Accreditation Decision

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | mecwacare Malvern Centre |
| **RACS ID:** | 3875 |
| **Name of approved provider:** | MECWA |
| **Address details:**  | 1245 Malvern Road MALVERN VIC 3144 |
| **Date of site audit:** | 08 October 2019 to 09 October 2019 |

**Summary of decision**

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| **Decision made on:** | 06 November 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:** | 11 December 2019 to 11 December 2022 |
| **Assessment of performance with the Aged Care Quality Standards** |
| Standard 1 Consumer dignity and choice | Met |
| Requirement 1(3)(a) | Met |
| Requirement 1(3)(b) | Met |
| Requirement 1(3)(c) | Met |
| Requirement 1(3)(d) | Met |
| Requirement 1(3)(e) | Met |
| Requirement 1(3)(f) | Met |
| Standard 2 Ongoing assessment and planning with consumers | Met |
| Requirement 2(3)(a) | Met |
| Requirement 2(3)(b) | Met |
| Requirement 2(3)(c) | Met |
| Requirement 2(3)(d) | Met |
| Requirement 2(3)(e) | Met |
| Standard 3 Personal care and clinical care | Met |
| Requirement 3(3)(a) | Met |
| Requirement 3(3)(b) | Met |
| Requirement 3(3)(c) | Met |
| Requirement 3(3)(d) | Met |
| Requirement 3(3)(e) | Met |
| Requirement 3(3)(f) | Met |
| Requirement 3(3)(g) | Met |
| Standard 4 Services and supports for daily living | Met |
| Requirement 4(3)(a) | Met |
| Requirement 4(3)(b) | Met |
| Requirement 4(3)(c) | Met |
| Requirement 4(3)(d) | Met |
| Requirement 4(3)(e) | Met |
| Requirement 4(3)(f) | Met |
| Requirement 4(3)(g) | Met |
| Standard 5 Organisation’s service environment | Met |
| Requirement 5(3)(a) | Met |
| Requirement 5(3)(b) | Met |
| Requirement 5(3)(c) | Met |
| Standard 6 Feedback and complaints | Met |
| Requirement 6(3)(a) | Met |
| Requirement 6(3)(b) | Met |
| Requirement 6(3)(c) | Met |
| Requirement 6(3)(d) | Met |
| Standard 7 Human resources | Met |
| Requirement 7(3)(a) | Met |
| Requirement 7(3)(b) | Met |
| Requirement 7(3)(c) | Met |
| Requirement 7(3)(d) | Met |
| Requirement 7(3)(e) | Met |
| Standard 8 Organisational governance | Met |
| Requirement 8(3)(a) | Met |
| Requirement 8(3)(b) | Met |
| Requirement 8(3)(c) | Met |
| Requirement 8(3)(d) | Met |
| Requirement 8(3)(e) | Met |

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

Site Audit Performance
Assessment Report

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

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

## Introduction

**This is the report of an assessment of mecwacare Malvern Centre (the Service) conducted from 08 October 2019 to 09 October 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report contains detailed findings about the performance assessment of the Service against each Quality Standard and the requirements within each Quality Standard. The Quality Standard and assessed requirements are rated as either Met or Not Met.

A Met rating for the Quality Standard means that all requirements of that Quality Standard have been assessed and rated as Met

A Not Met rating for the Quality Standard means that one or more requirements of that Quality Standard has been assessed and one or more of those requirements have been rated as Not Met.

There will be no rating of the Quality Standard if only some of the requirements have been assessed and those requirements have been rated as Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers | 19 |
| Representatives | 6 |
| Care staff | 6 |
| Catering staff | 1 |
| Cleaning staff | 1 |
| Cleaning/laundry staff | 1 |
| Clinical manager | 1 |
| Endorsed enrolled nurse | 1 |
| Enrolled nurse | 1 |
| Facility manager | 1 |
| General manager quality and risk | 1 |
| General manager residential services | 1 |
| Laundry staff | 1 |
| Lifestyle coordinator | 1 |
| Lifestyle services manager | 1 |
| Maintenance supervisor | 1 |
| Manager residential quality and safety systems | 1 |
| Medical practitioner | 1 |
| Office manager | 1 |
| Quality advisors | 2 |
| Registered nurses | 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:

2. The organisation:

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

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

(c) respects consumers’ privacy.

