Accreditation Decision

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | The Whiddon Group - Weeronga |
| **RACS ID:** | 0296 |
| **Name of approved provider:** | The Frank Whiddon Masonic Homes of New South Wales |
| **Address details:**  | Rivers Street WEE WAA NSW 2388 |
| **Date of site audit:** | 10 September 2019 to 12 September 2019 |

**Summary of decision**

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| --- | --- |
| **Decision made on:** | 08 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:** | 27 October 2019 to 27 October 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  |

**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 Whiddon Group - Weeronga (the Service) conducted from 10 September 2019 to 12 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 | 11 |
| Consumer representatives  | 3 |
| Management | 2 |
| Clinical staff – Registered and Enrolled Nurses | 3 |
| Care staff | 5 |
| Hospitality and environmental services staff | 4 |
| Lifestyle staff | 1 |
| Volunteer | 1 |

## Detailed findings

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

### Standard 1: Consumer dignity and choice Met

#### Consumer outcome:

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

#### Organisation statement:

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 service has met all six (6) requirements under Standard 1.

Consumers and representatives were interviewed and asked if the consumer thinks staff treat them with respect, 100% said always or most of the time. Through the assessment team's observations and interviews, staff demonstrated their practices uphold consumer dignity and respect.

The staff acknowledge the cultures represented at the service in various ways through cultural activities scheduled throughout the year in consultation with consumers. Care staff were able to articulate the potential needs of consumers of Aboriginal and Torres Strait islander descent.

Where a risks are identified, consumers are supported in their daily life through strategies put in place to minimise the associated risk attached to the decisions made. Consumers and representatives are encouraged to make choices regarding their care and services and these choices are reflected in their care and services plans.

The storage of consumer records and information maintains consumer confidentiality. Electronic records are password protected, paper files are either stored behind locked cupboard doors or in the locked nursing treatment room which requires security card access.

#### 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 that the service has meet all five (5) requirements under Standard 2.

100% of consumers and representatives interviewed confirmed staff meet their health care needs either always or most of the time. Consumers and their representatives confirmed regular contact with staff as needs require, as well as annual care conferences combine to ensure consumers get the care and services they need. While some consumers were unable to recall whether they had formally been involved in the care planning process, they said that they are often asked about whether they need anything different, and representatives confirmed they had been consulted and involved. All consumers and representatives interviewed confirmed they were currently receiving the care and services they needed. Consumers also confirmed they have access to other professionals such as general practitioners, physiotherapist, etc and referrals occur promptly as needs are identified to ensure they get the right care and services to meet their needs. Staff could describe how consumers and the multidisciplinary team work together to design and deliver a tailored care and service plan and monitor and review the plan routinely and as required.

The service begins discussion about end of life planning and provides advanced care directive information on admission. The staff recognise that not all consumers are prepared to make these decisions on admission to the service and are prepared to assist with these decisions when the consumer is ready or as condition changes. All advanced care plans are completed in the service’s electronic consumer record and document the consumer’s preferences regarding end of life planning. Any paper-based documentation is transcribed into the record and kept in the consumer’s paper file for easy reference.

The service was able to demonstrate that on completion of annual care and services review and when requested, signed copies of care and service plans are made available to consumers and representatives.

Consumers and representatives reported that when a change in condition occurs, staff consult them and as a result their care and service plan is adjusted to better meet their care and service needs. All care and service plans reviewed by the Assessment Team had been regularly updated; The service was able to demonstrate there is a system in place to ensure care and service plans are reviewed regularly and do not become overdue. Registered nursing staff are aware of this system and monitor it regularly. Staff demonstrated an understanding of the incident reporting and documentation process the Assessment Team was able to review how this process populates the service’s clinical indicators and also informs 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:

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 has met all seven (7) requirements under Standard 3.

Of consumers and representative randomly interviewed, 100% agreed they get the care they need always or most of the time. Consumers reported they felt safe and confident they were receiving quality care.

Staff described how they ensure care provided is best practice, their processes for continuing education and how they ensure that information is distributed within the service and also to others from outside the service. Care staff were able to demonstrate an understanding of precautions used to prevent and control infection and the steps taken to minimise the use of antibiotics across the service. Registered nursing staff are aware of risks associated with overprescribing of antibiotics and the challenges related to being a remotely located residential care service, including access to out of hours medical care and use of telehealth consulting services.

Consumers and representatives were able to give examples of how staff ensure the care provided was right for them including case conferences and general discussions in regard to their care needs. Care plans reviewed by the Assessment Team identified strategies for the delivery of safe and effective, personalised care.

The service demonstrated that through the organisation, they have policies and procedures which direct the delivery of consumer care and are accessible by all staff. The organisation works directly with the service to regularly review practice and policies to ensure they remain current and to also ensure they work for this remote service environment.

#### 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:Organisations 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 has met all seven (7) requirements under Standard 4.

Each consumer and representative interviewed expressed overall satisfaction with the way consumers are assisted to adjust to life at the service and with the supports for daily living provided that are important for their health and well-being including assistance to enable consumers to do the things they want to do.

This is achieved through consultation with consumers and their representatives to identify;

* goals and needs to support daily living,
* staying active,
* maintaining independence,
* assisting consumers to do things for themselves,
* supporting emotional and spiritual well-being,
* staying connected within and outside of the home,
* continuing and maintaining personal relationships,
* doing things of interest for each consumer,
* enjoying meals and food options, and, ensuring needs and preferences are communicated to others with caring responsibilities are in place and that any equipment used to provide care and services are suitable, safe and well maintained.

