Accreditation Decision

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Weeroona Aged Care Plus Centre |
| **RACS ID:** | 0014 |
| **Name of approved provider:** | The Salvation Army (NSW) Property Trust |
| **Address details:**  | 14 Trebartha Street BASS HILL NSW 2197 |
| **Date of site audit:** | 27 August 2019 to 30 August 2019 |

**Summary of decision**

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| --- | --- |
| **Decision made on:** | 04 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:** | 20 October 2019 to 20 October 2021 |
| **Assessment of performance with the Aged Care Quality Standards** |
| Standard 1 Consumer dignity and choice |  Not Met |
| Requirement 1(3)(a) |  Met |
| Requirement 1(3)(b) |  Not Met |
| Requirement 1(3)(c) |  Met |
| Requirement 1(3)(d) |  Met |
| Requirement 1(3)(e) |  Met |
| Requirement 1(3)(f) |  Met |
| Standard 2 Ongoing assessment and planning with consumers | Not Met |
| Requirement 2(3)(a) | Not 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 |  Not Met |
| Requirement 3(3)(a) |  Met |
| Requirement 3(3)(b) |  Not Met |
| Requirement 3(3)(c) |  Met |
| Requirement 3(3)(d) |  Met |
| Requirement 3(3)(e) |  Met |
| Requirement 3(3)(f) |  Met |
| Requirement 3(3)(g) |  Met |
| Standard 4 Services and supports for daily living | Met  |
| Requirement 4(3)(a) |  Met |
| Requirement 4(3)(b) |  Met |
| Requirement 4(3)(c) | Met |
| Requirement 4(3)(d) |  Met |
| Requirement 4(3)(e) |  Met |
| Requirement 4(3)(f) | Met |
| Requirement 4(3)(g) |  Met |
| Standard 5 Organisation’s service environment |  Met |
| Requirement 5(3)(a) |  Met |
| Requirement 5(3)(b) |  Met |
| Requirement 5(3)(c) |  Met |
| Standard 6 Feedback and complaints |  Met |
| Requirement 6(3)(a) | Met |
| Requirement 6(3)(b) |  Met |
| Requirement 6(3)(c) |  Met |
| Requirement 6(3)(d) |  Met |
| Standard 7 Human resources |  Met |
| Requirement 7(3)(a) |  Met |
| Requirement 7(3)(b) |  Met |
| Requirement 7(3)(c) |  Met |
| Requirement 7(3)(d) |  Met |
| Requirement 7(3)(e) |  Met |
| Standard 8 Organisational governance | Not Met |
| Requirement 8(3)(a) |  Met |
| Requirement 8(3)(b) |  Met |
| Requirement 8(3)(c) |  Met |
| Requirement 8(3)(d) | Not Met |
| Requirement 8(3)(e) | Not Met |
| **Timetable for making improvements:** | By 06 January 2020  |
| **Revised plan for continuous improvement due:** | By 19 October 2019  |

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

Site Audit Performance
Assessment Report

The Commission makes the decision taking into account this Site Audit report, any response by the provider, and any other relevant information.

The met/not met recommendations made by the Assessment Team in this Site Audit report may differ from the findings in the decision.

## Introduction

**This is the report of an assessment of Weeroona Aged Care Plus Centre (the Service) conducted from 27 August 2019 to 30 August 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 | 14 |
| Consumer representatives  | 5 |
| Management | 8 |
| Clinical staff | 4 |
| Care staff | 7 |
| Hospitality and environmental services staff | 7 |
| Lifestyle staff | 2 |
| External contractors | 1 |
| Visiting service providers such as allied health professionals | 1 |
| Other | 4 |

## 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 Not Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 1:

The Assessment Team found the organisation has met three of the six requirements in relation to this standard.

Consumer experience interviews show that 94% of consumers confirmed staff treat them with respect always or most of the time. When asked do staff explain things 82% of consumers said always or most of the time, 12% said sometimes and 6% said never. 94% of consumers said they have a say in their daily activities always or most of the time and 6% said never.