#### Summary of Assessment of Standard 1:

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

Consumer experience interviews indicated 88% of consumers said they are treated with respect most of the time or always and that staff explain things to them. Ninety four percent said they have a say in their daily activities and are encouraged to do as much as possible for themselves. Consumers described the ways their social connections are supported both inside and outside the service. Consumers said they feel heard when they tell staff what matters to them and are encouraged to make decisions about their life, even when it involves an element of risk. Consumers said the organisation protects the privacy and confidentiality of their information and are satisfied care and services, including personal care, are undertaken in a way that respects their privacy.

The organisation demonstrated consumers are treated with dignity and respect and the service actively promotes a culture of inclusion. Staff were observed interacting with consumers respectfully and could readily identify or access information on consumers’ individual preferences and interests. The service promotes the value of culture of veterans and others and diversity through staff training, in the wide range of activities it offers and in delivery of care that is tailored to the person. Staff could provide meaningful examples of how they help consumers make choices, including by giving consumers clear and accurate information and options to inform their choice. Staff gave examples of how they maintain the privacy of consumers. Electronic and filing systems support the protection of confidential information.

The organisation monitors and reviews its performance in relation to these requirements. Regular consumer lifestyle surveys and feedback and complaints mechanisms are used to ensure consumers are satisfied staff treat them with respect, support them to maintain their identity and live the life they choose.

#### Requirements:

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

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

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

The organisation demonstrates that care and services are culturally safe.

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

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

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

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

(iii) communicate their decisions; and

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

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

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

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

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

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

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

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

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 2:

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

The service demonstrates the consumer, and/or their representative is generally a partner in ongoing assessment and planning that helps the consumer get the care and services needed for their health and well-being. Of consumers and representatives randomly interviewed for the consumer experience report 94% said they have a say in their daily activities most or all of the time. Consumers are confident that staff listen to their goals and preferences, and that the service gets input from other professionals to ensure consumers get the right care and services to meet their needs.

Management and staff could describe how others who contribute to the consumer’s care including medical practitioners, allied health professionals and family work together with the consumer to deliver a tailored care and service plan and monitor and review the plan as needed.

Staff demonstrated an understanding of adverse incidents or near-miss events and how these were identified, documented and reviewed by the service, and used to inform changes to the consumer’s care. Consumer files reviewed demonstrate that plans provide current information, have been developed and regularly reviewed by registered nurses and updated in response to changes in the consumer.

Management demonstrated assessment and planning processes to address consumer’s needs, goals and preferences relating to advance care and end of life planning if the consumer wishes. Consumer and representative support to access care plans is not fully effective.

The organisation monitors and reviews its performance in relation to these requirements. The assessment and care evaluation process is monitored and informed by processes such as audits, meetings and feedback.

#### 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 the service has met the seven requirements under Standard 3.

Of consumers and representatives randomly sampled for the consumer experience report, 94% said they get the care they need most of the time or always. In addition, all consumers and representatives randomly interviewed said they feel safe or that the consumer is safe always or most of the time. Consumers provided examples of what care and safety meant to them and how the service meets these needs.

The service demonstrates they provide and understand how to deliver safe and effective personal and clinical care. Staff and management could describe the process used to tailor both clinical and personal care to the individual to optimise their health and wellbeing. Management demonstrated how information is shared both within the service and with others outside the service. Staff demonstrated a working understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. Management demonstrated their internal processes for identifying high prevalence risks and how these risks are monitored and reviewed on an ongoing basis. Care and service plans reviewed evidenced the delivery of safe and effective care, including end of life care, wound management and specialised nursing care. Care plan documentation in relation to medication management is not fully effective. Management demonstrated how timely and appropriate referrals to other health services occur for consumers and how relevant correspondence is included in care plans.

The service demonstrated how ongoing reviews are conducted in consultation with the consumer or representative and ensure personal and or clinical care is safe and right for each consumer. Management demonstrated how policies relating to clinical care are informed by industry best practice and accessible to staff. Outbreak management is effective with all consumers generally recorded on the case-list.

