Arcare Caulfield

Performance Report

141 Kooyong Road
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**Commission ID:** 3962

**Provider name:** Arcare Pty Ltd

**Site Audit date:** 31 January 2022 to 3 February 2022

**Date of Performance Report:** 2 March 2022

# Performance report prepared by

Vanessa Stephens, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* The Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# STANDARD 1 COMPLIANTConsumer dignity and choice

### 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.

## Assessment of Standard 1

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall, sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. For example:

* Consumers stated staff value their identity, culture and diversity.
* Consumers stated staff have taken the time to get to know them and tailor care to suit their individual needs and preferences. Consumers also felt staff understood their background, past experiences, and cultural needs.
* Consumers and representatives were satisfied that consumers could make decisions about the way care and services are delivered and that consumers are provided with opportunities to communicate decisions and maintain relationships.
* Consumers felt staff were accepting of their decisions and that they are supported to take risks and participate in activities of their choosing.
* All consumers stated that they receive sufficient information to enable them to exercise choice and independence.
* Consumers described various ways in which staff respect their privacy.

Staff consistently spoke of consumers in ways that indicated they knew the individual preferences of consumers. Staff demonstrated a good understanding of what was important to specific consumers and how this impacted on the provision of care and services.

Consumer care planning documents included information about individual preferences and important relationships. Care planning documentation also reflected the cultural needs and preferences of consumers.

The Assessment Team consistently observed staff interacting with consumers in a kind and respectful manner.

The Quality Standard is assessed as compliant as six of the six specific requirements have been assessed as compliant.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*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.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*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.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

### 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.

## Assessment of Standard 2

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Overall, sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services. For example:

* Consumers were satisfied that assessment and planning identifies their current needs, goals and preferences. Consumers said staff have spoken to them about advance care and their end of life preferences.
* Consumers and/or representatives are provided with the opportunity to participate in assessments and care planning and outcomes are discussed with them when completed, on a six-monthly basis or when needs change.
* Consumers and/or representatives confirm assessment results and care plans are discussed with them and that they can see care plans if they wish.

Staff were able to describe what is important to consumers in terms of how care is delivered and discussed how consumers are involved in care planning and referral to external providers.

Consumer care planning documents are reviewed and sampled files contained comprehensive assessment and care planning information. Care files included medical and psychosocial considerations, consumer goals, consumer preferences and individualised interventions including interventions to minimise risks to each consumer’s health.

File review and interviews confirm assessments and care planning occur with the involvement of consumers and/or representatives and include other services involved in care. Recommendations from other services are reflected in care plans.

Consumer assessment and care plan documentation demonstrates that regular reviews occur as part of a six-monthly review process and when changes in health status, needs or goals occur. All sampled files reviewed reflect six monthly reviews have occurred according to schedule with additional reviews and updates noted.

The Assessment Team observed staff accessing the electronic care system and updating care documentation.

The Quality Standard is assessed as compliant as five of the five specific requirements have been assessed as compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

### Requirement 2(3)(b) Compliant

*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.*

### Requirement 2(3)(c) Compliant

*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.*

### Requirement 2(3)(d) Compliant

*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.*

### Requirement 2(3)(e) Compliant

*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 COMPLIANTPersonal care and clinical care

### 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.

## Assessment of Standard 3

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Overall, sampled consumers considered that they receive personal care and clinical care that is safe and right for them. For example:

* Consumers and representatives said care is safe, meets consumers needs and care is effectively managed.
* Consumers provided positive feedback in relation to how pain or discomfort are managed.
* Most consumers expressed satisfaction with how communication occurs in relation to their care.
* Consumers expressed satisfaction with access to their medical practitioner and other health professionals as needed. Referrals occur in a timely manner and resulted in improved outcomes.

Clinical staff described how they access specialist services and demonstrated knowledge of appropriate use of these supports.

Psychotropic medications are monitored three-monthly in line with best practice guidelines and includes consideration to decrease use of these medications. All psychotropics are considered for potential restraint and are reviewed three-monthly by the medical practitioner. The service also uses validated skin integrity risk assessments in line with best practice.

Care documentation reflects the needs and wishes of consumers nearing the end of life. Palliative care is supported by a specialist service when required and interventions such as pain management demonstrate that consumer comfort and dignity is maximised.

Overall, care documentation demonstrated regular and ongoing contribution from medical practitioners and other allied health professionals.

Care planning and progress notes sampled reflected the identification of and response to deterioration or changes in function, capacity or condition. Most care plans sampled were reviewed in response to changes in needs and risks or where consumer goals have changed.

Clinical infection documentation reflects the service is responding appropriately to consumers who develop clinical infections and monitoring the use of prescribed antibiotics.

The Assessment Team observed adequate personal protective equipment, hand hygiene stations and clearly identified donning and doffing stations throughout the service.

The Quality Standard is assessed as compliant as seven of the seven specific requirements have been assessed as compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

### Requirement 3(3)(c) Compliant

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

### Requirement 3(3)(d) Compliant

*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.*

### Requirement 3(3)(e) Compliant

*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.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*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 COMPLIANTServices and supports for daily living

### 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.

## Assessment of Standard 4

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

Overall, sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. For example:

* Consumers provided positive feedback on the activities program, that they feel supported to do the things they want to do and that they feel supported to maintain relationships and participate in the community.
* Consumers provided positive feedback regarding how the service supports them to maintain their well-being and quality of life. Consumers said they are encouraged to be independent and come and go from the service as they please.
* Consumers and representatives sampled said information about consumer condition, needs and preferences are communicated within the organisation.
* Most consumers expressed satisfaction with the quality, quantity and variety of food.

