcoming, clean and well maintained, with each wing decorated with a range of memorabilia, including cultural appropriate items, photographs, and other personal items. The layout of the service allows consumers to move around freely, with suitable furniture, fittings, appropriate signage to help consumers and visitors navigate the service and contrasting handrails. Consumers have access to tidy well maintained outside areas, with gardens, benches and communal areas, there are undercover walkways with handrails and ramps to assist in mobilising between wings. There are numerous quite places for consumers to visit with family and friends.

Established maintenance and hospitality systems monitor the living environment, and the furnishing and fittings. Regular security arrangement, permitter fencing, and security night duty protocols assist in maintaining a secure safe living environment.

Staff interviewed confirmed their understanding of the incident and hazard management system, including how to report maintenance issues. A range of external contractors assist the service to maintain the living environment and equipment, in line with legislative requirements.

#### Requirements:

Standard 5 Requirement 3(a) Met

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

Standard 5 Requirement 3(b) Met

The organisation demonstrates that the service environment:

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

Standard 5 Requirement 3(c) Met

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

### Standard 6:Feedback and complaints Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 6:

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

Of consumers and representatives randomly sampled, 67% said staff follow up when they raise things most of the time or always. This included five consumers who said they had never raised anything, had no worries or real complaints and/or had never raised problems with staff.

The service demonstrated consumers have access to and are provided with a range of information to provide feedback in relation to the care and services they receive. Information is available in different formats, including in languages other than English and ATSI. The service provides a variety of means for consumers, representatives and other stakeholders to provide feedback, such as meetings, care reviews, resident of the day processes, service improvement requests and food focus meetings.

Various improvements have been identified from feedback, including food focus groups, local art work purchased and displayed and room visit templates. Management collate this feedback to assist in identifying new or emerging trends and opportunities for improvement. Complaints and feedback are a standard agenda item at Resident meetings and feedback is provided to consumers in line with the organisation’s policies.

The service has an open disclosure framework to resolve and improve care and services. The service is supported by an overarching organisational system (ARRCS) for complaints management.

#### 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:

1. 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 randomly sampled 94% said they get the care they most of the time or always One hundred per cent of respondents said staff are kind and caring and know what they are doing.

The service has a planned approach to staffing levels to ensure the number and mix of staff is sufficient to provide safe quality care and services to consumers. Staff are employed based on their skills and qualifications, and work within their scope of practice. Staff are appropriately trained and provide person centred care to consumers and help them live the best life they can.

The service supports staff to deliver care and services based on the individual care needs of consumers. Recent improvements to staffing allocations and increased targeted education, including cultural awareness, dementia and respect and privacy training has support staff in the provision of care and services. Management are supported by an organisational human resources management system that assists the service to meet their legislative requirements and assess, monitor and review its workforce to meet consumers’ needs and preferences.

#### 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 is undertaken.

### 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:

1. 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 four of five requirements under Standard 8 were met.

Of consumers and randomly sampled, 93% agreed the service is well run most of the time or always. Comments included “things work well”; “well organised and good quality care” and “I have not seen any problems”.

The service was able to demonstrate it that they involve consumers and their authorised representatives in the delivery and evaluation of care and services, providing examples of how consumers are involved in the co-design of services and engaged on a day-to-day basis. Consumers and their authorised representatives said they are involved in the care planning, delivery and evaluation of the care and services provided and could provide individual examples of how this had benefited them or the consumer.

The service has an overarching organisational governance framework that supports minimising of the use of restraint. However, documentation does not always record the alternatives trialled, monitoring requirements or discussions associated with the risks. However, staff are aware of individual consumers use of restraint within the facility. Chemical restraint use has decreased in the service, and referrals to specialists’ services have assisted staff to manage behaviours of concern.

There are organisational wide governance systems to support effective information management, the workforce, compliance with regulation and clinical care. The Clinical governance framework address infection control, open disclosure and minimising the use of restraint.

However, the Assessment Team was not satisfied the organisation has implemented an antimicrobial stewardship framework. Antimicrobial stewardship practices and processes to guide staff and allied health professionals have not been implemented by the organisation. The organisation is currently reviewing all policies and procedures to align with the new Standards, and antimicrobial stewardship is in line with the Royal Australian College of General Practitioners (RACGP). Staff interviewed understand the principles of effective infection control processes, and confirmed they undertake training. However, they said medical staff will often prescribe antibiotics prior to pathology results becoming available. Management said the service is working with medical staff who support the service to address this.

#### 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 effective organisation wide governance systems relating to the following:

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

Standard 8 Requirement 3(d) Met

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

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

Standard 8 Requirement 3(e) Not met

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

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