Bethanie Como

Performance Report

30 McNabb Loop
COMO WA 6125
Phone number: 08 9200 6054

**Commission ID:** 7458

**Provider name:** The Bethanie Group Incorporated

**Site Audit date:** 2 November 2021 to 4 November 2021

**Date of Performance Report:** 10 January 2022

# Performance report prepared by

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# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

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

# STANDARD 1 COMPLIANTConsumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The Assessment Team overall found sampled consumers were treated with dignity and respect, could maintain their identity, make informed choices about their care and services and live the life they choose. For example:

* Consumers and representatives said consumers were treated with dignity and respect; staff knew them well and understood how important their heritage and associated culture was to them.
* Consumers reported they received care which was culturally appropriate and recognised their values and diversity.
* All consumers sampled provided feedback indicating they were supported to exercise choice and maintain their independence and relationships of choice within and outside the service.

Staff described how they supported consumers to make informed choices about their care and services. Staff outlined consumers had a right to refuse any aspects of care and services and a risk assessment process was used to assess the degree of risk. The Assessment Team noted documented risk assessment processes, including discussions with the consumer regarding risk associated with their choices that may be harmful to them.

The Assessment Team reviewed care files for the sampled consumers which included individualised information about each consumer. Documentation reflected preferences for care, friends and family of special significance to the consumer, their preferences for religious support and activities of interest to them.

Policies, procedures and the organisation’s mission and values statements directed staff in the delivery of culturally safe care. The Assessment Team observed staff treating consumers with dignity and respect and noted staff were familiar with consumers’ individual needs.

The service had policies and procedures to guide staff in their approach to privacy and confidentiality. Staff signed a code of conduct and confidentiality agreement on commencement with the service and understood the requirement to not discuss personal information without consumers’ consent.

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 consumer

### Consumer outcome:

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

### Organisation statement:

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

Overall sampled consumers considered they felt like partners in the ongoing assessment and planning of their care and services. Examples included:

* Consumers and representatives confirmed care and services were reviewed for their effectiveness on a regular basis and care plans reflected the consumer’s current needs, goals and preferences.
* Consumers and representatives confirmed their involvement in care planning and the service ensured they were provided with timely information in order to make decisions about their care and services.

The service had policies and procedures to support staff in undertaking assessment and planning. Registered staff described how care was planned by a multidisciplinary team from the day the consumer entered the service as well as described the systems to ensure each consumer’s care plan meet their needs, goals and preferences. The Assessment Team noted handover processes ensured vital information about the consumer’s resuscitation and mobility status, falls prevention strategies, restraint and diabetes information, risks and infections were captured.

Documentation reviewed showed there was a comprehensive assessment and planning process, which included risks to the consumer’s health and well-being and strategies to minimise these risks. Files detailed the needs, goals and preferences of consumers and included advance care planning and end of life planning where appropriate.

Care was reviewed on a regular basis and when circumstances changed, or incidents occurred that impacted on the consumer such as following falls, hospitalisation, incidents of aggressive behaviours, deterioration, infection and unplanned weight loss.

Records reviewed demonstrated the consumer’s, public advocate’s and/or representative’s involvement and engagement in the assessment process on an ongoing basis including notification of incidents, should the consumer wished for this to occur. Furthermore, consumer records showed the involvement of other organisations, individuals and providers of care and services such as hearing and dental, podiatrist, speech pathology, dietician, optometrist and palliative care.

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

Overall sampled consumers considered they received personal care and clinical care that was safe and right for them.

* Consumers and representatives sampled expressed satisfaction with the way personal and clinical care was provided to the consumer, which considered the consumer’s individual preferences and promoted their independence.
* Consumers and representatives expressed satisfaction with how consumers’ individual risks including the behaviours of consumers were managed to minimise harm.
* Consumers and representatives reported a change or deterioration in the consumer’s condition or health was responded to well and in a prompt manner by the service.

The Assessment Team found the service was able to demonstrate consumers received care that was best practice, tailored to their needs and optimised their health and well-being. Staff had access to resources, policies and procedures to guide the provision of care.

The service had implemented a range of improvements to ensure medications were administered safely. The service had reported a decline in medication related incidents/errors and all consumers and representatives sampled confirmed the consumer’s medications was administered safely and on time.

The Assessment Team noted there was effective management of high risks of falls, pain, constipation, behavioural and psychological symptoms of dementia, diabetes, and infection related risks. Incidents were trended and analysed along with corrective actions implemented to manage high impact and high prevalence risks across the service.

Documentation reviewed for the sampled consumers showed overall care plans were comprehensive and demonstrated the effective management of care specifically in relation to wounds, pressure injures, palliative care, falls prevention and post fall management, indwelling catheter, diabetes and pain.

Where deterioration to a consumer’s cognitive or physical function was identified by the service, this was investigated by clinical staff and the consumer was referred to their medical officer, an appropriate allied health specialist or transferred to hospital for further investigation.

Care staff described how they provided end of life care to consumers to ensure their comfort was maximised and their dignity was maintained. Staff also demonstrated an understanding of how the service minimised the need for the use of antibiotics.

The service held multidisciplinary care team meetings weekly and improvement opportunities in care and services delivery were identified and actioned.

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 supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

Overall sampled consumers considered they received the services and supports for daily living that were important to them and enabled them to do the things they want to do, including maintaining relationships with friends and family as well as connections with the wider community. Consumers advised staff knew them well and they were supported in relation to their emotional and spiritual wellbeing.

The Assessment Team noted care plans for sampled consumers:

* contained information specific to each consumer’s emotional, spiritual and psychological needs.
* evidenced of the input from others such as an occupational therapist, physiotherapist, dietician, pastoral care providers, community visitors and mental health providers.
* were reviewed regularly to ensure the supports provided were current and continued to meet their needs.