Staff demonstrated understanding of individual consumer needs and preferences. Staff described how they communicate care needs, and how they would know if an aspect of care had changed.

Care planning documentation was consistent with information provided by consumers and representatives. Care planning documentation includes information on emotional, spiritual and psychological needs and preferences, which is consistent with information provided by consumers and representatives.

Care planning documentation identified involvement with external organisations for behavioural supports. Lifestyle plans describe consumer activity preferences as well as the support that is required for participation.

The Assessment Team observed a range of equipment used by lifestyle and care staff that was clean, suitable and well maintained.

The Quality Standard is assessed as compliant as seven of the seven specific requirements have been assessed as compliant.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*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.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*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.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANTOrganisation’s service environment

### 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.

## Assessment of Standard 5

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

Overall, sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. For example:

* Consumers were satisfied the environment is inviting and welcoming and expressed satisfaction with the cleanliness and maintenance of the service environment.
* Consumers and representatives advised the internal and external environment is pleasant, and they can personalise their own living areas. Consumers said their relatives and friends are made to feel welcome.
* Consumers described being able to move freely indoors and outdoors.

The service provides a range of communal spaces which are comfortably furnished, clean and free of clutter. Reactive maintenance occurs as required and there are recurring schedules for maintenance and cleaning and regular checks occur. The Assessment Team found the service environment to be welcoming, well maintained and generally clean and tidy. Overall, furniture, fittings and equipment were observed to be clean and well maintained.

The Quality Standard is assessed as compliant as three of the three specific requirements have been assessed as compliant.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

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

### Requirement 5(3)(b) Compliant

*The service environment:*

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

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

1. The organisation regularly seeks input 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.

## Assessment of Standard 6

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Sampled consumers and representatives felt that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. For example:

* Consumers and representatives said they felt safe and supported to provide feedback and make complaints. Consumers who had previously lodged complaints said issues were resolved promptly.
* Overall, consumers and representative expressed confidence in the service’s willingness to resolve issues when they arise.
* Consumers were aware of various mechanisms for providing feedback, including using the feedback form, approaching staff directly, or attending resident meetings.
* Consumers and representatives said they are aware of advocacy and language services and could access these services if desired.

Management and staff described using open disclosure when resolving complaints. The service compiles monthly complaints information and incorporates this information into its governance reporting. The Board then provides recommendations to the service based on systemic issues that have been identified.

Management demonstrated a comprehensive system for recording complaints to inform continuous improvement at the service.

The Quality Standard is assessed as compliant as four of the four specific requirements have been assessed as compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANTHuman resources

### 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.

## Assessment of Standard 7

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Overall, most sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. For example:

* All consumers and representatives interviewed expressed that staff at the service are respectful, kind, friendly and caring.
* Consumers and representatives interviewed said that generally there is adequate staff.
* Consumers and representatives reflected positively on staff competency and knowledge. Consumers and/or representatives commented that where complex clinical care is required, this care is provided by skilled nursing staff.

Staff interviewed discussed how they respect consumer choices, provide care in a gentle way and are aware of the individual needs and preferences of consumers. Staff in various roles described their personal onboarding process which included education and training to help them in their specific role. Staff expressed satisfaction with the quality of training provided.

Staff are recruited based on identified skills needed and in line with position descriptions. Formal interviews and reference checks occur prior to management offering a prospective staff member a position.

Management were able to describe how vacant shifts are filled and advised that they use a range of strategies to ensure adequate staffing each day. Management said they use a range of processes to monitor staff performance including observations, feedback, incident monitoring and scheduled performance reviews.

Documentation provided to the Assessment Team indicates that all staff have completed the mandatory suite of training, including modules such as recognising and reporting elder abuse, fire safety, manual handling, hand hygiene and correct use of personal protective equipment.

The Assessment Team observed staff from all designations and work groups interacting with consumers in kind, caring and respectful ways, being responsive to needs and taking time to listen to consumers.

The Quality Standard is assessed as compliant as five of the five specific requirements have been assessed as compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

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

### Requirement 7(3)(d) Compliant

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

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANTOrganisational governance

### 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.

## Assessment of Standard 8

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Overall, sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. For example:

* Consumers expressed satisfaction with their involvement in broader service improvements and the delivery of care.
* Consumers described staff as approachable, open to feedback, and consumers were satisfied with the way the service operated.

Management advised it seeks input from consumers through monthly consumer food focus groups, consumer committees, ad hoc conversations, and by encouraging consumers to use the feedback form. Management advised the governing body promotes safe and inclusive care in various ways, including holding monthly management meetings to discuss consumer feedback and reviewing and discussing incidents and/or clinical indicators at monthly governance meetings attended by members of the Board, one of whom is an experienced geriatrician.

Management advised the service has a dedicated quality manager who conducts monthly audits.

The service has governance systems in place and demonstrated how the service applies its governance framework to achieve positive outcomes for consumers.

The service uses an incident management system to document incidents and identify high impact risks. Risks are managed through risk assessments and where appropriate, risks are reported, escalated, and reviewed by management at the service level and by the organisation’s senior management including the Board.

The service has a clinical governance framework and the Assessment Team sighted copies of a policy and instructions for staff relating to antimicrobial stewardship, a policy relating to minimising the use of restraint, and an open disclosure policy. Staff were asked whether these policies had been discussed with them and what they meant for them in a practical way. Staff had been educated about the policies and gave examples of their relevance to their work.

The Quality Standard is assessed as compliant as five of the five specific requirements have been assessed as compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

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

### Requirement 8(3)(c) Compliant

*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.*

### Requirement 8(3)(d) Compliant

*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*
4. *managing and preventing incidents, including the use of an incident management system.*

### Requirement 8(3)(e) Compliant

*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.*

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.