Accreditation Decision and Report

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Woodberry Village |
| **RACS ID:** | 0187 |
| **Name of approved provider:** | Anglican Community Services |
| **Address details:**  | 129 Lanhams Road WINSTON HILLS NSW 2153 |
| **Date of site audit:** | 06 August 2019 to 09 August 2019 |

**Summary of decision**

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| --- | --- |
| **Decision made on:** | 18 September 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:** | 05 October 2019 to 05 October 2022 |
| **Assessment of performance with the Aged Care Quality Standards** |
| Standard 1 Consumer dignity and choice | Met |
| Requirement 1(3)(a) | Met |
| Requirement 1(3)(b) | Met |
| Requirement 1(3)(c) | Met |
| Requirement 1(3)(d) | Met |
| Requirement 1(3)(e) | Met |
| Requirement 1(3)(f) | Met |
| Standard 2 Ongoing assessment and planning with consumers | Met |
| Requirement 2(3)(a) | Met |
| Requirement 2(3)(b) | Met |
| Requirement 2(3)(c) | Met |
| Requirement 2(3)(d) | Met |
| Requirement 2(3)(e) | Met |
| Standard 3 Personal care and clinical care | Met |
| Requirement 3(3)(a) | Met |
| Requirement 3(3)(b) | Met |
| Requirement 3(3)(c) | Met |
| Requirement 3(3)(d) | Met |
| Requirement 3(3)(e) | Met |
| Requirement 3(3)(f) | Met |
| Requirement 3(3)(g) | Met |
| Standard 4 Services and supports for daily living | Met |
| Requirement 4(3)(a) | Met |
| Requirement 4(3)(b) | Met |
| Requirement 4(3)(c) | Met |
| Requirement 4(3)(d) | Met |
| Requirement 4(3)(e) | Met |
| Requirement 4(3)(f) | Met |
| Requirement 4(3)(g) | Met |
| Standard 5 Organisation’s service environment | Met |
| Requirement 5(3)(a) | Met |
| Requirement 5(3)(b) | Met |
| Requirement 5(3)(c) | Met |
| Standard 6 Feedback and complaints | Met |
| Requirement 6(3)(a) | Met |
| Requirement 6(3)(b) | Met |
| Requirement 6(3)(c) | Met |
| Requirement 6(3)(d) | Met |
| Standard 7 Human resources | Met |
| Requirement 7(3)(a) | Met |
| Requirement 7(3)(b) | Met |
| Requirement 7(3)(c) | Met |
| Requirement 7(3)(d) | Met |
| Requirement 7(3)(e) | Met |
| Standard 8 Organisational governance | Met |
| Requirement 8(3)(a) | Met |
| Requirement 8(3)(b) | Met |
| Requirement 8(3)(c) | Met |
| Requirement 8(3)(d) | Met |
| Requirement 8(3)(e) | Met |

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

Site Audit Performance
Assessment Report

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

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

## Introduction

**This is the report of an assessment of Woodberry Village (the Service) conducted from 06 August 2019 to 09 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 | 35 |
| Consumer representatives  | 7 |
| Management | 5 |
| Clinical staff | 7 |
| Care staff | 12 |
| Cleaning staff | 4 |
| Care manager | 1 |
| Team supervisor | 1 |
| External contractors (Cleaning supervisor) | 1 |
| Maintenance staff | 3 |
| Chaplain | 1 |
| Volunteers | 2 |
| Receptionist | 1 |
| Laundry staff | 1 |
| Activities staff | 3 |
| Catering staff | 4 |
| Physiotherapist | 1 |
| Palliative care CNC | 1 |
| External contractors (Cleaning supervisor) | 1 |

## Detailed findings

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

### Standard 1: Consumer dignity and choice Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 1:

The Assessment Team found that all of the six requirements related to Standard 1 were met.

Consumer experience interviews show that 100% of respondents confirmed staff treat them with respect and are encouraged to do as much as possible for themselves always or most of the time. 88% of consumers confirmed staff explain things to them always or most of the time. 100% of respondents also confirmed they have a say in their daily activities always or most of the time.

The organisation has a philosophy of care that supports autonomy, dignity, consumer choice and independence and there are a range of mechanisms in place to support this. These include policies and procedures, an extended assessment process, extensive ongoing training for staff and opening up of the previous secure dementia unit to ensure freedom of movement throughout the service. Organisational surveys showed strong positive results from consumers regarding respect, choice, independence and involvement of advocates in their care and staff were observed to interact with consumers respectfully while seeking feedback on their needs and preferences. Where potential risks are identified due to consumer choice, processes are in place to manage this.

Processes in the service ensure consumers’ needs and preference are communicated to staff through a range of mechanisms and consumers provided positive comments regarding staff respecting their choices and preferences and trying to accommodate them whenever possible. A consumer group committee is also in place that advocates on behalf of all consumers with regards to group decisions about their care and services. Consumers are also encouraged to foster relationships both within and outside of the service and a range of services assist them to do this such as social activities included in the program, regular bus outings, a chaplaincy service and a range of volunteers attending the service.

