Accreditation Decision

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Uniting Abrina Ashfield |
| **RACS ID:** | 2002 |
| **Name of approved provider:** | The Uniting Church in Australia Property Trust (NSW) |
| **Address details:** | 19 Victoria Street ASHFIELD NSW 2131 |
| **Date of site audit:** | 18 September 2019 to 20 September 2019 |

**Summary of decision**

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| --- | --- | --- |
| **Decision made on:** | 16 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:** | 08 November 2019 to 08 November 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 Uniting Abrina Ashfield (the Service) conducted from 18 September 2019 to 20 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 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** |
| Head of residential operations Syd SE | 1 |
| Cleaner and cleaning managers | 4 |
| Service improvement specialist | 1 |
| Quality Improvement lead | 1 |
| Deputy director of nursing | 1 |
| Registered nurse | 4 |
| Consumers | 11 |
| Representatives | 5 |
| Care worker | 3 |
| Volunteers | 2 |
| Service manager | 1 |
| Assistant Chef plus area hospitality manager | 2 |
| Area, regional and national maintenance managers | 3 |
| Lifestyle manager plus area diversional therapist | 2 |

## Detailed findings

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

### Standard 1: Consumer dignity and choice Met

#### Consumer outcome:

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

#### Organisation statement:

2. The organisation:

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

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

(c) respects consumers’ privacy.

#### Summary of Assessment of Standard 1:

The Assessment Team found that all six requirements in relation to Standard 1 were met.

Most consumers are satisfied they are treated with respect, can maintain their independence and are communicated with appropriately:

* 100% consumers/representatives randomly interviewed said staff treated consumers with respect most of the time or always.
* 87% said they are encouraged to do as much as possible for themselves most of the time or always.
* 80% said staff explain things to them most of the time or always.

All consumers residing at this service have a Chinese background. The organisation demonstrated it understands and values the different Chinese identities and cultural preferences of its consumers. For example, staff address and treat most consumers as a Chinese elder as they prefer.

There was evidence that consumers are involved in making decisions about their care.

Four consumers were asked whether they thought they had a voice in this service, all responded yes. Where requested by the consumer, family are regularly consulted in the care planning process. When asked, staff are able to provide information to consumers and representatives. All consumer information is communicated in or translated into Chinese.

The service facilitates its consumers’ ability to maintain relationships with family and other members of the Chinese community. When interviewed, consumers did not raise any concerns that the service did not support them to take risks. In nearly all instances, consumer privacy was observed to be respected and their information kept confidential.

#### Requirements:

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

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

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

The organisation demonstrates that care and services are culturally safe.

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

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

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

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

(iii) communicate their decisions; and

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

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

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

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

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

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

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

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

#### Consumer outcome:

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:

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 all of the five requirements related to Standard 2 were met.

Consumers and their representatives who were interviewed about assessment and planning said they are involved through regular case conferences and informal conversations with the registered nurses and management. Of consumers randomly sampled the consumer experience report,

* 87% agreed they have a say in their daily activities always or most of the time. One consumer said she understands it is for her safety she needs to be supervised and so can’t go outside as easily as she would like. The new assessment process will address their preferences for taking risks.
* 100% indicated they get the care they need most or all the time.

Updated assessment documents include consultation on goals and preferences during the assessment process. Use of the forms has commenced are scheduled to occur for all consumers over the next year. The system for ongoing partnership with consumers rather than just at the end of care planning has commenced implementation. Case conferences occur every year to discuss all plans and issues around care and services for each consumer.

Risk assessments occur when a consumer has chosen to take risks, or when use of restraint is being considered. Two consumers use physical restraints and the frequency of the use of the restraint has been reduced through optimisation of behaviour management strategies, training of staff and consultation with the consumers representative.

Staff could describe how consumers and others who contribute to the consumers care (including medical practitioners, allied health professionals and family) work together to plan and review tailored care. Staff demonstrated understanding of adverse incidents and how these were identified, documented and reviewed by the service to inform continuous improvement.

The registered nurse or care team manager communicates the outcomes of assessments and recommended care plan through timely discussions and case conferences.

#### Requirements:

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

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

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

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

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

The organisation demonstrates that assessment and planning:

(i) is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and

(ii) includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

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

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

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

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

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

#### Consumer outcome:

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

#### Organisation statement:

2. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being

#### Summary of Assessment of Standard 3:

The Assessment Team found that all of the seven requirements related to Standard 3 were met.

Most consumers and their representatives who were interviewed about clinical care were satisfied with the services they receive. Several commented that it is easy to communicate with care staff and registered nurses as they speak the same language. Of consumers randomly sampled for the consumer experience report,

* 93% responded they feel safe all or most of the time. One raised concern about another consumer who makes noises at night.
* 100% agreed they are encouraged to do as much as possible for themselves always or most of the time.
* 80% responded that staff explain things to them most or all the time. One said staff will sometimes move the wheelchair before they speak. Others commented that staff are not proactive in their communication but will answer questions when asked directly.

