Accreditation Decision

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | The Carlyle On Cross |
| **RACS ID:** | 6809 |
| **Name of approved provider:** | Fairlux Pty Ltd |
| **Address details:** | 32 Cross Road MYRTLE BANK SA 5064 |
| **Date of site audit:** | 19 November 2019 |

**Summary of decision**

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| **Decision made on:** | 03 December 2019 | |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. | |
| **Decision:** | To re-accredit the service under section 41 of the Rules. | |
| **Further period of accreditation:** | 03 December 2019 to 03 December 2020 | |
| **Assessment of performance with the Aged Care Quality Standards** | | |
| Standard 1 Consumer dignity and choice | | Met |
| Requirement 1(3)(a) | | Met |
| Requirement 1(3)(b) | | Met |
| Requirement 1(3)(c) | | Met |
| Requirement 1(3)(d) | | Met |
| Requirement 1(3)(e) | | Met |
| Requirement 1(3)(f) | | Met |
| Standard 2 Ongoing assessment and planning with consumers | | Met |
| Requirement 2(3)(a) | | Met |
| Requirement 2(3)(b) | | Met |
| Requirement 2(3)(c) | | Met |
| Requirement 2(3)(d) | | Met |
| Requirement 2(3)(e) | | Met |
| Standard 3 Personal care and clinical care | | Met |
| Requirement 3(3)(a) | | Met |
| Requirement 3(3)(b) | | Met |
| Requirement 3(3)(c) | | Met |
| Requirement 3(3)(d) | | Met |
| Requirement 3(3)(e) | | Met |
| Requirement 3(3)(f) | | Met |
| Requirement 3(3)(g) | | Met |
| Standard 4 Services and supports for daily living | | Met |
| Requirement 4(3)(a) | | Met |
| Requirement 4(3)(b) | | Met |
| Requirement 4(3)(c) | | Met |
| Requirement 4(3)(d) | | Met |
| Requirement 4(3)(e) | | Met |
| Requirement 4(3)(f) | | Met |
| Requirement 4(3)(g) | | Met |
| Standard 5 Organisation’s service environment | | Met |
| Requirement 5(3)(a) | | Met |
| Requirement 5(3)(b) | | Met |
| Requirement 5(3)(c) | | Met |
| Standard 6 Feedback and complaints | | Met |
| Requirement 6(3)(a) | | Met |
| Requirement 6(3)(b) | | Met |
| Requirement 6(3)(c) | | Met |
| Requirement 6(3)(d) | | Met |
| Standard 7 Human resources | | Met |
| Requirement 7(3)(a) | | Met |
| Requirement 7(3)(b) | | Met |
| Requirement 7(3)(c) | | Met |
| Requirement 7(3)(d) | | Met |
| Requirement 7(3)(e) | | Met |
| Standard 8 Organisational governance | | Met |
| Requirement 8(3)(a) | | Met |
| Requirement 8(3)(b) | | Met |
| Requirement 8(3)(c) | | Met |
| Requirement 8(3)(d) | | Met |
| Requirement 8(3)(e) | | Met |

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

Site Audit Performance   
Assessment Report

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 The Carlyle On Cross (the Service) conducted on 19 November 2019.**

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

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

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

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

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

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

## Assessment Details

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

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers | 3 |
| Consumer representatives | 1 |
| Management | 3 |
| Staff | 5 |

## 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 the organisation demonstrated that all requirements in relation to Standard 1 were met.

Of consumers randomly sampled, 100 percent said staff treat them with respect, staff explain things to them and they have a say in their daily activities most of the time or always. Consumers provided feedback such as they make decisions about their care and services and have a choice about food, where they have breakfast, when they get up and go to bed and the activities they participate in.

The organisation demonstrated processes to ensure consumers are treated with dignity and respect and consumers are supported to make choices about their care, services and how they live their life. The organisation has a range of processes to capture consumers’ individual and cultural needs, goals and preferences as well as identify how consumers are supported to make decisions and life choices, however, documentation viewed by the Assessment Team showed no evidence of consultation about end of life planning for one consumer at the facility. Policies and procedures to guide staff about appropriate respectful behaviour with consumers and staff were observed treating consumers with dignity and respect.

The organisation demonstrated processes to assess and manage individual risks to consumers; policies and processes are in place so consumers are supported to take risks to enable them to live they life they want. The service is designed to maximise a safe and secure environment enabling freedom of movement with minimal risk and restraint. However doors to the outdoor patios and garden areas were observed by the Assessment Team to be locked during the visit and management said they were unaware why staff had not unlocked the doors and would follow up.

Consumers are informed about confidentiality processes in relation to their personal information, staff sign a confidential declaration and processes are in place to ensure appropriate storage and access to information.

The organisation demonstrated monitoring and reviewing processes include consumer feedback, surveys, care plan reviews, observations and audits.

#### Requirements:

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

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

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

The organisation demonstrates that care and services are culturally safe.

