Arcare Surrey Hills

Performance Report

18 Florence Road
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**Commission ID:** 4258

**Provider name:** Arcare Pty Ltd

**Site Audit date:** 7 July 2021 to 9 July 2021

**Date of Performance Report:** 17 August 2021

# 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 Commission’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 COMPLIANT Consumer 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, consumers considered 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 confirmed they are treated with respect by staff at the service.
* Consumers were satisfied they are valued as individuals and are encouraged to maintain their personal interests and relationships with people that are important to them.
* Consumers were satisfied they are kept informed and with how the service communicates information to them.
* Consumers/representatives confirmed staff understand and are respectful of their individual needs, maintain a high degree of privacy during the provision of care and when consultations are held about their care and services.

Staff demonstrated respect and understanding of consumer’s backgrounds and personal circumstances and how this informs delivery of care. Staff described how they support consumers to take risks. Staff described how they respect the consumers personal privacy and ensure documentation is protected and secured.

Care planning documents were individualised and detailed each consumer’s preferences regarding the provision of care and services and specific cultural needs. Care plans documented risks and strategies to support consumers to undertake risks safely. Care planning documents reflected what is important to consumers to maintain their identity and support their choices and decision making.

The organisation has a suite of documents and processes to ensure protection of consumers personal information.

Staff were observed engaging with consumers in a respectful manner. Access to areas where consumer’s personal information is stored was observed to be secured.

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 COMPLIANT Ongoing 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.

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

* Consumers/representatives described how they and others they wish to be involved participate in assessment and care planning.
* Consumers/representatives said they are informed of the outcome of assessments and have ready access to their care and services plan if they wish.

Staff demonstrated understanding of consumers’ risks and described strategies to ensure safe and effective care. Staff demonstrated an understanding of consumers’ care needs including end of life care planning. Staff described how consumers, representatives, health professionals and other organisations contribute to consumer’s care and how they work together to deliver a tailored care and service plan.

Care documents demonstrated care planning includes relevant risk identification and assessment. Care plans included consumer’s identified goals, preferences and demonstrated consultation and communication with consumer’s and/or their representatives. Advance care directives and end of life preferences were documented in consumer files and readily accessible to staff. Care plans reflected the outcomes of assessment and care planning and are used to inform care delivery. Care plans demonstrated they are updated in response to incidents and changes in care as a result of reassessment and reviews.

Staff were observed communicating care plan changes to representatives during the visit

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 COMPLIANT Personal 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 consumers considered they receive personal care and clinical care that is safe and right for them. For example:

* Consumers/representatives discussed how clinical care is provided and that staff know how to provide this care.
* Consumers/representatives were satisfied that risks relating to their care are effectively managed.
* Consumers/representatives confirmed where the consumer has been referred to other individuals, organisations and providers of care this has been actioned in a timely manner. For example, allied health, general practitioners and other specialists.

Where restrictive practices are used as part of a consumers care, the practices are effectively assessed, monitored and regularly reviewed. This is supported by information provided by consumers, staff and identified in care planning documents.

Staff demonstrated they deliver individualised care that is safe, effective and tailored to the specific needs and preferences of each consumer. Staff explained how they recognise and promptly respond to changes and deterioration in consumer health. Staff discussed how referrals made to specialists and health care providers are appropriate and timely.

Staff demonstrated they identify and effectively manage high impact and high prevalence risks associated with the care of each consumer. This aligned with care planning documents.

Care planning documents demonstrated consumers’ skin integrity, wound care and pain is managed to meet their individual needs and aligned with best practice principles. The effectiveness of pain management interventions is documented and reviewed and demonstrated non-pharmacological strategies are implemented including access to allied health for pain management as required. Document review reflected palliative care planning is individualised and tailored to the consumer’s wishes.

The service demonstrated it has processes in place to communicate changes in consumer needs, health status and preferences within the organisation and where consumer care is shared.

The service has infection control policies in place to support the service in practicing transmission-based precautions and preparing for a possible infectious outbreak. The service also has an antimicrobial stewardship policy that guides staff in the appropriate use of antibiotics.

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 COMPLIANT Services and support 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 consumers considered 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:

* Most consumers/representatives considered the service supports and optimises their independence, health and well-being.
* Most consumers/representatives provided positive feedback about a variety of activities being reinstated within the service and the plans for increasing opportunities to be involved in community visits and activities.
* Consumers/representatives discussed activities the consumers enjoy and how they are assisted to attend events within the service and wider community. Several consumers discussed how they can leave the service when they wish.
* Overall consumers were satisfied meals provided by the service are varied and of suitable quality and quantity. Consumers explained how the chef provides them with an alternative meal when the menu is not to their personal preference.

