Accreditation Decision

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | William Beech Gardens - Waler |
| **RACS ID:** | 0043 |
| **Name of approved provider:** | RSL LifeCare Limited |
| **Address details:**  | Madline Street Condobolin NSW 2877 |
| **Date of site audit:** | 27 August 2019 to 29 August 2019 |

**Summary of decision**

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| **Decision made on:** | 03 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 2020 |
| **Assessment of performance with the Aged Care Quality Standards** |
| Standard 1 Consumer dignity and choice | Met |
| Requirement 1(3)(a) | Met |
| Requirement 1(3)(b) | Met |
| Requirement 1(3)(c) | Met |
| Requirement 1(3)(d) | Met |
| Requirement 1(3)(e) | Met |
| Requirement 1(3)(f) | Met |
| Standard 2 Ongoing assessment and planning with consumers |  Not Met |
| Requirement 2(3)(a) | Met |
| Requirement 2(3)(b) | Not 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) | Not Met |
| Requirement 3(3)(b) | Not Met |
| Requirement 3(3)(c) | Met |
| Requirement 3(3)(d) | Not Met |
| Requirement 3(3)(e) | Not Met |
| Requirement 3(3)(f) | Met |
| Requirement 3(3)(g) | Met |
| Standard 4 Services and supports for daily living | Not Met |
| Requirement 4(3)(a) | Met |
| Requirement 4(3)(b) | Met |
| Requirement 4(3)(c) | Not Met |
| Requirement 4(3)(d) | Met |
| Requirement 4(3)(e) | Not Met |
| Requirement 4(3)(f) | Met |
| Requirement 4(3)(g) | Met |
| Standard 5 Organisation’s service environment | Not Met |
| Requirement 5(3)(a) | Not Met |
| Requirement 5(3)(b) | Not Met |
| Requirement 5(3)(c) | Met |
| Standard 6 Feedback and complaints | Not Met |
| Requirement 6(3)(a) | Met |
| Requirement 6(3)(b) | Met |
| Requirement 6(3)(c) | Met |
| Requirement 6(3)(d) | Not Met |
| Standard 7 Human resources | Not Met |
| Requirement 7(3)(a) | Not Met |
| Requirement 7(3)(b) | Met |
| Requirement 7(3)(c) | Met |
| Requirement 7(3)(d) | Met |
| Requirement 7(3)(e) | Not 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 |
| **Timetable for making improvements:** | By 02 December 2019  |
| **Revised plan for continuous improvement due:** | By 18 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 William Beech Gardens - Waler (the Service) conducted from 27 August 2019 to 29 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 | 19 |
| Consumer representatives  | 4 |
| Management | 4 |
| Clinical staff | 1 |
| Care staff | 6 |
| Hospitality and environmental services staff | 3 |
| Lifestyle staff | 2 |
| External contractors | 3 |

## Detailed findings

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

### Standard 1: Consumer dignity and choice Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 1:

The Assessment Team found the organisation meets all six requirements under Standard 1.

The results of consumer experience interviews show 100% of consumers are treated with respect always or most of the time. 100% of consumers agreed the staff are caring and kind always or most of the time. Many consumers and their representatives stated the staff are kind, caring and do an exceptional job at providing care.

Staff spoke about consumers in a way that demonstrated knowledge, respect and understanding of consumer’s individual preferences, cultures and personal circumstances. The service has been responsive to consumer’s wishes to acknowledge their aboriginal heritage to the degree they are comfortable with. Other cultural events are acknowledged and celebrated in ways which consumers appreciate and enjoy, for example ANZAC day, Easter and Christmas.

The service has acquired and recorded consumers preferences for representation and decision making. Where consumers are no longer able or prefer for another person to make decisions for them this is recorded, and copies of powers of attorney and guardianship orders are kept by the service. The service is encouraging consumers to develop advance care directives, so their preferences and wishes are recorded.

The results of the consumer/representative’s interviews show 100% of consumers responded they are encouraged to do as much as possible for themselves always or most of the time. Feedback from the consumer interviews shows 92% said staff explain things to them most of the time or always. One consumer (8%) said staff explain things some of the time and staff don’t always know the things they should.

Consumer’s personal information was observed to be kept in locked areas and where computerised information is stored it has suitable protections which control access. Consumers are consulted about the level of privacy they would like maintained and personal information such as photos and birthdays are only displayed/disclosed if it is agreed to by the consumer.

#### The Assessment team spoke with consumers who stated they are living their lives the way they prefer with the support of the staff.

#### Requirements:

Standard 1 Requirement 3(a) Met

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

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

The organisation demonstrates that care and services are culturally safe.

