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:** | Yallambee Aged Care |
| **RACS ID:** | 5137 |
| **Name of approved provider:** | Millmerran Centenary Retirement Village Inc |
| **Address details:**  | 34-40 Margaret Street MILLMERRAN QLD 4357 |
| **Date of site audit:** | 01 August 2019 to 04 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:** | 29 November 2019 to 29 November 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 | 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 | 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 | 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) | Met |
| Standard 8 Organisational governance | Not Met |
| Requirement 8(3)(a) | Met |
| Requirement 8(3)(b) | Met |
| Requirement 8(3)(c) | Not Met |
| Requirement 8(3)(d) | Met |
| Requirement 8(3)(e) | Met |
| **Timetable for making improvements:** | By 20 January 2020  |
| **Revised plan for continuous improvement due:** | By 02 October 2019  |

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

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 Yallambee Aged Care (the Service) conducted from 01 August 2019 to 04 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 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 | 8 |
| Representatives | 12 |
| Chair of the Board | 1 |
| Business Manager | 1 |
| Clinical Care Manager | 1 |
| Registered Nurses | 2 |
| Care staff | 9 |
| Catering, cleaning and laundry staff | 4 |
| Lifestyle staff | 1 |
| Volunteer/Community members | 2 |

## Detailed findings

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

### Standard 1: Consumer dignity and choice Met

#### Consumer outcome:

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

#### Organisation statement:

2. The organisation:

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

b) supports consumers to exercise choice and independence; and

c) respects consumers’ privacy.

#### Summary of Assessment of Standard 1:

The Assessment Team found the service has met all six requirements under Standard 1.

Consumer experience interviews show that:

* 100% of consumers/representatives said that staff treat the consumers with respect either always or most of time.
* 100% of consumers/representatives said that staff encourage the consumers to do as much as possible for themselves either always or most of time.
* 100% of consumers/representatives said that staff explain things to the consumers either always or most of time.

The service utilises consumer surveys, regular meetings, feedback and complaints mechanisms to ensure that consumers are satisfied that staff treat them with respect, support them to maintain their identity and live the life they choose.

The service demonstrated consumers are treated with dignity and respect, and the service actively promotes a culture of inclusion. Staff were observed interacting with consumers respectfully and were able to identify consumer’s individual preferences and interests. Consumers described the ways their personal and social connections are supported both within and outside the service. The service promotes the value of culture and diversity in a wide range of activities it offers consumers and in the delivery of personalised care.

Staff could provide meaningful examples of how they help consumers make choices, including by giving consumers accurate information and options to inform their choices. Consumers reported they are able to make decisions about their life, even when it involves an element of risk.

Consumers/representatives reported the service protects the privacy and confidentiality of consumers’ information, and they are satisfied that care and services, including personal care, is undertaken in a way that respects consumers’ privacy. Staff gave examples of how they maintain the privacy of consumers while providing care. The service also demonstrated how electronic and paper documentation is protected to preserve confidentiality of consumer information, consistent with policies and procedures.

#### Requirements:

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

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

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

The organisation demonstrates that care and services are culturally safe.

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

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

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

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

iii) communicate their decisions; and

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

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

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

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

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

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

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

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

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 2:

The Assessment Team found the service has met all five requirements under Standard 2.

Consumer experience interviews show that:

* 94% of consumers/representatives said that the consumers have a say in their daily activities most of the time or always.
* 100% of consumers/representatives said that the consumers get the care they need either always or most of the time.

Consumers/representatives said their direct engagement in the initial and ongoing assessment and planning of the consumer’s care helps them to get the care and services they need. Consumers/representatives reported feeling safe and confident that staff listen to the consumer’s goals and preferences, and that the service seeks input from other professionals to ensure the consumer gets the right care and services to meet their needs. Consumers/representatives reported that the consumer’s care and services are regularly reviewed and that when something goes wrong, or their needs or preferences change, the service communicates with them and seeks their input to update the care and services they are receiving.

Staff could describe how consumers’ feedback is taken into consideration and others who contribute to the consumer’s care (including medical officers, allied health professionals, medical specialists and representatives) work together to deliver a tailored care and service plan and monitor and review the plan as needed.

Review of care and service plans showed plans had been regularly reviewed (with changes made). Staff demonstrated an understanding of adverse incident events and how these were identified, documented and reviewed by the service, to inform continuous improvement. Registered nurses showed an awareness of consumer’s individual advance care planning and had access to documented end of life directives.