Staff described how activities are planned according to consumers choice and attendance. Staff described how they communicate with internal and external services when a consumer’s condition, needs and preferences changes. Lifestyle staff were satisfied they have access to a variety of equipment to provide a range of activities for consumers.

All consumer care files reviewed had completed lifestyle assessments and care plans that are regularly reviewed to ensure individualised activities and strategies are meaningful to consumers. Care plans included information about how consumers are supported to participate in the service’s community and maintain their relationships with family and significant people in their lives. Consumer documents demonstrated there is adequate information to support effective and safe sharing of the consumer’s care and that timely referrals are made to support consumer well-being.

Consumers were observed socialising with visitors in their rooms and in the communal areas. Some consumers were seen leaving the service with family and friends. Several well attended activities were observed during the visit.

A range of safe, suitable, clean and well-maintained equipment were observed to support lifestyle activities.

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 COMPLIANT Organisation’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 consumers considered they feel they belong in the service, and feel safe and comfortable in the service environment. For example:

* Consumers said they felt at home in the service. They spoke about how they decorate their rooms and how staff support them.
* Consumers said the furniture, fittings and equipment in the service are clean and well maintained. They expressed confidence in knowing that if repairs are required, maintenance is prompt and responsive.

Maintenance records demonstrated regular and preventative maintenance at the service.

The service has a range of communal spaces comfortably furnished, providing opportunities for consumer socialisation. The garden courtyards are easily accessible for consumers with mobility issues. There is signage on display indicating the different areas of the service.

The service was observed to be clean, well maintained and comfortable. Consumers were observed to move freely around the service either independently or with the assistance of staff.

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 COMPLIANT Feedback 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.

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

* All consumers/representatives were able to describe how they could provide feedback regarding care and service provision and felt confident to do so.
* Where consumers/representatives who had raised complaints or feedback about the service were satisfied with the response from staff and/or management.

Staff described how they support consumers who have difficulty communicating to raise concerns and/or provide feedback. Staff described how they are aware of the term and have completed education on ‘open disclosure’ and provided examples to demonstrate their understanding.

Complaints and feedback documents demonstrated complaints and feedback are acknowledged, reviewed and consultation on a resolution is documented for each issue. Meeting minutes demonstrated management is responsive to feedback and complaints.

Advocacy, external complaints and language service information are available throughout the service for consumers and representatives to access. Feedback forms and locked boxes are available at the front reception and nurses’ stations and feedback can be provided anonymously.

The organisation demonstrated it encourages complaints and feedback and that documented feedback is analysed monthly by management to ensure all feedback is addressed in a timely manner and actioned to improve care and services.

Written information relating to internal and external complaints processes was on display throughout the service and readily accessible to consumers.

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 COMPLIANT Human 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 consumers considered they get quality care and services when they need them and from people who are knowledgeable, capable and caring. For example:

* Consumers/representatives confirmed staff are kind, caring and respectful to the consumers.
* Consumers/representatives considered staff know what they are doing and are adequately trained.

While consumers/representatives provided mixed feedback in relation to staffing numbers, they confirmed this did not impact on the quality of care provided to the consumer. Management advised a dedicated staffing model is in place at the service to ensure consistency and familiarity of staff for consumers.

Staff confirmed they had completed required mandatory training and competencies. Staff confirmed participating in recent performance appraisals where they were able to discuss goals and performance with their manager.

Roster documents demonstrated that shifts are filled. Call bell reports demonstrated staff respond to call bells in a timely manner and call bell audits demonstrated call bells response times are monitored.

The service demonstrated it has recruitment processes in place to ensure quality and that experienced staff have the qualifications, skills, and knowledge to successfully complete their job. The service monitors and reviews staff performance in relation to these requirements. The service demonstrated there is a system in place to monitor mandatory training.

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 COMPLIANT Organisational 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 consumers considered the organisation is well run and that they can partner in improving the delivery of care and services.

* Consumers explained how they are involved in the monthly Residents’ and Food Focus meetings. Meeting minutes of the Food Focus group indicated proactive response to consumers’ requests and suggestions.

The service demonstrated the governing body promotes a culture of safe, inclusive and quality care. The service demonstrated it regularly reviews, analyses and reports on relevant consumer data and investigates any trends to improve the quality of the care and services provided.

The service demonstrated there are risk management systems and practices in place to manage high impact/high prevalence risks and abuse and neglect to consumers, as well as to support consumers to life the best life they can.

The organisation has effective governance systems in relation to information systems, continuous improvement, financial and workforce governance and regulatory compliance.

The organisation provided as clinical governance framework which includes the antimicrobial stewardship, minimising the use of restraint and an open disclosure policy.

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.