The service endures each consumer’s privacy is respected through the respectful delivery of personal care and use of do not disturb signs, and 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. The organisational survey had positive results from consumers of staff respect regarding their privacy and organisational audits showed 100% compliance with policies and processes.

#### Requirements:

Standard 1 Requirement 3(a) Met

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

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

The organisation demonstrates that care and services are culturally safe.

Standard 1 Requirement 3(c) Met

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

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

Standard 1 Requirement 3(d) Met

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

Standard 1 Requirement 3(e) Met

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

Standard 1 Requirement 3(f) Met

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

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

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 2:

The Assessment Team found that all of the five requirements related to Standard 2 were met.

Consumer experience interviews show that 100% confirmed that they have a say in their daily activities most of the time or always. Most consumers were able to explain how they have been involved in case conferences and review of their care plans.

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

The service has a system for regular and responsive reassessment and planning of care and services including consideration of risks to the consumers health and well-being. 99% of consumers have a completed and up to date assessment and care plan in place and corresponding case conferences have occurred. The service began providing each consumer and their representative an opportunity to adjust and sign their care plan.

Assessment and planning identify and address the consumers current needs. On most of the consumer files reviewed, the service identified goals and preferences of the consumer in each area of the care plan. Over 70% of consumers at the service have chosen to complete advanced care directives.

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

#### Requirements:

Standard 2 Requirement 3(a) Met

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

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

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

Standard 2 Requirement 3(c) Met

The organisation demonstrates that assessment and planning:

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

Standard 2 Requirement 3(d) Met

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

Standard 2 Requirement 3(e) Met

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

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

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 3:

#### The Assessment Team found all requirements in relation to standard 3 were met.

Consumer experience interviews show that 100% of consumers indicated they get the care they need most of or all of the time and 100% of consumers responded they feel safe all or most of the time.

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

Clinical indicators are monitored for high prevalent risks whilst incidents are analysed, and care adjusted through the incident management system. Documentation of monitoring and care delivery is consistent with policy whilst care plans reflect safe and effective care delivery in line with the goals and preferences of consumers.

Timely referrals occur to medical practitioners, specialists, allied health professionals and spiritual leaders.

Clinical nurse consultants visit the service regularly and review consumers who exhibit behaviours of concern or assist with management of palliative care. Consumers end of life wishes are documented and staff are respectful of the consumers wishes. Care staff and the services chaplain provide emotional support and guidance to the consumer and their family during palliative care.

Care staff demonstrated an understanding of infection control, including regular handwashing.

#### Requirements:

Standard 3 Requirement 3(a) Met

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

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

Standard 3 Requirement 3(b) Met

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

Standard 3 Requirement 3(c) Met

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

Standard 3 Requirement 3(d) Met

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

Standard 3 Requirement 3(e) Met

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

Standard 3 Requirement 3(f) Met

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

Standard 3 Requirement 3(g) Met

The organisation demonstrates minimisation of infection related risks through implementing:

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

### Standard 4: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:

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 that all of the seven requirements related to Standard 4 were met.

Consumer experience interviews show that 100% of respondents confirmed they are encouraged to do as much as possible for themselves always or most of the time and 100% of consumers said they feel safe in the service. Organisational surveys showed a strong focus on gaining feedback regarding this standard and results were very positive with 100% agreement their spiritual and religious needs are met. Several questions related specifically to social engagement and the maintenance of their relationships and all of these scored in the 90% plus range.

The service ensures the provision of safe services that encourage independence and improve consumers’ quality of life through a range of mechanisms including the management of the individual consumer’s risk, maintenance and cleaning of equipment, and closely monitored food services. The consistency of these processes is ensured by “The Rhythm of Life” philosophy, policies, procedures, guidelines and comprehensive staff training.

Many processes are in place to ensure consumers’ emotional, social and psychological needs are met including comprehensive multidisciplinary assessment with consumer representative involvement, timely referrals to counselling and allied health, on-site chaplaincy services and a range of volunteer services.

Consumers are engagement with the development of menus twice a year, with taste testings prior to the introduction of a new menu and ongoing feedback encouraged around food quality and the dining experience.

#### Requirements:

Standard 4 Requirement 3(a) Met

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

Standard 4 Requirement 3(b) Met

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

Standard 4 Requirement 3(c) Met

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

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) 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 Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 5:

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

Consumer experience interviews show that 88% of consumers interviewed said they feel at home with 12% either giving no reason or saying they would prefer to be in their own home. Consumers reported the service is well maintained, clean and kept at a comfortable temperature, are happy with the furniture and fittings, have the equipment they need and 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 (including ensuite bathrooms) decorated with memorabilia, photographs and other personal items. Consumer’s bedrooms, bathrooms and other areas of the service are clean and well maintained. The layout of the service enabled consumers to move freely around with suitable furnishings and fittings. Corridors are wide, with good visual access and minimal distracting stimulation providing a safe environment for consumers.