Standard 1 Requirement 3(c) Met

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

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

Standard 1 Requirement 3(d) Met

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

Standard 1 Requirement 3(e) Met

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

Standard 1 Requirement 3(f) Met

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

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

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

#### Summary of Assessment of Standard 2:

The Assessment Team found that the organisation meets four of the five requirements under Standard 2*.*

Of the consumers randomly interviewed 100% said they have a say in their daily activities most of the time or alwaysand they are involved in their assessments and care planning*.* Consumers reported feeling safe and that the service gets input and advice from other professionals to ensure consumers get the right care.

While there are processes for assessing consumer needs and preferences, evidence demonstrates that these processes are not being effectively applied in practice. There were inconsistencies between care plans and consumer care needs and preferences.

Advanced care planning is offered to all consumers and their choices are documented*.* Scheduled meetings with the consumers and their representatives, are conducted to discuss the care plan with them, a copy of the care plan is available to both the consumer and their representatives.

Consumers said they have had discussions with staff in relation to their care and services.

#### 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) 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:

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

Standard 2 Requirement 3(d) Met

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

Standard 2 Requirement 3(e) Met

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

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

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

#### Summary of Assessment of Standard 3:

The Assessment Team found that the organisation meets three of the seven requirements under Standard 3.

Of the consumers randomly sampled 100% said they get the care they need most of the time or always. Consumers spoke highly of the staff and were very appreciative of the care they receive however the Assessment Team were also given examples of occasions when care or services were not as they expected them to be.

Review of care documentation shows that care plans and assessments are reviewed and updated by registered nurses’ but are not reflective of current care needs and/or best practice, care is not tailored to consumers current needs to optimise their health and wellbeing.

Effective management of high impact or high prevalence risk was not demonstrated by the service in relation to medication, pain and diabetes management. Issues were identified by the Assessment Team that management had not been aware of, indicating that monitoring is ineffective.

The service did not demonstrate 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. Registered nurses are allocated to be on duty in the service, but the Assessment Team saw little evidence that this occurs in practice.

The service has several external services contributing to the care and services provided to the consumers. Management were unable to show a system for communicating with these providers to ensure the care they recommend is provided. Staff at the service do not have access to information relevant to the consumers care needs because communication systems are not in place and have not been developed.

There is a referral process and the organisation has contracts with allied health providers who visit the service when needed.

The organisation has an infection control system in place and staff were familiar with universal precautions and antimicrobial stewardship

#### 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:

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

Standard 3 Requirement 3(b) Not Met

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

Standard 3 Requirement 3(c) Met

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

Standard 3 Requirement 3(d) Not 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) Not Met

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

Standard 3 Requirement 3(f) Met

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

Standard 3 Requirement 3(g) Met

The organisation demonstrates minimisation of infection related risks through implementing:

1. standard and transmission based precautions to prevent and control infection; and
2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

### Standard 4:Services and supports for daily living 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 meets five of the seven requirements under Standard 4.

Consumers provided examples of how staff support them to be independent and their health, wellbeing and quality of life is optimised. Of the consumers randomly sampled 58% of consumers say they have a say in their daily activities always and 42% most of the time. Consumers provided complimentary feedback about the care and support provided by the staff and how staff do their best to meet all their needs.

Consultation has commenced with consumers and where appropriate their representatives through case conferences to review consumer’s care and support needs and preferences. There is an auditing system which is utilised to monitor care plan content and the review process.

Consumers can explain how their emotional, spiritual and psychological well-being are supported and staff demonstrate a good knowledge of consumer’s needs. Two consumers who have recently been bereaved stated the staff have been very supportive and have taken the time to talk with them. They stated they are satisfied with the emotional support being provided to them. One hundred % of consumers randomly interviewed stated staff are kind and caring always or most of the time. Recreational staff in consultation with consumers have been reviewing and updating consumer’s life stories. The information gathered was noted to include extensive information about consumer’s key life events.

The organisation cannot demonstrate that consumers are supported to participate in community activities within and outside the service to the degree they desire and have social and personal relationships. Consumers stated they would like more interaction with the town and this was also raised in the organisational consumer report in April 2019 which recorded "I'd like our home to be more connected to the town, maybe have more open days where people from the community come in and mix with us. More activities would be nice - we don't really do much, there's not much on offer”.

The recreational staff require training and a review of their work duties to support them in the provision of recreational activities. The Assessment Team was informed funding has recently been secured for the recreational staff to complete relevant training.

Consumers provided positive feedback about how their health care is managed and staff response when they request information. However, the Assessment Team identified occasions where information about consumers care is not shared and/or followed up to improve safety, effectiveness and reduce the risk of harm to consumers. Where other organisations and providers are involved in the provision of care a collaborative approach and general oversite is not always occurring. Management acknowledged the deficits identified and stated they will act to address them.

There is a varied four-week rotating menu which changes every three months. Review of the menu shows menu items have been changed in response to feedback from consumers about their preferences. Of the consumers randomly sampled 75% said they like the food always and 25% most of the time. Comments from consumers included “we have a good choice of meals”, “I can choose what I like and I like that” and “I can tell them what I want”.

