Bolton Clarke Carrington

Performance Report

16 Blairmount Street   
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**Commission ID:** 5825

**Provider name:** RSL Care RDNS Limited

**Site Audit date:** 22 March 2021 to 24 March 2021

**Date of Performance Report:** 30 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 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Consumers were treated with dignity and respect, could maintain their identity, and made informed choices about their care and services and lived the life they chose. Consumers and representatives said staff treated consumers respectfully and they were happy with their interaction and engagement with staff across all aspects of care and services. Consumers and representatives confirmed consumers were encouraged to do things for themselves and that staff knew what was important to them. Consumers provided examples of matters of importance to them, acknowledged staff awareness and staff response to support their lifestyle choices, preferences and decisions.

Relevant information was collected and shared to support consumers’ choice and their decisions were respected and shared with relevant care and service staff. Consumers’ relationships were acknowledged and supported; consultation occurred to ensure staff awareness of matters of importance to the consumer enabling the consumer to live the best life they could.

Consumers privacy was observed to be respected during the site audit and their personal information was securely stored. All staff were required to attend mandatory training, including the service’s code of conduct and the Aged Care Quality Standards.

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 said the service understood what was important to them. Care planning documentation detailed the individuals’ current needs, goals and preferences, including advance care planning and end of life preferences. Registered staff approached advance care planning and end of life discussions with the consumer, their representative and Medical officer when a consumers’ health was deteriorating.

Consumers and representatives confirmed they were involved in assessment and care planning. Care planning documents evidenced referrals to, and consultation with, the podiatrist, dietitian, speech pathologist, physiotherapist, optometrist, dentist, behaviour management specialists and medical specialists. Management confirmed other individuals and providers of care were involved in the initial assessment and care planning processes and continued to be involved on an ongoing basis.

Care plans were individualised and contained information relative to risks identified in relation to each consumers’ health and wellbeing including, but not limited to, falls, skin integrity and nutrition and hydration. Assessment, planning and handover information informed the delivery of safe and effective care. The organisation had developed policies and procedures to support staff in assessment and care planning processes.

Changes to care plans were communicated to staff and when reviewed, care plans were offered to consumers or their chosen representative. Handover processes were observed in progress during the site audit and confirmed changes in consumer’s care needs were discussed with staff. Mobility cards were observed in consumer’s rooms during the site audit.

Consumers confirmed they were consulted regularly regarding their care and services including when circumstances changed, or incidents occurred. A care plan review schedule was in place to ensure care plans were up to date and allocated to different Registered nurses for completion. Incidents were recorded in an electronic information management system and contributed to the service’s clinical indicators each month.

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 said they received the care they required which was safe and right for them. Care documentation reflected individualised care that was safe, effective and tailored to the specific needs and preferences of the consumer. Best practice information was provided through education and training, discussions at staff meetings, resources, and supported by the organisation’s policies and procedures. Registered nurses were available 24 hours per day, seven days per week and additional support from management was available after hours when required.

The organisation had developed policies to support the delivery of safe clinical care including, but not limited to, restraint, skin integrity and pain management.

The service’s restraint policy focused on the minimisation of restrictive practices, the promotion of a restraint free environment and using restraint as a last resort. Staff were aware of non-pharmacological alternative strategies for the effective management of consumers behaviours.

Skin assessments, care plans and wound management directives confirmed consumer’s skin care needs were managed effectively and tailored to their needs and preferences.

Staff described how they recognised and addressed the pain management needs of consumers who were unable to communicate, which included monitoring consumer’s facial expressions and changes in behaviours. Care documentation confirmed consumer’s pain management needs were managed appropriately.

#### Personal Protective Equipment and demonstrated social distancing in communal areas, including staff rooms and treatment rooms during the site audit.

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 said they were supported by the service to do things they enjoyed, and the service supported their lifestyle needs.

Consumer and representatives confirmed they were supported and encouraged to attend outings with their families, friends, volunteers and support workers. They said they were supported to keep in touch with people who were important to them.

Care documentation for consumers contained information about consumers’ emotional and spiritual well-being and strategies required to support them. Staff were aware of how to access information and implement strategies to enhance consumers’ emotional and spiritual well-being.

Lifestyle documentation confirmed consumers were involved in the planning of activities. The service delivered a variety of events which enabled consumers to feel socially connected and engaged in activities of interest to them.

Lifestyle and care staff were aware of what was important to consumers and what they enjoyed doing. Activities were developed based on consumer feedback and through consumer and representative meetings each month. The activity calendar was displayed at the service and is offered to consumers and their representatives.

Care information was individualised and included information about how consumers were involved in the community and relationships they wished to maintain. Staff supported consumers to maintain relationships and to continue being engaged in the community.

Care documentation provided adequate information to support effective and safe sharing of the consumer’s care information. Consumers said where responsibility for services and supports for care were shared, their needs and preferences were effectively communicated within and between organisations.

Changes in consumer’s care and services were communicated through verbal and documented handover processes, electronic mail, care plan reviews and meetings. The service is guided by organisational policies and guidelines providing clear processes for the management of information.