Consumers and representatives provided multiple examples of being supported to make choices and participate in things of interest to them. This included having choices around food and dining options, accessing group and individual activities both within and outside of the service, maintaining and developing new friendships, provision of emotional and spiritual supports including the ability to attend church services and being supported to do things for themselves that may involve the use of equipment such as mobility devices that are safe, suitable and well maintained.

During the unannounced site audit consumers were observed to participate in group and individual activities of their choosing, enjoying the company of other consumers, visitors and the resident pets including the dog, budgerigars, fish and/or hens, going out and participating in the open dining room option and/or eating in their rooms. Consumers said they are provided with information in writing and verbally by staff on activities offered, menu options available and spiritual and emotional supports. Information on rights and responsibilities is displayed in the service and individualised choices and preferences for consumers was sighted in care documentation.

#### Requirements:

Standard 4 Requirement 3(a) Met

The organisation demonstrates that each consumer gets safe and effective organisations 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 organisations 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 organisations and supports for daily living assist each consumer to:

1. participate in their community within and outside the organisation’s organisation 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 organisations.

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 organisation 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 the organisation has meet all three (3) requirements under Standard 5.

The service was observed to be welcoming, clean and well maintained. Consumers’ rooms were observed to be decorated with memorabilia, photographs and other personal items. The layout of the service enables consumers to move around freely, with suitable furniture, fittings and signage to help consumers navigate the service. The service has multiple group and quiet sitting areas for consumers and visitors. Consumers have access to three outdoor areas with gardens, benches and communal areas. There are also paths and handrails that enable free movement around the area.

Consumers and representatives did not raise any concerns about the service environment, furnishings or equipment. They confirmed the service is always clean, there are plenty of spaces to go other than their room if they wanted, they were able to choose how they personalised their bedrooms and that they felt comfortable they could offer feedback at any time. They all confirmed there is nothing they would change in relation to the service environment.

Policies and procedures described systems for purchase, servicing and maintenance of furnishing and equipment and how environmental related risks to consumers were identified and managed. Staff interviewed demonstrated an understanding of these systems and processes. Interviews with staff indicated cleaning, maintenance and laundry services are delivered appropriately. The service environment is an agenda item that is discussed during meetings and in March 2019 the organisation sought feedback from consumers on their environment. The survey results indicated 100% consumer satisfaction with their rooms and the comfort and cleanliness of communal areas.

The service also responds to specific weather and environmental areas of concerns that include extreme hot weather and dust storms experienced with the service putting measures in place to ensure the comfort of consumers, visitors and staff. This includes all air conditioning to be on throughout the home and doors kept closed to maintain temperatures and comfort. Minutes of meetings sighted, and consumers and staff interviewed also confirmed additional alerts and actions are put into place during summer that include additional hydration rounds, easy access water and hydration stations and signage and preventative measures to minimise the risks of snake and spider visitations.

#### Requirements:

Standard 5 Requirement 3(a) Met

The organisation demonstrates that the organisation 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 organisation 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 has met all four (4) requirements under Standard 6.

The organisation demonstrated that consumers know how to give feedback and make complaints and feel safe and comfortable doing so. Consumers and their representatives have access to information on ways to provide feedback and make complaints and access supports and advocates if required. The organisation identifies multiple methods for providing feedback and or making complaints internally which includes confidential written complaints process, direct feedback to staff and via meetings held, feedback sought through surveys and on request and information on external complaints processes available in consumer information packs and brochures/posters displayed. Management and staff demonstrated that appropriate action is taken to acknowledge and action complaints with a commitment to open disclosure when things go wrong. Feedback and complaints are reviewed, analysed for trends and used to improve the quality of care and services. Consumers and their representatives consistently said they are encouraged and supported to give feedback and that they are engaged in processes to address their feedback. Consumers and representatives said that the organisation takes appropriate action to resolve complaints.

#### 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 organisations 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 organisations.

### 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 has met all five (5) requirements under Standard 7.

The organisation demonstrated that the service has a workforce that is sufficient and is skilled and qualified to provide safe, respectful and quality care and services. Workforce planning processes are in place to ensure that the service ensures to maintain optimal numbers of and suitable skill mix of staff. The Assessment Team observed that staff interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. Consumers confirmed that staff treat them with respect, are kind and caring and gave numerous examples of what this meant to them. The service demonstrated that the workforce is recruited to specific roles, trained and equipped to undertake these roles and supported to deliver the best possible outcomes for consumers. The service demonstrated that the workforce is competent, suitably qualified and supported with initial and ongoing training to effectively perform their roles. The skills and capabilities of each member of the workforce is regularly assessed, monitored and reviewed with all staff interviewed confirming they have access to initial and ongoing relevant training. Consumers and representatives said that staff are well trained and know what they are doing.

#### 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 organisations.

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 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 the organisation met all five (5) requirements under Standard 8.

The organisation demonstrated that it involves consumers in the development, delivery and evaluation of care and services providing examples of how consumers are involved in the decision making through meetings and other feedback processes including surveys. Members of the organisations senior executive conducted a site visit to meet with consumers in 2019 to seek feedback on care and services. Consumers confirmed they are involved in their care planning providing examples of how this occurs in practice day to day. The service is supported by an effective organisational governance framework which promotes a culture of safe, inclusive and quality care and services and sets clear expectations for accountability for delivery of care and services. There are organisation wide governance systems to support effective information management, workforce management, clinical care and regulatory compliance. The organisation has effective risk management systems and practices which support consumers to live the best life they can. The clinical governance framework addresses antimicrobial stewardship, open disclosure and minimising the use of restraint. Staff interviewed understood these concepts and could explain how they are applied in practice. Feedback from consumers and their representatives about the organisation and management of the service was consistently positive.

#### Requirements:

Standard 8 Requirement 3(a) Met

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and organisations 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 organisations 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) 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.