#### Requirements:

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

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

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

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

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

The organisation demonstrates that assessment and planning:

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

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

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

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

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

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

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

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 3:

#### The Assessment Team found that all seven of the requirements in relation to Standard 3 are met.

Consumer experience interviews show that:

* 100% of consumers/representatives said that the consumers always feel safe.
* 100% of consumers/representatives said that the consumers get the care they need either always or most of the time.

Registered nurses could describe how they ensure care is best practice, their opportunities for continuing education and how they ensure that information is shared both within the organisation and with others outside the organisation. Care staff demonstrated an understanding of precautions to prevent and control infection. Staff could identify the highest prevalence risks for different cohorts of consumers and how incidents are used to inform changes in practice.

Consumers/representatives gave various examples of how staff ensured the care provided to the consumers was right for them. This included regularly asking consumers/representatives about the consumer’s care and the way it is delivered and through involving visiting medical officers and other health professionals in care planning.

Review of consumer files indicated the delivery of safe and effective care. This included the review of care of consumers who had been palliated with care reflecting attention to the needs and preferences of these consumers at the end of their life. A focus on pain relief, review of pain management strategies and close involvement of representatives and others is evident.

The service demonstrated they have a suite of policies and procedures underpinning the delivery of care and how they review practice and policies to ensure they remain fit-for-purpose, informed by advice from consumers and other experts.

#### Requirements:

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

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

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

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

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

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

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

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

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

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

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

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

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

The organisation demonstrates that minimisation of infection related risks through implementing:
i) standard and transmission based precautions to prevent and control infection; and
ii) practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

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

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 4:

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

Consumer experience interviews show that:

* 100% of consumers/representatives said that staff encourage the consumers to do as much as possible for themselves either always or most of time.
* 100% of consumers/representatives said that the consumers like the food either always or most of the time.

Consumers/representatives interviewed said they are satisfied with the services the consumers receive and stated the service regularly seeks their feedback and supports the consumers to optimise their independence, health, wellbeing and quality of life.

Staff could explain the process for updating care plans, how they are notified of updates and how this enables them to provide care in line with each consumer’s goals, needs and preferences. Staff interviewed demonstrated their knowledge in consumers’ individual needs in social interest and personal relationships.

Review of consumer files indicated consumers’ emotional, spiritual and psychological needs are captured and documented strategies to support meeting the needs are available for staff to follow. The service demonstrated that it supports the emotional, spiritual and psychological wellbeing of consumers in a systemic way by making timely referrals to other individuals, services or organisations and assisting/supporting consumers to connect with other supports and people outside the service.

The service seeks advice from consumers about activities of interest to them within and outside of the service. It provides meals of a suitable quality, variety and quantity and provides safe, suitable, clean and well-maintained furniture. This was also observed by the Assessment Team.

#### Requirements:

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

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

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

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

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

The organisation demonstrates that services and supports for daily living assist each consumer to:
i) participate in their community within and outside the organisation’s service environment; and
ii) have social and personal relationships; and
iii) do the things of interest to them.

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

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

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

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

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

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

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

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

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

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 5:

The Assessment Team found that all three requirements in relation to Standard 5 are met.

75% of randomly interviewed consumers and representatives said consumers feel at home always or most of the time. Other respondents expressed satisfaction with the care and services and said “home” means something different to them. 100% said they always feel safe in the home.

The service environment is welcoming and optimises independence. Ramps leading to the entrance enable consumers, representatives and visitors with mobility deficits to access the service easily. Single rooms with ensuite bathrooms provide consumers with privacy and air-conditioners support individual comfort preferences. The Assessment Team observed consumers have decorated their rooms with personal items and furniture.

The service environment is safe, clean, well maintained and comfortable. A refurbishment and building extension has recently been completed, including a new kitchen, main entrance, extended laundry and refurbished activities/dining room for consumers. Outdoor areas enable consumers to move freely indoors and outdoors. Outdoor areas have gardens, shade, pathways and seating.

The service has new furniture and window treatments throughout the communal areas. Cleaning staff are rostered throughout the week and maintenance issues are reported to a maintenance officer. Consumers and representatives expressed positive feedback in relation to the service environment and the building upgrade.

#### Requirements:

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

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

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

The organisation demonstrates that the service environment:
i) is safe, clean, well maintained and comfortable; and
ii) enables consumers to move freely, both indoors and outdoors.