The organisation demonstrated they have access to a suite of policies and procedures underpinning the delivery of care. They review practice and policies to ensure they remain fit-for-purpose and informed by advice from consumers and other experts. The organisation monitors and reviews its performance in relation to these requirements. The monitoring of psychotropic medication is not fully effective.

#### 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 Services and support for daily living were met.

Of consumers and representatives randomly sampled, 94% said they have a say in their daily activities, and 69% feel at home and 88% are encouraged to do as much as they can for themselves always or most of the time. 88% of consumers said they like the food always or most of the time. Where consumers said they liked the food some of the time feedback related to their personal preferences and staff practice in relation to thickened fluids and texture modified meals. All consumers said they can provide feedback on meals with a wide range of choices offered. Consumers are satisfied with the range of equipment available and staff responsiveness to requests.

The organisation demonstrated it supports consumers to maintain relationships and connect with other people inside and outside the organisation. Staff seek advice from consumers about activities of interest to them and these are documented. Planning meetings occur with information displays used to collect consumers’ feedback to inform activity scheduling. Staff described in various ways how they assist consumers to maintain their emotional, spiritual and psychological wellbeing including arranging transport. Staff demonstrated they make timely referrals to other organisations and volunteers support the program. The organisation’s catering contractor provides meals of a suitable quality, variety and quantity with consumer preferences documented. A range of safe, suitable, clean and well-maintained equipment is available.

The organisation monitors and reviews its performance in relation to these requirements. A range of consumer meetings, surveys, audits and feedback mechanisms inform the program.

#### 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 of the requirements in relation to Standard 5 Organisation’s service environment were met.

Of consumers and representatives randomly interviewed, 100% said they feel safe here and 69% said they feel at home always or most of the time. Those consumers or representatives saying the service never or sometimes feels like home said this is not like their home. Consumers and representatives said the home is welcoming with staff knowing them and offering hospitality. Consumers said they are able to provide feedback, maintenance is responsive and they enjoy the courtyards.

The service was observed to be welcoming. Individual rooms are decorated with memorabilia, photographs and other personal items and consumers display their names as preferred. The layout of the service enabled consumers to move around freely, with suitable furniture, fittings and areas for use as preferred. Signage to help consumers navigate the service is clearly displayed. Consumers had ready access to tidy outdoor areas with gardens, benches and communal tables and paths that enabled free movement around the area. Rooms are clean and well maintained. Essential service maintenance occurs as required with emergency exit signage indicating egress paths. Staff use maintenance reporting processes to indicate maintenance requirements and a range of schedules are used.

The organisation monitors and reviews its performance in relation to these requirements. Management has established relationships with contractors to support identified maintenance requirements in a timely manner and is responsive to feedback. Carpet replacement downstairs is scheduled in the near future with consumers advised of progress.

#### 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 of the requirements in relation to Standard 6 Feedback and complaints were met.

Of consumers and representatives randomly sampled 93% said staff follow up when they raise things most of the time or always. Where a few consumers said this occurs some of the time feedback related to staff sometimes taking too long. Consumers described how they use the feedback forms and are able to provide feedback. Consumers said they are satisfied with management’s responsiveness to feedback in relation to staff and other issues.

Consumer feedback is sought through feedback forms, meetings, care reviews, surveys, the organisation’s own consumer experience interview and verbally. Staff described times they have addressed a concern for a consumer and outlined how they would listen and resolve complaints if they could. Senior staff were aware of the open disclosure framework. Feedback is recorded on the feedback forms and registered, reviewed and actioned in the electronic complaints database.

The organisation monitors and reviews its performance in relation to these requirements. Management receive and collate feedback forms to review trends, discuss at meetings and identify improvement opportunities.

#### Requirements:

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

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

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

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

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

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

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

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

### Standard 7: Human resources Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 7:

The Assessment Team found that all five of the requirements in relation to Standard 7 Human resources were met.