There are systems to monitor the condition and suitability of equipment and consumers generally did not raise any concerns other than the provision of suitable ash trays which management were responding to.

#### 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) 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) 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) Not Met

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

Standard 4 Requirement 3(f) Met

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

Standard 4 Requirement 3(g) Met

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

### Standard 5:Organisation’s service environment 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 meets one of the three requirements under Standard 5.

While the organisation can demonstrate aspects of this standard, for example the environment facilitates consumers sense of belonging and some aspects of independence, the environment is not easy to understand and navigate and provides limited areas for social interaction.

The organisation is unable to demonstrate the service is clean and well maintained. Feedback from consumers/representatives included their dissatisfaction with the standard of cleaning and garden maintenance. The Assessment Team observed the service is not clean, requires painting and maintenance.

The design of the buildings enables access to outside garden areas and some consumers were observed accessing these areas when they chose. The organisation has replaced key furniture in the last two years and consumers state they are comfortable living in the service.

#### Requirements:

Standard 5 Requirement 3(a) Not 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 Not Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 6:

The Assessment Team found the organisation meets three of the four requirements under Standard 6.

The service can demonstrate that consumers know how to give feedback and make complaints, and that consumers have access to advocates, and other methods for raising and resolving complaints.

Consumers said they do receive feedback in relation to their complaints and one consumer described processes indicating the principles of open disclosure are understood and incorporated into the management of complaints.

The service failed to demonstrate that, feedback and complaints are reviewed and used to improve the quality of services in relation to staffing, workflow/workload, clinical oversight and cleaning.

#### 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) Not Met

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

### Standard 7:Human resources Not Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 7:

The Assessment Team found the organisation meets three of the five requirements under Standard 7.

The service demonstrated they ensure staff interactions with consumers are kind, caring and respectful of each consumers identity, culture and diversity. Consumers provided examples of what this meant to them including feedback that highlighted their concerns about staffing levels.

The service demonstrated the workforce is recruited to specific roles, trained and generally equipped to undertake these roles. Orientation occurs for new staff, education is provided, and staff attendance is monitored. Training occurs when new systems and procedures are implemented.

However, the service did not demonstrate that the number and mix of staff is planned to support safe and quality services. For example

* Consumers and representatives said that staff are too busy, and they work short. One representative said it can be hard to find staff when you need them. The Assessment Team observed the difficulties this representative faced in trying to get a registered nurse to review her mother’s condition.
* Staff said they do not always get their breaks. Staff said they do not always have time to provide planned hygiene care and document clinical observations.

The services management said they do not have a formal system of monitoring staff performance of their roles, they rely on feedback from consumers and their representatives and their own observations. This system is not being used effectively. For example

* Consumers/representatives have provided management with feedback about poor care outcomes that have not been investigated to ensure improved performance.

#### Requirements:

Standard 7 Requirement 3(a) Not 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) Not Met

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

### Standard 8:Organisational governance Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 8:

The Assessment Team found the organisation meets all five of the requirements under Standard 8.

The organisation has commenced establishing methods to engage with consumers to gain their feedback about the services they receive. Regular consumer surveys are occurring throughout the organisation to provide information to the board. Through randomised interviews 100% of consumers stated ‘the place is well run’ always or most of the time.

The organisation is undergoing significant change including a management restructure and the implementation of a new strategic model. The organisation has a new board which is overseeing the changes being implemented. The new chief executive officer has been restructuring the organisation and employing executive staff.

The organisation is in the process of restructuring the majority of governance systems which requires the review of all policies and procedures which is currently occurring. There are new systems, processes and supporting policies under development to support information management, continuous improvement, financial governance, workforce governance, including the assignment of clear responsibilities and accountabilities, regulatory compliance and feedback and complaints management.

The organisation has been working on developing a high-level risk management framework and risk appetite which has been developed and approved by the board.

The organisation has developed a clinical governance framework and policy which is currently under final review before being released. Referral pathways to the organisation’s clinical nurse specialist (CNS) team and other resources is being developed. The organisation’s policy and procedures have been revised to support antimicrobial stewardship and new polices are under development for restraint minimisation and open disclosure.

#### Requirements:

Standard 8 Requirement 3(a) Met

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

Standard 8 Requirement 3(b) Met

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

Standard 8 Requirement 3(c) Met

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

1. information management;
2. continuous improvement;
3. financial governance;
4. workforce governance, including the assignment of clear responsibilities and accountabilities;
5. regulatory compliance;
6. feedback and complaints.

Standard 8 Requirement 3(d) Met

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

1. managing high impact or high prevalence risks associated with the care of consumers;
2. identifying and responding to abuse and neglect of consumers;
3. supporting consumers to live the best life they can.

Standard 8 Requirement 3(e) Met

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

1. antimicrobial stewardship;
2. minimising the use of restraint;
3. open disclosure.