Beth Eden

Performance Report

19 Bell Terrace
GRACEVILLE QLD 4075
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**Commission ID:** 5065

**Provider name:** Bethany Christian Care

**Site Audit date:** 20 October 2020 to 22 October 2020

**Date of Performance Report:** 4 December 2020

# 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
* the Infection Control Monitoring Checklist completed by the Assessment Team at the time of the Site Audit.

# 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

Consumers interviewed by the Assessment Team said they were treated with respect and their dignity was maintained. Consumers and representatives advised staff respect their culture, values and beliefs. They said the service supported them to be independent and encouraged them to exercise choice about the care and services they received and to maintain relationships with friends and family members. Consumers advised they were provided with information which allowed them to make informed choices about how they lived their lives, including meal selections, activities available and what times they wished to rise and retire. Consumers said their personal privacy was respected.

Staff demonstrated a knowledge and understanding of consumers that supported the consumers to maintain their cultural identity and respect their dignity. Staff were aware of consumers’ preferences, culture, values and beliefs and were able to explain how those preferences influenced how they delivered care. Staff were aware of how to access interpreters when required.

Staff stated consumer information was stored in password protected computers and hard copy documentation was kept in locked offices. They said they were provided with privacy and confidentiality training.

Management advised consumers were provided with a copy of the Charter of Aged Care Rights that included the right to personal privacy and to have personal information protected. Copies of the document were available in languages other than English.

The organisation had policies relating to treating consumers with respect and dignity and on choice and decision making. The organisation has a risk management framework and policies to support consumers to make decisions that may involve risk. The Assessment Team sighted risk assessments that had been completed with the involvement of consumers and representatives.

The Assessment Team note doors to nurses’ stations and areas where consumer information was stored were closed and locked throughout the site audit.

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

Consumers and representatives said they were involved with the initial and ongoing assessment and planning of the care and services, including advance care planning and end of life planning if they wished. They said the consumer’s care and services are regularly reviewed and as their needs or preferences changed. They said the service consults with medical officers and allied health professionals to ensure consumers receive appropriate care and services.

Consumer files demonstrated the service undertook comprehensive assessment and care planning when the consumer entered the service and reviewed the plans regularly or when needs changed. Care plans were individualised and contained information relevant to the risks for each consumer. Care planning documents detailed advance care planning and end of life planning for most consumers. Care documentation confirmed registered staff completed initial assessments to identify consumers' needs, choices and preferences and medical officers and allied health professionals were involved in the planning and review of consumer care. Care planning documentation was readily available to staff and visiting health professionals. Care plan documentation includes information relating to communication, mobility, skin care, pain, nutrition and hydration and provided information on risks to consumers such as falls, swallowing, pain and skin integrity. Consumers and representatives could access care plans when they wished.

Registered staff stated they were provided with relevant education and had knowledge of the service’s care planning and assessment processes. Staff were aware of the incident reporting processes and explained incidents may trigger a reassessment of consumers’ needs. A suite of evidence-based assessment tools was available to staff on the electronic clinical care system. The service had policies and procedures and training programs to guide staff in advance care planning and assessing palliative care needs.

Care staff said they had access to care plan documentation on the computerised clinical system and were provided with a verbal handover from registered staff.

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

Consumers and representatives interviewed by the Assessment Team stated consumers received the care they needed and had access to medical officers or other health professionals when they needed it. They said that when a consumer needed end of life care, they felt the service would support them to be as free as possible from pain and to have those important to them with them. Consumers and representatives considered the consumers’ needs and preferences were effectively communicated between staff.

Registered staff said they were provided with relevant training and they would seek advice from senior clinical staff, medical officers and allied health professionals when they had concerns about a consumer’s clinical care needs.

Care documentation provided adequate information to support effective and safe consumer care. Information was specific to individual consumers and provided instruction on clinical care. Care documentation established that the service had authorisations in place for those consumers with restraints and the restraints had been discussed with consumers and representatives. Restraint documentation was reviewed regularly by medical officers and were authorised appropriately.

Consumers at the service received pressure area care, including repositioning and the use of air mattresses. Consumers had a skin integrity assessment on the day of their admission, one week following admission and then as required when changes were identified. Skin care was evaluated and updated every three months or as required.

The service had policies and procedures to guide registered staff in the assessment and management of pain. Registered staff monitored verbal and non-verbal signs of pain and pain assessments were reviewed by senior clinical staff and referrals were made to medical officers and relevant allied health professionals when required.

Management advised high prevalence and high impact risks were analysed weekly and the information was provided to registered staff. Clinical incidents were recorded on the electronic management system and the data was assessed in monthly clinical indicator reports.

The Care Manager and registered staff were available 24 hours a day to support and monitor care delivered, including for consumers nearing end of life. Staff had access to a registered nurse on-site 24 hours per day and after-hours medical officers. Registered staff said they notified medical officers and representatives if they identified a change in a consumer’s condition or if a clinical incident occurred.

Staff had access to policies and procedures and clinical information to guide them in recognising and responding to a deterioration or change in a consumer’s condition.

A review of clinical documentation identified timely and appropriate referrals to medical and other health professionals.

Registered staff were familiar with antimicrobial stewardship. Staff had access to infection prevention and control guidelines and equipment.

Management advised all staff received the 2020 influenza vaccination.

The Assessment Team observed handwashing amenities were available at the front entrance to the service. Hand sanitiser and face masks were positioned at the entrance to the service and COVID-19 signage was placed to the service’s entry doors. Sanitising wipes were available throughout the service. Density signage was observed in common areas of 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 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

Consumers and representatives interviewed by the Assessment Team said that consumers were supported by the service to participate in individual and group activities of interest to them. They said consumers were supported to stay in contact with people using technology and, during COVID-19 restrictions, through a ‘visitor window’.