The organisation regularly sought feedback about how the service environment, furnishings and fittings could be improved and made more welcoming through feedback systems including meetings.

Regular environmental audits are conducted to ensure facilities are maintained. Items that require attention are actioned and the results of the audits are tabled at the work health and safety meeting. Policies and procedure describe the system for purchasing, servicing and maintenance of furnishing and equipment. Environmentally related risks to consumers are taken into consideration prior to any purchase.

Staff reported they are trained in the use of equipment such as mechanical lifters and the cleaning contractor confirmed services are delivered as arranged.

#### 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:

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

Standard 5 Requirement 3(c) Met

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

### Standard 6:Feedback and complaints Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 6:

The Assessment Team found that all of the four requirements related to Standard 6 were met.

Consumer interviews demonstrated the service encourages consumers and representatives to raise feedback and most of the consumers and representatives interviewed said they have either raised or would feel comfortable raising any issues or complaints. They said they have received information on their right to complaint and the process to do this. They also receive reminders on an ongoing basis through consumer meetings and newsletters.

The service has processes in place to ensure consumers and representatives understand the information provided to them including the use of translated materials, interpreters and have recently purchased a hearing aid device that can also translate into other languages. The Assessment Team observed that information was displayed around the service in English and community languages and feedback forms and suggestion boxes were located on two levels of the service.

Staff are given information on complaints mechanisms for consumers and are advised to encourage consumers to raise any issues as they arise. Staff also said there is a mechanism for the management of concerns raised by staff with many staff indicating they would feel comfortable to raise any issues, especially with regards to consumer care.

Management demonstrated feedback is important to them and all items are logged and investigated, with representatives involved based on consumers’ preferences. Following resolution and feedback from consumers and representatives, the organisation also trends feedback information with a view to continuous improvement in the service. Many consumers said management had treated concerns they had raised seriously, and they were happy with the outcomes achieved.

#### 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:

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 all requirements of this standard to be met.

Consumer experience interviews show that 100% of consumers said staff treat them with respect and are kind and caring always or most of the time. Consumers reported the staff show love, kindness and are wonderful. Mostly consumers felt staff know what they are doing and explain or follow up on information for them. Feedback from consumers also included are staff are over worked.

The service has a roster in place which includes a registered nurse 24-hours, seven days a week. The service limits the use of agency staff through their own casual pool of registered nurses and care staff. The service demonstrated where necessary, changes to staff numbers and rosters has been completed. Staff recruitment processes are comprehensive and minimum education competencies are confirmed. The service has a structured orientation program in place which includes buddy shifts.

The service has a regular training and education calendar which is planned through a gap analysis, observations of staff interactions, staff and consumer feedback. Performance appraisals are completed annually, and the service demonstrated they have all been completed in the past 12 months.

The workforce confirmed they have access to position descriptions, and extra training and education if they choose. Staff said they feel supported and the performance appraisal process is beneficial to them.

#### 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 is undertaken.

### 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:

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 that three of the five requirements relating to this standard were not met.

All consumers interviewed through the consumer experience interviews said the service is well run most of the time or always. Consumers confirmed and provided examples of when and how they are engaged in the development, delivery and evaluation of care and services.

The organisation demonstrated they have an active governing body in place who meet regularly, receive and review risks to consumers and set organisational goals through a strategic plan. The organisations governance systems support regulatory compliance, clinical care and consumer feedback. Workforce interviews confirmed they have received training in these systems and are aware of how their work contributes. However, in relation to information systems, risk assessment processes and clinical governance the following was identified:

* The organisation could not demonstrate that privacy for each consumer had been respected. Interviews with consumers and representatives identified information relating to other consumers may have been shared by a staff member/s resulting in a breach of privacy.
* Although the organisation has a risk management policy in place, the service could not demonstrate; a risk assessment, what information was considered, and how the risk assessment was documented.
* The organisations antimicrobial stewardship policy remains in draft. The organisation did not provide evidence there is an overarching governance system in place to analyse and monitor antibiotic use, pathology outcomes and correct antibiotic use.
* The organisation has undertaken a review of restraint usage at the service and a policy is in place to identify the forms of restraint. The results from the restraint review identified there were no restraints in use at the service. However, the Assessment Team observed bed rails, low low beds and concave mattresses in place for several consumers. Discussions with staff indicated these were being used as ‘safety measures’ and were not being recognised as a form of restraint. Therefore, the service was non-complaint with the organisations restraint policy and the legislation, Quality of Care Amendment Minimising the Use of Restraints 2019.
* The service was unable to demonstrate they have an open disclosure policy or guidance material in place. Education and training around open disclosure was not evident. Where an apology has been provided documented evidence of such was also not provided.

#### 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) Not 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) Not 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) Not 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.