Policies and procedures easily accessible to staff to guide best practice.

Staff were able to describe how they can easily access policies, their opportunities for education, and how they ensure information is shared both within and with others who partner in providing care.

Care is provided in alignment with assessments and consumer preferences. Behaviour management interventions were mostly tailored to the needs of the individual.

Additional monitoring was implemented when clinical deterioration occurred. Timely referrals occur to medical practitioners, specialists, allied health professionals and spiritual leaders. The organisation has a range of clinical nurse consultants available to support clinical care.

Staff interviewed were aware of infection control procedures. Individual plans are implemented when infections are present. 87% of staff chose to receive influenza vaccinations in 2019. Staff were observed to cleans their hands between care and to use personal protective equipment when required.

#### Requirements:

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

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

(i) is best practice and

(ii) is tailored to their needs and

(iii) optimises their health and well-being.

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

The organisation demonstrates that effective management of high impact or high prevalence risks associated with the care of each consumer.

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

The organisation demonstrates that the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

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

The organisation demonstrates that deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.

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

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

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

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

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

The organisation demonstrates that minimisation of infection related risks through implementing:

(i) standard and transmission based precautions to prevent and control infection; and

(ii) practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

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

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 4:

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

Of consumers randomly sampled most were satisfied with the services the home provided:

* All fourteen consumers asked about cleanliness said they were satisfied with the cleanliness of the service and laundry service
* 10 consumers asked about lifestyle said there is plenty to do and their choices are respected.

The Assessment Team observed all consumers who required assistance with meals being fed promptly once the meal is served. Consumers interviewed about support for emotional and spiritual wellbeing were aware of the pastoral support available.

Staff support consumers to keep in touch with the outside community and maintain social and personal relationships. Family and friends of many consumers were observed to visit daily. The service enables consumers to do things of interest to them: group activities were well-attended and some consumers were observed engaged in independent interests like reading the newspaper. Consumers residing in the dementia wing were observed to be calm and in a quiet environment.

Several representatives interviewed were satisfied that the service kept them up to date on changes in their relative’s condition. The service demonstrated that staff communicate with each other about the consumer’s condition, needs and preferences. Referrals are made where necessary, for example to the physiotherapist.

A majority of consumers interviewed said they liked the food at the service all or most of the time. There was evidence that dietary preferences were taken into account.

The service has an ongoing maintenance program that includes both corrective and preventative maintenance. Equipment was observed to be clean.

#### Requirements:

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

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

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

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

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

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

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

(ii) have social and personal relationships; and

(iii) do the things of interest to them.

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

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

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

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

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

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

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

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

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

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 5:

The Assessment Team found the organisation met all three requirements of this Standard.

Of the consumers randomly interviewed:

* 100% said they feel at home at the service most of the time or always.
* 93% confirmed they feel safe at the service most of the time or always.
* Ten consumers were asked about equipment. They expressed satisfaction in the equipment supplied, the way it is maintained and the cleanliness of the environment and equipment.

The service was observed to be welcoming, clean and well maintained. It has been decorated and furnished to create a homelike environment culturally appropriate to Chinese consumers, and one that supports the consumer’s sense of belonging, independence and interaction. Many consumers were observed to have personalised their own rooms and there are comfortable areas for consumers to spend with their families. Consumers have free access to communal and outdoor areas although a two consumers said staff do not encourage them to go outside on their own.

The service has systems in place for regular cleaning of the environment and equipment. There is a maintenance program for corrective and preventative maintenance and the environment is regularly inspected to ensure it is safe and well maintained.

Consumer surveys are undertaken every month to ensure consumers are satisfied with the environment and to identify opportunities for improvement. Regular environmental audits are conducted against a checklist to ensure facilities are maintained. Environmentally related risks to consumers are taken into consideration prior to any purchase. Staff reported they are trained in the use of equipment such as mechanical lifters.

#### Requirements:

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

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

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

The organisation demonstrates that the service environment:

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

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

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

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

### Standard 6: Feedback and complaints Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 6:

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

Most consumers and their representatives who were interviewed about the feedback system gave comments such as they are very fast to respond and there have been some big improvements at the service this year in response to feedback.

Of consumers randomly sampled for the consumer experience report:

* 100% said staff follow up when you raise things with them always or most of the time.

The organization has a multi-faceted approach to encourage and support feedback from consumers through meetings, feedback forms, surveys and individual consultation. In 2019 a Home Improvement committee was set up that has consumer and staff representatives. The committee aims to gather consumer and representative feedback and provide timely and tracked actions to address any concerns. One representative was able to explain how the new meeting has led to improvements in the service and improved satisfaction.

Brochures, posters and booklets are available in Cantonese, Mandarin and English throughout the service promoting and explaining the internal and external complaint mechanisms available to them. The organisation uses feedback forms and has provision for secure confidential access to the feedback system.

