Belvedere Aged Care

Performance Report

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**Commission ID:** 3600

**Provider name:** Belvedere Aged Care Pty Ltd

**Site Audit date:** 22 February 2021 to 23 February 2021

**Date of Performance Report:** 9 April 2021

# Publication of report

This Performance Report **may 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 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 consumers confirmed 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. Consumers confirmed in various ways they are treated with respect, that they are encouraged to do things for themselves and that staff know what is important to them and confirmed that their personal privacy is respected.

Staff consistently spoke of consumers in a way that indicated respect and an understanding of consumers personal circumstances and life journey. Staff demonstrated respect and understanding of consumer’s backgrounds and how they apply this understanding when delivering care. Staff described how they supported consumers to take risks, and exercise choice and independence.

The service demonstrated that consumers are supported and enabled to live the best life they can. Care planning documentation reflected what is important to consumers to maintain their identity and supported their choice(s) and decision making.

The organisation has a suite of documents and processes to guide staff, including provision of care in a culturally safe way, dignity, and how to support consumers to exercise choice and independence.

Staff were observed respectfully interacting with consumers, greeting them by their preferred name and gently touching consumers on their upper arm and back when communicating and assisting with meals.

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 consumers and their representatives described satisfaction with their involvement in care planning on both regular and as needed basis. Consumers and their representatives confirmed they sign the care plans to demonstrate their involvement and understand they can receive copies if requested.

Clinical staff described initial and ongoing assessment process that involves both the consumers and their representatives. Initial assessments are completed on admission with high risks being identified. Clinical staff described how care plans are reviewed bi-monthly as well as when circumstances change.

The service demonstrated evidence of assessment and planning for care and services in partnership with the consumer. Care planning documents evidenced initial comprehensive assessment and planning with individualised plans identifying risks to health and well-being. Care planning documentation demonstrated that consumers and their representatives are involved in regular care reviews and consultations and can involve other organisations, individuals and providers of services such as, medical practitioners, medical specialists and physiotherapists.

The service has policies and procedures to guide assessment and care planning, including advance and end of life policies, behavioural management, and mobility. The service provides printed daily and weekly handover sheets of individual needs and preferences for personal care, meals and retiring time preference.

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 consumers and representatives said they were satisfied with the care and services that they receive. Consumers and representatives were satisfied that access to medical and allied health professionals was available and occurred appropriately, for example to medical practitioners, physiotherapist and dietitian.

Consumers who are prescribed psychotropic medications are assessed, monitored and reviewed according to regulatory requirements. Representatives are confirmed they are involved in consultations.

Clinical staff displayed thorough, individualised knowledge, of consumers and their care needs, that ensures safe and effective care. Clinical staff described how acute changes in condition are communicated through verbal and written handovers and that trending of incidents are reported to enable trends to be identified.

The service demonstrated evidence of safe and effective clinical care. The service identifies consumers who may experience high impact and high prevalence risks such weight loss and falls Management collect and analyse clinical indicator data for trends, which is reviewed and discussed at staff meetings that include relevant allied health professionals.

Care documentation demonstrated treatment, monitoring and review in line with best practice policy. Documentation demonstrates collaboration with specialist services such as in-reach services, geriatrician, psychiatrist and dementia support services.

Management demonstrated that the service is a restraint free environment and has no physical restraints currently in place.

Clinical staff demonstrated knowledge and understanding of infection control practices to reduce the spread of infection as well as of application of practices to promote antibiotic stewardship. Management support clinical staff through provision of training and personal protective equipment supplies to reduce cross infection.

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 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 indicated in various ways they get safe and effective services and supports for daily living that meet their needs. Consumers described in various ways that their emotional and spiritual wellbeing is supported, and how they maintain connections with their friends and their community.

Overall consumers described in various ways that their meals are varied and of suitable quality and quantity for them. Consumers explained how the chef provides them with an alternative when the menu is not to their personal preference.

Staff demonstrated how they engage with consumers and their representatives to understand what is important to them and how this informs the service’s lifestyle and leisure activities. Staff described how they refer or connect consumers to different external organisations for additional support, such as community visitors or returned servicemen organisations.

The service demonstrated effective services and supports for daily living. Care planning feedback is sought from consumers to ensure it reflects their capabilities, needs, interests and choices. The service’s lifestyle and leisure planner reflected opportunities to participate in one to one chats, spiritual services and social activities such as happy hour.

