Accreditation Decision

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Uniting AgeWell Box Hill |
| **RACS ID:** | 3088 |
| **Name of approved provider:** | Uniting AgeWell Limited |
| **Address details:**  | 75 Thames Street BOX HILL VIC 3128 |
| **Date of site audit:** | 18 September 2019 to 20 September 2019 |

**Summary of decision**

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| --- | --- |
| **Decision made on:** | 22 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:** | 01 December 2019 to 01 December 2022 |
| **Assessment of performance with the Aged Care Quality Standards** |
| Standard 1 Consumer dignity and choice | Met  |
| Requirement 1(3)(a) | Met  |
| Requirement 1(3)(b) | Met  |
| Requirement 1(3)(c) | Met  |
| Requirement 1(3)(d) | Met  |
| Requirement 1(3)(e) | Met  |
| Requirement 1(3)(f) | Met  |
| Standard 2 Ongoing assessment and planning with consumers | Met  |
| Requirement 2(3)(a) | Met  |
| Requirement 2(3)(b) | Met  |
| Requirement 2(3)(c) | Met  |
| Requirement 2(3)(d) | Met  |
| Requirement 2(3)(e) | Met  |
| Standard 3 Personal care and clinical care | Met  |
| Requirement 3(3)(a) | Met  |
| Requirement 3(3)(b) | Met  |
| Requirement 3(3)(c) | Met  |
| Requirement 3(3)(d) | Met  |
| Requirement 3(3)(e) | Met  |
| Requirement 3(3)(f) | Met  |
| Requirement 3(3)(g) | Met  |
| Standard 4 Services and supports for daily living | Met  |
| Requirement 4(3)(a) | Met  |
| Requirement 4(3)(b) | Met  |
| Requirement 4(3)(c) | Met  |
| Requirement 4(3)(d) | Met  |
| Requirement 4(3)(e) | Met  |
| Requirement 4(3)(f) | Met  |
| Requirement 4(3)(g) | Met  |
| Standard 5 Organisation’s service environment | Met  |
| Requirement 5(3)(a) | Met  |
| Requirement 5(3)(b) | Met  |
| Requirement 5(3)(c) | Met  |
| Standard 6 Feedback and complaints | Met  |
| Requirement 6(3)(a) | Met  |
| Requirement 6(3)(b) | Met  |
| Requirement 6(3)(c) | Met  |
| Requirement 6(3)(d) | Met  |
| Standard 7 Human resources | Met  |
| Requirement 7(3)(a) | Met  |
| Requirement 7(3)(b) | Met  |
| Requirement 7(3)(c) | Met  |
| Requirement 7(3)(d) | Met  |
| Requirement 7(3)(e) | Met  |
| Standard 8 Organisational governance | Met  |
| Requirement 8(3)(a) | Met  |
| Requirement 8(3)(b) | Met  |
| Requirement 8(3)(c) | Met  |
| Requirement 8(3)(d) | Met  |
| Requirement 8(3)(e) | Met  |

**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 AgeWell Box Hill (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** |
| --- | --- |
| Consumers | 22 |
| Representatives | 9 |
| Administration | 1 |
| Care staff and team leader | 7 |
| Hospitality and environmental service staff | 6 |
| Lifestyle coordinator | 1 |
| Maintenance officer and managers | 3 |
| Management | 5 |
| Medical officer | 1 |
| Quality officer | 1 |
| Senior care manager and care managers | 3 |
| Wound care consultant | 1 |

## Detailed findings

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

### Standard 1: Consumer dignity and choice Met

#### Consumer outcome:

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

#### Organisation statement:

2. The organisation:

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

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

(c) respects consumers’ privacy.

#### Summary of Assessment of Standard 1:

The Assessment Team found that the organisation has met all six requirements under Standard 1 Consumer dignity and choice.