Feedback and complaints are reviewed and investigated and used to improve the quality of care and services. A register tracks follow through of individual complaints and includes confirming with the original person if they are satisfied with the interventions. Meeting minutes for staff and relatives meetings demonstrate that feedback and complaints are a standard agenda item.

Management and registered nurses have received training on open disclosure in August 2019, however there have been no serious complaints since then.

#### Requirements:

##### Standard 6 Requirement 3(a) Met

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

##### Standard 6 Requirement 3(b) Met

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

##### Standard 6 Requirement 3(c) Met

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

##### Standard 6 Requirement 3(d) Met

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7: Human resources Met

#### Consumer outcome:

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

#### Organisation statement:

2. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

#### Summary of Assessment of Standard 7:

The Assessment Team found that all five requirements in relation to Standard 7 were met.

Consumers and relatives interviewed about staffing commented about availability, skills and nature of the staff being suitable to what their consumers require. For example:

* 100% of consumers randomly interviewed said that all or most of the time they get the care they need, and staff are kind and caring.
* 93% said the staff know what they are doing all or most of the time.
* 100% of consumers responded staff are kind and caring most of the time or always
* Most consumers interviewed were satisfied with how quickly staff came to them when they required assistance. A few commented that at times staff can be very busy which can cause delays when they require assistance.

The organisation demonstrated the workforce is recruited to specific roles, trained and equipped to undertake these roles and supported to deliver outcomes for consumers. Most of the staff interviewed have worked with the service for more than five years and reported knowing their consumers very well.

The service has systems to ensure there are sufficient staff and shifts are filled. In the past month, the service has had four unfilled carer and Registered Nurse shifts and only 1% of call bells resulted in a wait of ten minutes or more. The service does not employ agency staff.

Most staff were satisfied they had enough time to deliver quality care to consumers all or most of the time. The service has evidence of a robust training program with face-to-face training provided by a trainer who speaks Mandarin and Cantonese. It has not yet catered its online learning, which is all in English, to a majority of staff at this service whose English skills are limited.

The service was able to demonstrate that it conducted regular performance appraisals of its staff.

#### Requirements:

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

The organisation demonstrates that the workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.

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

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

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

The organisation demonstrates that the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

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

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

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

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

### Standard 8: Organisational governance Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 8:

#### The Assessment Team found that all five requirements related to Standard 8 were met.

Consultation systems are in place across all levels of the organization ranging from one to one consultation about consumer preferences, to community consultation at a governance level.

Consumers interviewed about the management of the home generally indicated they felt consulted and the place was well run. Of consumers randomly sampled for the consumer experience report:

* 100% of respondents agreed or strongly agreed that the place (service) is well run.
* 100% said staff follow up when you raise things with them always or most of the time.
* 93% responded they feel safe all or most of the time.
* 100% agreed they are encouraged to do as much as possible for themselves always or most of the time.

The governing body meets regularly and has skilled representation. The board sets clear expectations in its strategic plan for the organisation to follow and regularly reviews organisational and consumer risks including outcomes.

There are organisation wide governance systems support effective information management, the workforce and compliance with regulatory requirements. There is a continuous improvement program in place which identifies areas for improvement and these activities are documented in the organisations plan for continuous improvement. Financial governance at the organisation includes budgeting processes, financial statements, delegations of authority and publishing accommodation pricing and key features information.

There is a clinical governance framework in place. It includes committees reporting processes and monitoring systems. The framework is centred on the consumer. Management uses a range of monitoring processes such as audits, quality indicators and incidents to monitor consumer outcomes and identify and manage clinical risks.

The organisation has commenced implementing antimicrobial stewardship and has a policy to guide practice. The organisations medical advisory meeting reviews antibiotic use at each meeting. Infections are monitored.

The organisations Open Disclosure policy reflected all the concepts outlined in the open disclosure framework and standards. Open disclosure was not well understood by staff at the service. Training was provided in August and additional training will be provided.

The organisation actively reviews the use of restraint by regularly reviewing psychotic and antipsychotic medication usage as well as the use of physical restraints such as bed rails, low-low beds and chair restraints. The service has reduced the physical restraints in use and encourages minimisation of the frequency and time restraints are used. No consumers are receiving chemical restraint.

#### Requirements:

##### Standard 8 Requirement 3(a) Met

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

##### Standard 8 Requirement 3(b) Met

The organisation demonstrates that the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

##### Standard 8 Requirement 3(c) Met

The organisation demonstrates that effective organisation wide governance systems relating to the following:

(i) information management

(ii) continuous improvement

(iii) financial governance

(iv) workforce governance, including the assignment of clear responsibilities and accountabilities

(v) regulatory compliance

(vi) feedback and complaints

##### Standard 8 Requirement 3(d) Met

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

(i) managing high-impact or high-prevalence risks associated with the care of consumers

(ii) identifying and responding to abuse and neglect of consumers

(iii) supporting consumers to live the best life they can

##### Standard 8 Requirement 3(e) Met

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

(i) antimicrobial stewardship

(ii) minimising the use of restraint

(iii) open disclosure.