Meal services were observed to be orderly and not rushed, and consumers were presented with one course at a time. Consumers were observed to be enjoying suitable music that was playing in the background. Staff were observed assisting consumers in a respectful manner by sitting alongside consumers.

Equipment used to provide or support lifestyle services was observed to be safe, suitable, clean and well maintained. Staff interviewed confirmed they have enough equipment. The service has process to engage external resources as needed.

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 consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. Consumers confirmed that the service environment is clean and well-maintained.

Management demonstrated that the service environment is safe and promotes independence, function and enjoyment. The organisation has an internal and external preventative maintenance schedule. A reactive maintenance log evidenced actions taken in response to maintenance requests, and is reviewed by management on a monthly basis.

The organisation has a suite of documents and process to ensure the service is clean, safe, well-maintained and comfortable. Procedures include preventative and reactive maintenance, electrical safety, and management of hazards.

Consumer’s rooms were observed to be personalised with items important to them such as pictures, trinkets, artefacts, furniture, televisions and a sewing machine. Consumers were observed using quite spaces, outdoor courtyards, dining spaces, a communal lounge area along and their own personal space to rest and reflect.

The environment was observed to be clean and clear of clutter. The living environment was observed to be well-maintained, and Internal outdoor areas are accessible to consumers without requiring assistance or key code.

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.

Overall consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Information on internal and external complaints systems are on display and included in the resident hand books. Feedback forms are available at the front reception and nurses’ station. Forms were also available in Italian and included information about external advocacy services.

All consumers/representatives described how they can provide feedback regarding care and services provided and felt confident to do so. Where consumers/representatives indicated they had raised a comment, complaint or suggestion they said that they have been satisfied with the response from staff and or management.

Staff demonstrated how they support consumers to raise any concerns and documentation reviewed identified the feedback and complaints process and action taken. Staff described the process of open disclosure and said that being open about complaints helps resolves any issues.

Management evidenced how consumer feedback from consumers and others informs continuous improvements. Management described how complaints data is reviewed and what actions are taken to improve the quality of care and services. Where appropriate issues or suggestions are included on the service’s plan for continuous improvement which is reviewed at site and organisational level.

Written information was observed to be on display and information flyers regarding; internal, external complaints processes including contact details were accessible.

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 consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. Consumers confirmed that staff know what they are doing, staffing is adequate, and they receive the care they need.

Staff described how they have enough staff and time to complete their tasks and to provide safe and quality care and services to consumers. Staff said they work regular shifts and in the same areas which enables them to know the consumers.

Staff said that performance appraisals occur annually and they receive regular training on topics such as manual handling, infection control and behaviour management.

The service demonstrated that the workforce is sufficient, skilled and qualified to provide quality care and services. Management evidenced that call bell response times are monitored and staff complete daily audits to test the responsiveness of staff to call bells. The service has a comprehensive recruitment and selection policy and annual staff performance reviews to determine whether staff are competent and capable in their role.

Documentation review of staff rosters, allocation sheets and shift vacancies over the last fortnight evidenced that vacant shifts being replaced and adequate staffing levels across the service

Staff were observed providing care with respectful interactions toward 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 consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. Consumer representatives said they were satisfied with the prompt communication they receive from the service about changes in the consumers care.

Management demonstrated how consumers and representatives are involved in the development of care and services by actively seeking feedback from a variety of sources such as satisfaction surveys, meetings, informal discussions and observations.

Management evidenced improvements made to the service to ensure they were prepared and ready to respond to COVID-19, including onside storage of adequate PPE supplies. The organisation has an infection control consultant that keeps the organisation updated regarding infection control updates.

The service demonstrated how current risk management systems such as hazard and risk reporting, audits, and incidents, clinical assessments and occupational health and safety protocols informs the service of potential risks.

The service evidenced how consumers are supported in making informed, independent decisions that enable them to live the best life that they can. The organisations choice and decision-making policy guides staff regarding consumers rights to make choices that may involve risks.

Staff confirmed they can readily access information to inform them when consumer care and services are reviewed daily meetings and handover of information as appropriate. Care staff said they can always find the information they need about consumers and policies in the nurses’ station.

The service has a clinical governance framework which integrates systems of quality and risk management, antimicrobial stewardship, medication prescribing, open disclosure, feedback, incidents management and continuous improvement.

The service, while not identifying consumers are chemically restrained, is able to demonstrate that consumers at the service receiving psychotropic medications are identified, regularly reviewed by medical practitioner, monitored, and consent is sought in relation to the prescribing of the medication.

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.*

### 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.