An audit of the activities program which included consumer feedback, participation and enjoyment levels was undertaken and used to plan activities for consumers as well as to provide information to staff on consumers who may need one to one support or other services.

The Assessment Team noted A range of lifestyle and leisure activities were available for consumers to participate in, such as bus trip outings, service walks, animal therapy, exercises, reminiscing, pampering, quizzes, card games, cultural events, concerts and special events.

Consumers and representatives sampled stated they were satisfied with the meals at the service, the menu provided multiple choices and meals were of a high quality. Nutrition and hydration assessments were completed, and care plans included consumers’ specific dietary requirements for food and fluids, preferences and any allergies.

Consumers provided feedback that the service maintained their equipment and they felt safe using it. The Assessment Team noted equipment such as wheelchairs, comfort chairs, walking frames, hoists and shower chairs were well maintained, clean and in safe condition and that maintenance requests were responded to in a timely manner.

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

Overall sampled consumers reported they felt safe and comfortable in the service environment; could access indoor and outdoor areas and were satisfied that equipment was well maintained and cleaned regularly. However, feedback from some representatives reported the service environment for consumers accommodated in the memory support unit was too small.

The Assessment Team observed the outdoor areas were safe, well maintained and paths were free of debris or potential trip hazards. Consumers were observed walking around outdoor areas, sitting with other consumers and spending time sitting with family. Corridors and lifts were observed to be clean, uncluttered and easy to navigate for consumers and visitors, and furniture and fittings were fit for purpose.

Maintenance and cleaning policies and procedures were in place and staff could describe the process for reporting any hazards or maintenance issues relating to equipment. Review of the maintenance log showed evidence there was no outstanding maintenance issues and all reported issues have been responded to in a timely manner.

Management advised following feedback from representatives and staff, the service commenced a review of the memory support area, implemented a number of immediate improvements, and were continuing to implement further improvements to enhance this area.

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

Overall sampled consumers considered they were encouraged and supported to give feedback and make complaints, and that appropriate action was taken.

* Most consumers and representatives interviewed said they were aware of how to make a complaint.
* Consumers said they would feel comfortable to raise any issue with staff or management as they were confident they would respond.

The service provided information to consumers and representatives on entry which included information about how to make a complaint, advocacy services and the process for lodging a complaint with the Aged Care Quality and Safety Commission.

Staff described how they supported consumers and representatives to provide feedback including those consumers with communication difficulties and clinical staff were able to discuss the process for acting on any of the consumer’s concerns and were familiar with open disclosure.

The Assessment Team noted the service had an effective process for capturing feedback and ensuring appropriate action was taken to address identified issues or complaints. This included the use of a quality improvement plan to monitor and analyse feedback for any trends.

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

Overall sampled consumers considered they received quality care and services when they needed and from people who were knowledgeable, capable and caring. Consumers sampled said there were sufficient staff at the service to assist in providing care and services and call bells were answered in a timely manner.

The service demonstrated its workforce was planned, its workforce was competent, and members of the workforce had the qualifications and knowledge to effectively perform their roles.

Management advised how they planned the workforce to ensure the right number and mix of staff were available to provide safe and quality care. A permanent staffing model had been adopted with standardised rosters and additional registered staff employed along with a casual pool of staff. Representative feedback identified regular staff knew consumers well and there had been an improvement in the standard of communication as well as care and services since agency use had declined.

Overall clinical and care staff said they had enough time to complete their work to ensure safe, quality care to consumers. Although some staff indicated further therapy staff would be beneficial, management advised of other strategies available to consumers.

The Assessment Team observed staff across the organisation interacting with consumers in a kind, caring and respectful way including during activities of daily living, meal services and lifestyle activities. Staff were observed working together to provide care and services to consumers in a calm and unrushed manner.

Management ensured staff have the appropriate qualifications and registrations for the role and staff were required to complete compulsory competency training upon commencement and ongoing basis. Management monitored and analysed data relating to call bell/sensor mat records to identify response times and how this related to staffing levels and quality care to consumers.

A performance management system was in place to identify staff knowledge, competency and capabilities as well as a system to address knowledge or skill gaps. Staff said they have regular and ongoing training so they were sufficiently skilled to care for their diverse consumers and undertake performance reviews annually, which helps identify training needs and areas for further development.

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

Overall sampled consumers considered, the organisation was well run, and they could partner in improving the delivery of care and services.

* Consumers and representatives spoke about areas of improvement that had occurred over the past few months relating to communication, care planning, consistency of staff, food and the dining experience, as well as clinical care.
* Consumers advised they were engaged in the development and review of their care and services; were comfortable providing their feedback regarding this directly to management and felt things would be addressed immediately.

The organisation is governed by a Board, which demonstrated it had effective organisation wide governance systems, including policies, procedures and practices to support this. Reporting and monitoring systems were in place to ensure the quality of care being delivered by the service was monitored at an organisational level and the service was informed of updates in legislation and policy.

The service demonstrated there were effective governance systems for ensuring information was disseminated and accessible, improvement opportunities included input from stakeholders, appropriate financial approval and expenditure of funds, the workforce had clear responsibilities and accountability, updates and changes to legislation was implemented and there were effective feedback and complaint systems.

The Assessment Team also noted the organisation had a risk management and clinical governance framework in place to effective support the identification and management of risks as well as ensure there was policies and procedures to guide clinical care relating to antimicrobial stewardship, minimising the use of restrictive practices and open disclosure.

Staff said they had been educated about the service’s policies and could describe how these applied in their day-to-day work.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

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

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

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

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

# Areas for improvement

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