The organisation demonstrated consumers are treated with dignity and respect. Culture and diversity are valued, and the organisation has a diversity policy in place. The organisation demonstrated information is provided in a timely manner. Examples included staff and consumer information sessions regarding the new standards and Charter of Aged Care Rights.

The organisation has mechanisms for communication with consumers who are hearing and/or sight impaired and consumers from culturally, linguistically diverse backgrounds (CALD) have access to information in different languages, interpreter services and cue cards.

However, the organisation was unable to adequately demonstrate that care and services are culturally safe, and each consumer is supported to exercise choice, independence and take risks. Consumer feedback and review of assessments, care plans and other documentation showed goals, needs and preferences of consumers are not identified. Risk assessments have not been completed in all instances and staff lack knowledge and awareness of consumer risk.

The service ensures each consumer’s privacy is maintained through the respectful delivery of personal care. Personal information is kept confidential through a range of mechanisms including coded doors, electronic and hard copy security processes and staff training on an ongoing basis.

#### 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) Not Met**

The organisation demonstrates that care and services are culturally safe.

Standard 1 Requirement 3(c) Not 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) Not Met

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

Standard 1 Requirement 3(e) Met

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

Standard 1 Requirement 3(f) Met

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

**Standard 2:
Ongoing assessment and planning with consumers Not Met**

**Consumer outcome:**

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

**Organisation statement:**

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 three of five requirements related to Standard 2 were met.

94% of consumers/representatives randomly interviewed said they have a say in their daily activities most of the time or always. Some consumers said they did not get their preference related to care however this mainly related to goals and other consumers behaviours.

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

The service has a system for regular and responsive reassessment and planning of care and services generally include consideration of risks to each consumer’s health and wellbeing. An additional round of case conferences and review of care plans is currently occurring to provide each consumer and their representative the opportunity to contribute to their care planning. However not all consumers were aware that they had an opportunity to adjust and sign their care plan.

Assessment and planning identifies and addresses consumers’ current needs. Consumers have also been supported to provide their choice in relation to completing an advanced care directive.

The registered nurse or one of the services clinical managers communicates the outcomes of assessments and recommended care plan through timely discussions and case conferences.

Goals are not currently being set with each consumer, however during assessment consumers are asked about their preferences and the service generally works with them to manage the risks around those preferences. The registered nurses or a clinical manager regularly conducts case conferences with consumer representatives to discuss satisfaction and any changes that need to occur in care and services.

Consumers are not having thorough assessments completed in relation to identifying physical restraints such as bedrails are needed. There is no documented consideration of alternatives tried or considered. The consumer’s representative is not provided with clear information on the risks of the restraint, so they can make an informed decision.

Reassessment of each consumer during clinical deterioration or improvement demonstrated that the care plans are not always updated in a timely manner.

**Requirements:**

**Standard 2 Requirement 3(a) Not Met**

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

**Standard 2 Requirement 3(b) Not Met**

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

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

The organisation demonstrates that assessment and planning:

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 Not Met**

**Consumer outcome:**

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

**Organisation statement:**

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 five of seven requirements related to Standard 3 were met.

Of the 16 consumers/representatives who were interviewed in relation this standard, 94% of them responded that consumers say they get the care they need always or most of the time whereas 10% said it was never. Some of the consumers say that their clinical and/or personal care are either not delivered according to their preferences or is delayed.

While some consumers/representatives reported that the delivery of clinical care to the consumers is improving, the Assessment Team identified some deficiencies in relation to some of aspects of consumers’ clinical care. This includes deficiencies in managing high impact and high prevalence risks, pain and behaviour management. However, the organisation has effective systems and processes to manage consumers that are receiving palliative treatment and/or end of life care. There is an external palliative care services and nurse practitioner that attends and reviews consumers.

All staff interviewed in relation to this standard confirmed they receive training at orientation and annually in relation to clinical and personal care. They were able to describe how they manage a consumer if they notice a change and how they manage infections. The organisation’s policy and procedure manual for clinical, personal care and other services are available however new polices are still being embedded into the organisation.