Consumer experience interviews showed 100% of consumers said they are treated with respect and feel safe always or most of the time. One hundred percent said they have a say in their daily activities and 95% said staff explain things to them most of the time or always. Where a consumer said this occurs some of the time, some staff do not know the answer or get back to them. One hundred percent said they have a say in their daily activities and are encouraged to do as much as possible for themselves. Consumers described the ways their social connections are supported both inside and outside the service. Consumers said they feel heard when they tell staff what matters to them and are encouraged to make decisions about their life, even when it involves an element of risk. Consumers said the organisation protects the privacy and confidentiality of their information and are satisfied care and services, including personal care, are undertaken in a way that respects their privacy.

The organisation demonstrated consumers are treated with dignity and respect and the service actively promotes a culture of inclusion. Staff were observed interacting with consumers respectfully and could readily identify or access information on consumers’ individual preferences and interests. The service promotes the value of culture and diversity through staff diversity, in the wide range of activities it offers and in delivery of care that is tailored to the person. Staff could provide meaningful examples of how they help consumers make choices, including by giving consumers clear and accurate information and options to inform their choice. Consumers are not always supported to be as independent as possible with staff sometimes doing things they could do with assistance. Staff gave examples of how they maintain the privacy of consumers. Electronic and filing systems support the protection of confidential information.

The organisation monitors and reviews its performance in relation to these requirements. Management is responsive to feedback in relation to staff practice that may inadvertently impact on consumers' taking risks and being as independent as possible. Consumer surveys and feedback and complaints mechanisms are used to ensure consumers are satisfied staff treat them with respect, support them to maintain their identity and live the life they choose.

#### Requirements:

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

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

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

The organisation demonstrates that care and services are culturally safe.

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

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

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

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

(iii) communicate their decisions; and

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

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

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

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

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

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

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

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

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 2:

The Assessment Team found that the organisation has met all five requirements under Standard 2 Ongoing assessment and planning with consumers.

Of consumers and representatives randomly sampled, 100% agreed that they have a say in their daily activities always or most of the time. Consumers and representatives said their direct engagement in the initial and ongoing assessment and planning of their care helps them to get the care and services they need. Consumers and representatives report feeling safe and confident that staff listen to their goals and preferences, and that the organisation gets input from other professionals to ensure consumers get the right care and services to meet their needs. Consumers and representatives report that consumer’s care and services are regularly reviewed and that when something goes wrong, or their needs or preferences change, the organisation is quick to communicate with them and to respond.

Staff could describe how consumers and others who contribute to the consumer’s care (including medical officers, allied health professionals, carers and family members) work together to deliver a tailored care and service plan and how they monitor and review the plan as needed. The assessment and planning for consumers entering on respite, in particular where the consumer is known to staff, is not fully effective. Each of the care and service plans reviewed evidence that plans had been regularly reviewed (with changes made as required) and included a date by which the next review of care and services must be undertaken. Documentation does not consistently reflect consultation/discussion with the consumer and their representative where appropriate.

The organisation monitors and reviews its performance in relation to these requirements. Staff demonstrate an understanding of adverse incidents or near-miss events and how these occurred. These are documented and reviewed by the organisation to inform continuous improvement.

#### Requirements:

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

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

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

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

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

The organisation demonstrates that assessment and planning:

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

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

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

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

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

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

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

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 3:

The Assessment Team found that the organisation met all seven requirements under Standard 3 Personal care and clinical care.

Of consumers and representatives randomly sampled, 100% agreed that staff meet consumer care needs most of the time or always and 100% report feeling safe and confident that they are receiving quality care. Consumers gave various examples of how staff ensure the care provided was right for them including by regularly asking them about their care and the way it is delivered.

The organisation demonstrated they have a suite of policies and procedures underpinning the delivery of care. Staff could describe how they ensure care is safe and appropriate for consumers, their opportunities for continuing education and how they ensure information is shared both within the organisation and with others outside the organisation. Care staff demonstrated understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. Staff could also identify the highest prevalence risks for different consumers and how incidents are used to inform changes in practice.