Consumers advised that the food had improved in quality, variety and taste and they had input into the menu. Most consumers and representatives said they had a say in the daily activities and were encouraged to be independent.

Staff advised consumers participated in a range of culturally diverse activities. The lifestyle program was developed with consumer involvement. Lifestyle Assessments were being reviewed by the Lifestyle Coordinator at the time of the Site Audit.

Care plans detailed the support consumers required to participate in activities, both within the service and in the community.

Lifestyle staff described how they work with representatives, entertainers and volunteers to help supplement the lifestyle program.

Kitchen staff explained how any changes to dietary preferences were reported and initiated. The menu was changed monthly and food surveys provided feedback on consumers’ likes and dislikes.

The Assessment Team observed the equipment was safe, suitable, clean and well-maintained. The Assessment Team observed a well-stocked supply of towels, linen and personal protective equipment. The kitchen was observed to be clean and tidy and staff were practicing safe food handling techniques and using personal protective equipment.

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

Consumers stated they felt safe and at home at the service and they could freely and safely access indoor and outdoor areas. Consumers and representatives said the service was clean and well maintained and furniture, fittings and equipment were safe, clean, well-maintained and suitable for them.

The maintenance register established that scheduled preventative maintenance had been completed and there were no outstanding maintenance issues. The maintenance log evidenced regular maintenance of the service environment. The Maintenance Officer advised the call bell system was regularly serviced and tested by an external contractor.

Cleaning staff advised they follow a schedule for cleaning, including additional cleaning throughout the service to include “high-touch points” in response to COVID-19.

Furniture, fittings and equipment observed by the Assessment Team was 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 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

Consumers and representatives said they felt safe making complaints to the service. Staff and management listen to their suggestions and make changes based on their feedback. Consumers said the variety and quality of food had improved based on their feedback.

Management advised the organisation had a proactive approach to complaints management by seeking feedback from consumers and representatives and using the information to improve care and services. Staff were aware of how to assist consumers and representatives to provide feedback or make a complaint and said consumer feedback and complaints could be made verbally, raised at meetings or via an email.

The service had feedback forms available to consumers and a secured box in which to place the forms. External complaints information was on display at the entry to the service in multiple languages and included details for advocates and language services. The consumer handbook provided to consumers and their representatives on entry to the service included information on internal and external complaints mechanisms.

Staff and management said feedback was sought from consumers and representatives following complaints about food. The menu had been reviewed to include greater choice and a food focus group was established to facilitate feedback on the food. The chef was available at meals times to receive immediate feedback from consumers.

The service had a complaints policy that includes open disclosure processes.

The service had a complaint register that included actions taken to resolve the complaint. Complaints and suggestions that could initiate improvements to care and services were documented in the service’s continuous improvement plan.

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

Consumers interviewed by the Assessment Team said staff were kind and caring and knew what they were doing. Most consumers and representatives said the service had adequate staff, although the staff were busy. Consumers said call bells were generally answered promptly. Consumers felt staff were skilled at meeting their care needs.

Management advised mandatory training was monitored for completion and additional training was arranged for staff as required. All staff were required to complete on-line training in relation to the Quality Standards. Staff have completed COVID-19 education and mandatory training on elder abuse reporting, manual handling and fire safety.

Staff were required to have appropriate qualifications and experience for recruitment to their roles. Position descriptions specified core competencies and capabilities for each role.

The Care Manager said the organisation had a performance management process and a program for annual performance appraisals and professional development.

The service demonstrated it had strategies to monitor the adequacy of staff numbers and to replace staff on planned or unplanned leave.

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

Consumers and representatives said they considered the service was well run and the service sought their feedback on the delivery of care and services. Representatives said the service communicated with them regularly and they were kept informed of any changes that may have impacted on the delivery of care and services.

The Board monitored standards at the service through monthly reporting from the Chief Executive Officer and has engaged in matters relating to consumer safety such as the organisation’s response to the COVID-19 pandemic.

Staff and management generally reported they had access to information when they needed it in the electronic documentation system, at handover, in hard copy folders, in policies and procedures and at staff meetings.

Opportunities for continuous improvement were identified through audits, feedback and complaints and meetings. Improvement activities were logged in action plans and in the service’s plan for continuous improvement. Critical incidents were analysed for improvement opportunities and reported to senior management.

The Board monitors the service’s performance in relation to the Quality Standards through monthly reports of incidents and through audits.

The Care Manager managed the day-to-day budget for the service and additional expenditure was referred to the organisation’s Finance Manager.

The organisation’s Head Office monitored changes to relevant legislation through notifications from the Department of Health and communicated any changes to the service’s management. In order to comply with legislative requirements, the Care Manager monitored physical and chemical restraint usage and ensured registered staff understood restraint minimisation practices and the trialling of alternatives to restraint. Reportable assaults were documented in the organisation’s incident management system and the Care Manager and registered staff ensured the service was meeting its compulsory reporting responsibilities.

The organisation provided a documented risk management framework, including policies describing how high impact or high prevalence risks associated with the care of consumers was managed, the abuse and neglect of consumers was identified and responded to, and how consumers were supported to live the best life they could. The service demonstrated an understanding of the framework in managing risk at a local level.

The organisation provided a clinical governance framework including a policy relating to antimicrobial stewardship, a policy relating to minimising the use of restraint and an open disclosure policy. Staff advised that they had been educated about the policies and were able to provide examples of their relevance to their work. As an example, management advised the service had engaged with local medical officers to monitor the use of antibiotics at the service.

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.