While the organisation is implementing systems and processes to align their practice with the new Aged Care Accreditation Standards including minimising restrictive practices and align the use of restraints, there are examples where the use of bedrails, environmental, chemical and lap belt restraints are not in accordance with current legislative guidelines.

The organisation has in place effective systems and processes to minimise and manage infection control. Consumers were able to describe how staff conduct hand hygiene and other measures including the use of personal protective equipment. The organisation has installed several infection control points on all sections of the facility including antimicrobial stations located in reception and each wing. Related information is displayed around various noticeboards on infection control.

**Requirements:**

**Standard 3 Requirement 3(a) Not Met**

The organisation demonstrates that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:
i) is best practice and
ii) is tailored to their needs and
iii) optimises their health and well-being.

**Standard 3 Requirement 3(b) Not 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 Not 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 two of seven requirements in relation to this standard.

Consumer experience interviews show that 94% of respondents confirmed they are encouraged to do as much as possible for themselves always or most of the time. One consumer (6%) said never and refers to just doing things for themselves anyway. All consumers interviewed said they feel safe in the service. Consumer responses to whether they enjoy the food showed 63% said always or most of the time. The remaining 37% of respondents said they sometimes enjoy the meals.

Mostly consumers said they were satisfied with the services they receive. However, a number of consumers raised concerns relating to food quality and the dining experience, choice of personal hygiene routine, access to the community, stock of medications and bath towels and attendance at chapel.

The organisation provided some evidence of how services support consumers to optimise their independence, health, wellbeing and quality of life. This included a strong volunteer program, monthly activity calendar, clean, well maintained equipment and timely referrals to allied health professionals or other specialists.

The organisation also demonstrated mechanisms for consumer feedback including consumer meetings, feedback forms, consumer surveys, resident advocates and a food focus group. The Assessment Team reviewed this information and raised concerns about the effectiveness of some of these mechanisms particularly around the food focus group.

However, the service could not adequately demonstrate consumer goals, needs and preferences have been identified and subsequently documented. Assessment and care planning documentation was not accurate, contradictory and generic, lacking consumer focus. Staff were not able to provide satisfactory information on consumers and how they contribute to ensuring each consumer receives safe and effective services to support their quality of life.

#### Requirements:

Standard 4 Requirement 3(a) Not 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) Not 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) Not Met

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

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

Standard 4 Requirement 3(d) Not Met

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

Standard 4 Requirement 3(e) Met

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

Standard 4 Requirement 3(f) Not 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 Not Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 5:

The Assessment Team found the organisation has met two of three requirements in relation to this standard.

Consumer experience interviews show that 94% of consumers interviewed said they feel at home with one consumer (6%) saying never however did not provide further explanation. Consumers reported the service is well maintained, clean and they have access to outdoors areas where they can spend time with their families or friends.

The service was observed to be welcoming with individual rooms decorated with photographs and other personal items. Consumer’s bedrooms, bathrooms and other areas of the service are clean and well maintained. Regular environmental walkarounds are conducted to ensure facilities are maintained.

However, the organisation did not demonstrate they have an adequate process for review and evaluation of the service environment which includes consumer feedback. It was observed by the Assessment Team there is a keypad entry to Grevillea and Acacia areas of the service. Management could not provide reason as to why these areas are secure and stated consumers are free to come and go. The Assessment Team did not sight evidence of this. The Assessment Team observed numerous consumers waiting for staff attention to let them out of the secure area. All consumers interviewed in these areas of the service told the Assessment Team they had not been provided a code. Consumer meeting minutes also demonstrated consumers have raised this concern previously. Staff and management did not view this as environmental restraint.

#### 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) Not Met

The organisation demonstrates that the service environment:

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

Standard 5 Requirement 3(c) Met

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

### Standard 6: Feedback and complaints Met

#### Consumer outcome:

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

#### Organisation statement:

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.