Each of the care and service plans reviewed evidenced the delivery of safe and effective care. Risk assessments are completed as required to support consumers choices. The ongoing assessment and monitoring of consumers when their health deteriorates is not fully effective. The care plan of a consumer receiving palliative care also evidenced the attention to the needs of this consumer nearing the end of life, a focus on pain relief, review of care to provide comfort and close involvement of significant others.

The organisation monitors and reviews its performance in relation to these requirements. The organisation demonstrated how they review practice and policies to ensure they remain current and appropriate. There is a regular care plan review process in collaboration with consumers and/or representatives. There is a scheduled program of audits and surveys to support the monitoring of this requirement.

#### 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:

#### Requirements:

The Assessment Team found that the organisation has met all seven requirements under Standard 4 Services and supports for daily living.

Of consumers and representatives interviewed 94% said they were encouraged to do as much as possible for themselves most of the time or always with a small proportion responding ‘never’ saying they are unable to do anything for themselves and are dependent on staff. Consumer experience interviews showed 81% of consumers liked the meals always or most of the time with others saying food temperature and variety could be improved. Consumers confirmed satisfaction with services and supports for daily living that meet their needs. Consumers said they are supported to participate within their community, do things of interest to them and maintain social and personal relationships. Their emotional and spiritual needs were considerations in care provision with positive feedback provided in relation to support provided by the chaplain. Consumers said any changes in their condition is discussed with them and where needed referrals to other health professionals occur in a timely manner.

The service demonstrated each consumer gets safe and effective services and supports for daily living that meet their needs and preferences. Care and lifestyle staff identify ways to support consumers to live the life they want. Staff were observed to provide positive interactions with consumers. Staff provide additional support to new consumers during the transition period. The service demonstrated timely referrals to other organisations and provides safe, suitable and well-maintained equipment. Staff are appropriately trained to use the equipment. The service of meals to consumers in Roberts and Humphrey cottages was inconsistent. Management continues to consult with consumers to increase satisfaction of their dining experience.

The service monitors and reviews its performance in relation to these requirements using a regular auditing program, feedback mechanisms and survey results. The organisation demonstrated how this helps inform and drive improvements to the service.

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

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

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

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

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

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

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

(ii) have social and personal relationships; and

(iii) do the things of interest to them.

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

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

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

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

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

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

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

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

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

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 5:

The Assessment Team found that the organisation has met all three requirements under Standard 5 Organisation’s service environment.

Of consumers and representatives who participated in a consumer experience interview 89% feel at home at the service and 100% feel safe at the service. Consumers who did not feel at home indicated this was because it was not their home. Consumers said they are able to move around freely within the service and access the external living areas. Consumers and representatives commented on the well-maintained gardens.

The service environment was observed to be welcoming with individual rooms decorated with photographs and other personal items. Consumers interviewed commented on their satisfaction with their rooms and how they were able to bring items from their homes. The independence of consumers with limited walking capacity living near the ends of corridors and wishing to access adjacent courtyards requires them to walk further as fire exit doors closest to these rooms are locked. Staff and consumers said cleaning and laundry services are satisfactory. Maintenance requests are prioritised with timely repairs. Staff demonstrated an understanding of the service’s procedures to ensure a safe living environment.

The organisation monitors and reviews its performance in relation to these requirements. Cleaning schedules and preventative maintenance are in place and monitored by internal environmental audits. Management demonstrated how feedback and monitoring processes drive continuous improvements at the service.

#### Requirements:

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

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

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

The organisation demonstrates that the service environment:

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

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

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

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

### Standard 6: Feedback and complaints Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 6:

The Assessment Team found that the organisation has met all four requirements under Standard 6 Feedback and complaints.