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

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

### Standard 6: Feedback and complaints Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 6:

The Assessment Team found that all four requirements in relation to Standard 6 are met.

100% of randomly interviewed consumers and representatives said staff follow up when they raise things with them always or most of the time.

The organisation demonstrated consumers and representatives know how to give feedback and make complaints. Consumers and representatives said they are encouraged and supported to made complaints.

The organisation demonstrated consumers and representatives have access to advocacy and external complaints services. Information is provided on entry in handbooks and agreements. All consumers receive a copy of the Charter of Aged Care Rights.

Management provide examples of open disclosure and staff are aware of this concept. Minutes of meetings and complaints registers demonstrated complaints are used to improve care and services.

#### 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 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:

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 four of the five requirements in relation to Standard 7 are met.

100% of randomly interviewed consumers and representatives said consumers get the care they need always or most of the time. 100% said staff are kind and caring always or most of the time. 100% said staff know what they are doing always or most of the time.

The organisation demonstrated there are sufficient numbers of appropriately qualified staff to ensure quality care and services are delivered. Registered staff take responsibility for the day to day clinical management of the service when the Clinical Care Manager (CCM) is on leave.

The Assessment Team observed staff interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. Consumers provided feedback that staff are kind and caring. The organisation has provided education to staff in relation to the new Quality Standards.

The organisation demonstrated the workforce is recruited for specific roles and have the appropriate qualifications and skills to undertake these roles. Staff are provided with an orientation on commencement and said management is supportive.

Management, staff and a review of documentation demonstrated staff performance is reviewed on a regular basis, through informal and formal processes. The service is continuing to recruit staff for a variety of roles and has introduced a chef in response to consumer feedback. Call bell response times are monitored to ensure timely delivery of care and services.

Although consumer feedback in relation to current staff has been positive, the organisation did not demonstrate the workforce is planned to ensure the ongoing delivery and management of safe and quality care and services. For example:

* The CCM is retiring in September 2019 and has said she will stay on for an additional month if required. The Chairman of the Board said the Board was aware the CCM was retiring, however, there is no evidence of succession planning to demonstrate how the clinical governance role will be filled.
* Three of the four registered nurses interviewed have worked at the service for approximately 12 months. When interviewed they said they felt confident to cover the role of CCM for two weeks while the CCM is on leave, however, there has been no mentoring of staff with a view to filling the CCM role on a permanent basis or provide clinical oversight in the event of an emergency.
* The Deputy Clinical Care Manager resigned in May/June 2019 and the role has not been replaced. Management did not demonstrate how this role will be filled.
* The Business Manager (BM) is contracted until the end of 2019 and said he will remain into 2020 if required to assist with the transition of the service to another Approved Provider. Management did not provide evidence of this agreement.

#### 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) 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 four of the five requirements in relation to Standard 8 are met.

100% of randomly interviewed consumers and representatives said the organisation is well run always or most of the time. The organisation demonstrated that they involve consumers in the design, delivery and evaluation of care and services. Consumers and representatives said they are involved in the care planning, delivery and evaluation of care and services.

The governing body meets regularly and is responsible for the strategic direction of the organisation. There are governance systems to support effective information management, compliance with regulation and clinical care. The governance framework addresses anti-microbial stewardship, minimising the use of restraint and open disclosure.

Staff interviewed said they have received education in relation to the new Quality Standards and understand the concept of anti-microbial stewardship, restraint use and open disclosure. Consumers and representatives said they are consulted prior to the use of restraint. Medical officers and registered staff monitor the use of restraints.

The organisation demonstrated they have governance systems in relation to information management, continuous improvement, financial governance, regulatory compliance and feedback and complaints, however, they failed to demonstrate an understanding and application of workforce governance and associated risks, including the assignment of clear responsibilities and accountabilities.

#### 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 that effective organisation wide governance systems relating to the following:
i) information management
ii) continuous improvement
iii) financial governance
iv) workforce governance, including the assignment of clear responsibilities and accountabilities
v) regulatory compliance
vi) feedback and complaints

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

The organisation demonstrates that effective risk management systems and practices, including but not limited to the following:
i) managing high-impact or high-prevalence risks associated with the care of consumers
ii) identifying and responding to abuse and neglect of consumers
iii) supporting consumers to live the best life they can

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

The organisation demonstrates that where clinical care is provided - a clinical governance framework, including but not limited to the following:
i) antimicrobial stewardship
ii) minimising the use of restraint
iii) open disclosure