Consumer experience interviews show that 100% of consumers said staff follow up when you raise things with them always or most of the time. Consumers confirmed that they can provide feedback and make complaints and have confidence that appropriate action will be taken.

There are mechanisms to facilitate consumers and interested persons to provide feedback or make a complaint. The organisation has feedback forms which is readily available throughout the service. Secure confidential suggestions boxes are also available throughout the service.

Brochures, posters and booklets are available throughout the service promoting and explaining the internal and external complaint mechanisms available to them.

Consumers have access to advocates, language services if required and other methods for raising and resolving complaints. Staff have received recent training which included supporting consumers to provide feedback and make complaints.

The organisation demonstrated that appropriate action is undertaken in response to a complaint and this is carried out in a timely manner.

Feedback and complaints are reviewed and investigated and used to improve the quality of care. Meeting minutes demonstrate that feedback and complaints are a standard agenda item for management. The organisation has a feedback and complaints register and can demonstrate how suggestions and complaints are used to improve services within its continuous improvement plan.

#### Requirements:

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

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

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

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

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

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

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

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

### Standard 7: Human resources Met

#### Consumer outcome:

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

#### Organisation statement:

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 under this Standard were met.

94% of consumers/representatives randomly interviewed said they get the care they need most of the time or always. Comments were mostly complimentary regarding staff. Staff described how the organisation supports them in their role and how they work towards achieving positive outcomes for individual consumers.

100% of consumers/representatives randomly interviewed said staff are kind and caring most of the time or always. Various examples were provided of what this meant to consumers including that they are well cared for. Staff interactions were observed to be respectful. Staff were able to articulate the action they would take should a lack of respect be shown to consumers. The organisation was able to demonstrate a clear process for addressing any issues raised regarding respect for consumers and taking appropriate action in response.

87% of consumers/representatives randomly interviewed said staff know what they are doing most of the time or always. Consumers noted that the majority of staff know what they are doing and provide the care and services they need in a competent manner. However, the Assessment Team observed some inconsistencies in the care management of some consumers. Staff demonstrated knowledge of individual consumer’s needs and preferences and explained how they meet these on a daily basis. Staff advised they feel supported in performing their respective roles and comfortable in making suggestions for improvement. Currency of professional qualifications, skills and competencies and staff performance are monitored and reviewed by the organisation in an effective and consistent manner.

The organisation demonstrated the workforce is recruited to specific roles with workplace mentoring, mandatory training and optional education programs, competency assessments and specific training where relevant to individual consumer’s care and service needs. Performance appraisals from part of probation, with annual review or review as required and feed into further development. The organisation continues to actively recruit and manage the workforce towards the best possible outcome for consumers.

#### 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 Not Met

#### Consumer outcome:

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

#### Organisation statement:

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 three of the five requirements in relation to Standard 8 were met.

Consumer experience interviews show that 93% of consumers/representatives stated that the service is well run always or most of the time. The organisation demonstrates that consumers have a say in the care and services provided via meetings, forums and feedback mechanisms. Consumers and their representatives are involved in case conferences with the multidisciplinary team when the need arises. The service engages consumers during their assessment process on their preferences for delivery and evaluation of care. However, they currently do not have a process to engage consumers in setting goals.

The governing body meets regularly and has skilled representation. The executive leadership team 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 that support 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 in the form of a clinical governance committee and reporting structures. Management uses a range of monitoring processes such as internal audits, quality indicators and incidents to monitor consumer outcomes and identify and manage clinical risks.

Risk management systems and practices are in place including managing high-impact and high prevalence risks associated with the care of its consumers. There are systems in place and education provided to staff to identify and respond to abuse and neglect of consumers. However, the service has not met legislative requirements and kept a consolidated register of mandatory reporting that demonstrates compliance.

Antimicrobial stewardship has been addressed by the clinical governance committee with the support of a pharmacist and medical officer and effective management and monitoring processes are in place.

The organisation is not following legislative requirements for minimising the use of 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) Not 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) Not 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