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

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

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

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

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

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

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

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

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

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

#### Consumer outcome:

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

#### Organisation statement:

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 the organisation demonstrated that all requirements in relation to Standard 2 were met.

Of consumers randomly sampled 100 percent said they always have a say in their daily activities.

The organisation demonstrated systems and processes are in place to ensure ongoing assessment and planning is in partnership with the consumer and/or representative. This is supported by a range of policies and procedures and assessment processes which inform the care plan. However, improvement is required with their process in regards to pain management, skin monitoring and ensuring individual consumer wishes are identified and taken into account for advanced care planning.

The organisation has a range of mechanisms to monitor this requirement and care plan reviews are conducted four monthly and more frequently if required.

The organisation has established monitoring and reviewing processes including care plan review, progress notes monitoring and review, clinical incidents and clinical indicators monitoring and reporting, audits, multidisciplinary meetings, staff questionnaires, consumer feedback, surveys and consultation.

#### Requirements:

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

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

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

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

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

The organisation demonstrates that assessment and planning:

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

##### **Standard 2 Requirement 3(d) Met**

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

##### **Standard 2 Requirement 3(e) Met**

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

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

#### Consumer outcome:

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

#### Organisation statement:

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 the organisation demonstrated that all requirements in relation to Standard 3 were met.

Of consumers randomly sampled 100 percent said they get the care they need most of the time or always. Consumers said staff attend promptly and provided them with the care they need. One consumer representative said their relative’s needs, goals and preferences have been taken into consideration and care given is appropriate for the consumer.

The organisation demonstrated systems and processes are in place to ensure consumers are provided with safe and effective personal and/or clinical care. This is supported by a range of policies and procedures and assessment processes which inform the care plan. The organisation has a clinical governance process, including minimisation of infections and use of antibiotics, and staff are provided with best practice education and information.

The service has a range of mechanisms to monitor the consumers clinical and personal care ongoing needs; care plan reviews are conducted four to six monthly and more frequently if required. The organisation has processes to assess and manage risks associated with the care of each consumers. The organisation provides a diverse range of interventions to optimise consumers’ health and well-being, recognise and respond to consumer’s deterioration or change, and recognise and address consumers’ comfort and dignity at end of life stage and consumers are referred to allied health professional and specialist health providers when required.

The organisation has established monitoring and reviewing processes including care plan review, progress notes monitoring and review, clinical incidents and clinical indicators monitoring and reporting, audits, multidisciplinary meetings, staff questionnaires, consumer feedback, surveys and consultation.

#### Requirements:

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

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

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

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

The organisation demonstrates 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) 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 the organisation demonstrated that all requirements in relation to Standard 4 were met.

Of consumers randomly sampled, 100 percent said they are encouraged to do as much as possible for themselves and they like the food most of the time or always and consumers said they are satisfied with the services they receive which support their independence, well-being and quality of life. Consumers provided examples of how they have a say in their daily activities and they have choices such as they receive mobility assistance when required and their independence is respected, they are involved in the activities of their choice with other consumers at the facility, the meals are nice and varied and, although it does not feel like home yet as they have only been at the facility for a short time, they said they feel comfortable there and supported by staff.

Staff interviewed described how they gather information and consult with consumers about their needs, preferences and things of interest to them. They provided examples of how they support consumers when they first arrive at the facility and encourage them to be involved. Staff described how consumers have input into the menu to ensure meals are to their satisfaction. Staff said, and observations confirmed, they have access to relevant equipment to provide care and services to consumers.

The organisation demonstrated processes to ensure consumers are supported in their daily activities which enables them to do the things they want to do. The organisation has a range of processes to capture consumers’ needs, goals and preferences and deliver activities of daily living, including lifestyle and spiritual activities and meals, accordingly. Leisure and lifestyle activities choices available to consumers will expend as the number of consumers moving into the facility increase. Staff and management described how they are planning activities of interest to consumers within and outside the facility such as community group and pet visits, concerts and outings. Organisational menus are reviewed by a dietician and consumers’ dietary needs are assessed and reviewed regularly. Processes are in place to ensure equipment at the facility is clean, safe and suitable for consumers.

Management described how they provide emotional support to consumers at the facility, for example when consumers are new to the facility or at palliating stage and how they refer consumers to external specialists when required.

The organisation demonstrated monitoring and reviewing processes include feedback, surveys, care plan reviews, case conferences, activities monitoring and reviews, inspections and audits.

#### 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 the organisation demonstrated that all requirements in relation to Standard 5 were met.

The facility was observed to be new and welcoming. Consumer rooms are large and brightly decorated and common areas are easy to understand due to wide corridors and each areas decorated in different colours. Consumers have access to multiple private areas within the service however they do not consistently have free access to outdoor areas as the doors were observed to be locked during the visit. Management advised it was due to the hot weather and for consumers safety however they were unaware the doors were electronically controlled and said they would follow-up so consumers are able to move freely indoor and outdoor within the facility.