Of consumers and representatives randomly sampled 89% said they are encouraged to do as much as possible for themselves always or most of the time. Ninety five percent said they get the care they need and 84% said the place is well run always or most of the time. Where a consumer said they never get the care they need and the place is never well run, their representative said they consider these to occur most of the time, with the consumer's response depending on their health status on the day. Eighty nine percent said staff are kind and caring and treat them with respect always or most of the time. Ninety five percent said staff know what they are doing. There are regularly new staff. Comments on staffing included suggestions regarding continuity, level of staffing and responsiveness at night could improve. They described the impact of this as mostly relating to staff being busy and sometimes rude. Consumers outlined in various ways staff do their best and are efficient commenting on the availability of long-term staff knowing them.

The organisation demonstrated they ensure staff interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. A range of staff speak other languages. Interactions between consumers, representatives and staff were observed to be kind, caring and respectful. The workforce is recruited to specific roles requiring qualification, credentialing or competency with orientation of new staff occurring. Staff are trained and equipped to undertake their roles and supported to deliver outcomes for consumers. Performance appraisals occur as scheduled and as part of probation monitoring and recruitment is ongoing. Shifts are filled with organisational staff with agency used when this is not possible and shifts are routinely filled and replaced.

The organisation monitors and reviews its performance in relation to these requirements. Education is monitored for completion and human resource processes monitor staff availability and suitability. A recent roster review has included streamlining of shifts and allocation of staff with some vacant shifts yet to be allocated permanently.

#### Requirements:

##### Standard 7 Requirement 3(a) Met

The organisation demonstrates that the workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.

##### Standard 7 Requirement 3(b) Met

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

##### Standard 7 Requirement 3(c) Met

The organisation demonstrates that the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

##### Standard 7 Requirement 3(d) Met

The organisation demonstrates that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

##### Standard 7 Requirement 3(e) Met

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

### Standard 8: Organisational governance Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 8:

The Assessment Team found that all five of the requirements in relation to Standard 8 Organisational governance were met.

Of consumers and representatives randomly interviewed 94% said they have a say in their daily activities always or most of the time and where a consumer said this occurs some of the time, they described ways in which they participate. 67% said they feel at home here always or most of the time. Where consumers said this is sometimes or never the case they said it is not like their home. One hundred percent of consumers said they feel safe and 95% said they get the care they need and 84% said that the place is well run always or most of the time. Feedback related to staff manner at times, the availability and continuity of staffing. Consumers gave various examples of how staff ensured the care provided was right for them and how any risks or incidents were discussed with them or their representative. Consumers and a representative said consumers have been provided with a copy of the Charter of aged care rights. Consumers are satisfied with management’s responsiveness to feedback and complaints.

The organisation’s governing body requires a range of reporting to support their oversight of governance. Consumers have agreements in place and there is an established process for communication of the new Charter of aged care rights. A range of policies and procedures are available including in relation to open disclosure. Meetings occur with various stakeholders and information is considered in relation to clinical governance, antimicrobial stewardship and the use of restraint. Incident reporting includes the monitoring of high impact or high prevalence risks. Mandatory reporting occurs as required and management understands requirements and obligations. The organisation ensures the recruitment of appropriate levels and skill of staff to meet service and care needs with police certification and other monitoring occurring. The documentation of staff vaccinated for influenza is not fully effective. Management implement mandatory training as required. Oversight of the complaint management process includes trending and identification of opportunities for improvement. The organisation has a continuous improvement plan.

The organisation monitors and reviews its performance in relation to these requirements. Key documents are updated and displayed. There is a self-assessment process reflecting organisational performance. Continuous improvement initiatives are implemented and overseen including the implementation of the aged care quality standards and national quality indicators. The use of the psychotropic medication self-assessment tool is not fully effective.

#### Requirements:

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

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

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

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

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

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

(i) information management

(ii) continuous improvement

(iii) financial governance

(iv) workforce governance, including the assignment of clear responsibilities and accountabilities

(v) regulatory compliance

(vi) feedback and complaints

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

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

(i) managing high-impact or high-prevalence risks associated with the care of consumers

(ii) identifying and responding to abuse and neglect of consumers

(iii) supporting consumers to live the best life they can

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

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

(i) antimicrobial stewardship

(ii) minimising the use of restraint

(iii) open disclosure