Of consumers and representatives randomly sampled 86% said staff follow up when they raise things most of the time or always. Where two consumers said staff follow up some of the time, they said they had no complaints or didn't comment. Where one said never, feedback related to dissatisfaction with meetings. Consumers described their access to feedback forms and the range of feedback provided. Consumers said they are satisfied with management’s responsiveness to feedback and they said they are kept fully informed when things change.

Consumer feedback is sought through feedback forms, meetings, care reviews, surveys and verbally. Staff described times they have addressed a concern for a consumer and outlined how they would listen and resolve complaints if they could. Senior staff were aware of the open disclosure framework. Information on how to make a complaint including information in different languages was not current and available across the service. Feedback is recorded and is not always consistently classified in line with the service's categories. Documentation in relation to feedback is not always consistently completed. Management receive and collate feedback forms to review trends, discuss at meetings and identify improvements opportunities.

The organisation monitors and reviews its performance in relation to these requirements. The service obtained and displayed brochures in relation to the Commission in English and other languages at the entrances to the service. Management identified the need to more accurately classify feedback in relation to content. Management said they would more accurately reflect actions taken when resolving complaints to better support resolution, monitoring and evaluation. Improvements are identified as a result of feedback.

#### Requirements:

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

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

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

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

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

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

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

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

### Standard 7: Human resources Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 7:

The Assessment Team found that the organisation has met all five requirements under Standard 7 Human resources.

All consumers and representatives randomly sampled said they receive the care they need, staff are kind and caring and that staff know what they are doing, either always or most of the time.

The organisation continuously monitors and reviews their roster to reflect current and changing consumer care needs. The organisation provide staff with orientation and induction to introduce new staff to the service. The education program ensures staff complete mandatory training and provides support to all staff with additional specialised education. The organisation has recently implemented education regarding the Aged Care Quality Standards for all staff to become aware of and to apply new learnings. A training needs analysis is completed, and the service develops an education calendar that meets the needs of the staff at the service.

During the site audit the Assessment Team observed various interactions between consumers, their representatives and staff that were respectful, kind and caring. The service seeks feedback from consumers and their families informally and by regular surveys that seek feedback on how well services are delivered. The organisation has recruitment processes to ensure quality and experienced staff have the qualifications, skills and knowledge to successfully complete their job.

The organisation monitors and reviews its performance in relation to these requirements. The service seeks feedback from consumers and their families informally and by regular surveys that seek feedback on how well services are delivered. The organisation has a team that oversees staff education and an education calendar is developed. The organisation has a process to support staff develop and monitor their performance and is developing talent management plans to assist in the retention of key 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 the organisation has met all five requirements under Standard 8 Organisational governance.

Consumers and representatives interviewed said management and staff encourage feedback and seek their opinion on care and services. Of consumers and representatives randomly sampled, all said they always feel safe and said the home is well run, most of the time or always. Representatives commented on staff living their values and reflecting the Christian ethos.

The organisation’s governing body is accountable for the delivery of safe and quality care and services. They engage and consult with consumers and their representatives in the delivery and evaluation for care and services. The organisation’s governing body promotes a culture of safe and quality care and service through policy and procedures, staff education and monitoring their workforce performance. The governance and organisational process includes regular management reports that ensure the governing body monitors performance including financial performance. A risk management framework is in place and a risk register is reviewed by the governing body on a regular basis.

The governance framework includes the ongoing monitoring of continuous improvement, regulatory compliance, complaints, high-impact or high-prevalence risks, and abuse and neglect. The Charter of Aged Care Rights was displayed and provided in English only. Consumers speaking a range of languages live at the service. The clinical governance framework includes antimicrobial stewardship, minimising the use of restraint and open disclosure. The organisation effectively collects and trends relevant information to support governance.

The organisation monitors and reviews its performance in relation to these requirements. Management said they would review the display of information for including the display of information such as the Charter of aged care rights in other languages. Monitoring occurs through feedback, meetings and reporting mechanisms.

#### 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