Of consumers randomly sampled 100 percent said they feel at home at the facility most of the time or always and, although it is not home yet as they have only just arrived, the facility is comfortable and nice. Consumers said they feel safe at the service and they like the bright and colourful furniture.

The organisation demonstrated preventative and reactive maintenance processes are in place to ensure the service is well maintained and staff can report any maintenance issues and hazards. Staff interviewed confirmed they are aware how to report issues to be fixed. The Assessment Team observed consumers could potentially open the doors to, and enter, the kitchen from a corridor accessible to them, management said they were unaware and would follow-up.

The organisation demonstrated processes are in place to ensure the service environment is safe and comfortable such as regular audits and inspections of consumers’ rooms and all areas of 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:

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

#### Summary of Assessment of Standard 6:

The Assessment Team found the organisation demonstrated that all requirements in relation to Standard 6 were met.

Of the consumers randomly sampled 100 percent said staff follow up most of the time or always when they raise things with them. Consumers said they have not had to provide feedback or raise a complaint yet however one consumer said staff have responded to things they have asked. Two consumers said they are not sure about feedback processes however this was explained to their representative when they arrived at the service. Consumers did not comment on access to advocate or language services.

The organisation has processes to encourage and support consumers to provide feedback and make complaints such as feedback forms, internal and external complaints processes information, advocacy services information, surveys, questionnaires and meetings. Consumers are provided information on entry, including the Charter of Aged Care Rights and the Aged Care Quality Standards. Consumers were made aware of the site audit and the opportunity to provide feedback to the Commission prior and during the visit. Staff described how they would support consumers provide feedback and the Assessment Team observed feedback and complaints information located at the facility reception area, including information in languages other than English.

The organisation has policies and processes in place to document and respond to complaints, including open disclosure. Feedback and complaints are analysed and reported to the Executive team through weekly and monthly reports and management meetings; and added to the service and/or organisation improvement action plan.

#### 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 the organisation demonstrated that all requirements in relation to Standard 7 were met.

Of the consumers randomly sampled 100 percent confirmed staff are kind and caring, treat them with respect and staff know what they are doing most of the time or always. Consumers provided examples such as staff attend quickly when they press the bell and staff make sure they have their medications. One consumer said they enjoy their privacy but “you only have to ask and you have it straight away”. Another consumer said when staff past by they say hello, are nice and polite, which makes the consumer feel happy. Consumers did not provide feedback about staff recruitment, training or performance.

The Assessment Team observed staff interacting with consumers in a kind, caring and respectful way and staff were available in the facility to assist consumers and provide care and services.

Staff interviewed said they have enough time to provide care and services as there are currently only five consumers at the facility. One staff described the care and services they provide to consumers according to their needs and preferences and how they are provided with relevant information to do their job. One staff said the organisation has an annual staff appraisal process.

The organisation demonstrated processes are in place to ensure suitable workforce arrangements including sufficient number of regular and competent staff provide care and services to consumers. Management advised they are reviewing staff mix and levels regularly as the number of consumers admitted at the facility increases to ensure sufficient staff to provide care and services.

Three of five staff interviewed said the organisation provided an induction when they commenced employment. However, one of five staff interviewed said they had not been provided induction or buddy shift and another staff member said they had been provided a quick verbal induction, both staff members worked their first shift on the day of the site audit. Management advised both staff members had been provided a verbal induction and new staff are setup to complete online training following commencement at the facility.

The organisation has set clear of expectations about staff behaviour and performance which is communicate to staff at induction and through job descriptions, code of conduct, organisation’s Mission and Vision and training. Staff interviewed described training completed and how they apply new learnings in their role. The organisation has processes in place to ensure staff are competent and have the skills and knowledge required to perform their role through mandatory and non-mandatory training opportunities.

The organisation has processes to monitor and review staff performance including observations, probationary and annual performance reviews, staff supervision and consumer feedback.

#### 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 of four of five requirements in relation to Standard 8 are met.

The majority of consumers interviewed did not provide feedback about the requirements in this Standard however, of the consumers randomly sampled, 100 percent said the place is well run most of the time or always.

The organisation demonstrated consumers are engaged to provide feedback on services to improve service development and delivery through surveys, feedback and consultation. The Executive team recently reviewed the organisation’s policies, procedures and staff training requirements to ensure compliance with the new Aged Care Quality Standards and the organisation has reporting processes to the Executive team about the care and services provided to consumers at the facility.

The organisation demonstrated there are established governance systems with respect to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints. A clinical governance framework is in place including antimicrobial stewardship, minimising the use of restraint and open disclosure processes.

However, the Assessment Team was not satisfied the organisation demonstrated effective governance and risk management framework in relation to managing high-impact or high-prevalence risks associated with the care of consumers and supporting consumers to live the best life they can. The organisation has not demonstrated that it adequately understands and applies effective governance systems in relation to risk management and adequately monitors and reviews its performance against this requirement. The organisation does not have a risk management framework, that includes policies and procedures to identify ad manage high impact or high prevalence risks associated with the care of consumers.

#### 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) Not 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) 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.