Care planning documents reflected the involvement of others in the provision of lifestyle supports. Lifestyle staff engaged with external organisations and volunteers to delivery lifestyle activities to consumers. Organisational procedures were in place regarding the service’s referral processes to support the lifestyle needs of consumers.

Consumers and representatives said they liked the food the service provided, had a variety of food choices and could participate in menu planning at the service. Catering documentation reflected the dietary needs of consumers and was consistent with dietary information in care plans. The service had a four week rotational menu which was reviewed by a dietician and discussed at consumer and representative meetings.

Equipment used to provide and support lifestyle services was observed to be safe, suitable, clean and well maintained during the site audit. Care staff said they had access to equipment they needed and were aware of maintenance repair processes. Maintenance documentation confirmed scheduled preventative and reactive maintenance, including equipment maintenance had been completed.

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 said they felt at home, safe and comfortable living at the service. Consumers and representatives thought equipment at the service was well maintained and the environment was monitored to minimise risks.

The service environment was observed to be welcoming, with communal areas for consumers, representatives and visitors to interact. Consumer feedback indicated consumers were happy with the living environment and considered it homely. Management advised ongoing refurbishments throughout the service provided upgraded and modernised facilities and a more spacious environment for consumers. Consumers were observed to be accessing internal and external areas of the service which were level and safe.

Preventative maintenance reviewed all aspects of the service, with respect to consumer safety and legislative compliance. The service’s planned refurbishments are expected to be completed in May 2021. These works will include two new nursing stations and a new entrance into the memory support unit. The service has opened many areas including, new sitting areas, replaced the servery in the memory support unit, a new entrance/office to the kitchen and a salon.

Furniture, fittings and equipment were observed to be safe, clean and well-maintained during the site audit. The service had sufficient supply of clinical and care equipment including pressure relieving devices and mobility hoist slings.

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 were aware of how to provide feedback and make a complaint and felt comfortable doing so. Consumers who had raised concerns or provided feedback could describe what changes had been made in response.

The service encouraged and supported consumers to provide feedback about the care and services they received, including complaints. The service’s organisational guidelines and staff handbook included information regarding complaints and advocacy services. Feedback brochures and secured suggestion boxes were observed throughout the service during the site audit.

Registered staff could access language, advocacy and interpreter services to support consumers in providing feedback should it be required. Consumers and representatives were provided with opportunities to give feedback each month at consumer meetings.

Management advised, improvements had been made in response to consumer feedback. Complaints were actioned and appropriate follow up had been completed. The service had an open disclosure policy to guide staff in complaints and incident management processes. Complaints and feedback reports were provided to the governing body each month for review.

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 and representatives said staff were kind and caring, responded promptly to requests for assistance and provided quality care and services that met their needs and preferences. Interactions between members of the workforce and consumers were observed to be kind, caring and respectful during the audit and consumer survey data confirmed consumers said staff treated them with dignity and respect.

Management implemented processes to ensure enough staff were employed and a suitable skill mix was allocated to enable the delivery and management of safe and quality care and services. The workforce was planned based on consumers’ needs, risk, observations and feedback. Registered staff were rostered each shift, seven days per week. Most care staff said staffing levels were enough to address the needs of consumers. The service had commenced discussions with corporate management to increase staffing levels in preparation for the completion of the services’ upcoming expansion.

The service had processes to ensure that workforce members have the qualifications and knowledge to effectively perform their roles, to ensure staff were recruited, trained and equipped for their roles and to ensure their performance was regularly monitored and effective.

An induction program included face to face and online training. The service allocated buddy shifts for new staff to ensure staff were orientated to their role appropriately. Staff were provided with position descriptions which identified the required qualifications and competencies for each role. Staff qualifications and competencies were monitored, and performance appraisals completed each year.

The Quality Standard is assessed as Compliant five as 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

Several consumers said they were involved in panel interviews for the recruitment of new staff. They said it made them feel valued by the service and pleased they were contributing to the appointment of knowledgeable staff who could deliver safe and effective care. Management confirmed consumer engagement was achieved through a variety of ways including, but not limited to, interview panels, feedback mechanisms, consumer and representative meetings and newsletters.

Consumers and representatives stated they were satisfied with the care and services provided and confirmed staff knew what they were doing and delivered care in a kind and respectful manner.

The organisation’s governing body has implemented processes to ensure they promote a culture of inclusivity, quality and safe care and services and were accountable for their delivery. All board members had completed training regarding the Aged Care Quality Standards. Staff had access to incident and hazard reporting systems. An aged care clinical governance and client safety and well-being report is provided to the Board each month and includes all critical incidents, including near misses for the governing body to address issues identified.

Organisational governance systems included a clinical governance client safety and wellbeing framework. The framework provided a clinical governance reporting structure to ensure consumer clinical outcomes were reported and reviewed at the highest level of governance.

Regulatory changes, clinical alerts and information from relevant aged care bodies were tracked by the organisation and disseminated to the service as they became available and discussed at weekly clinical governance meetings.

Staff and management could readily access information they needed about the organisation’s systems, processes and practices and about the care and service requirements of each consumer.

The service’s plan for continuous improvement included improvement activities in aspects of each Aged Care Quality Standard which were planned, actioned and evaluated.

Management confirmed they had capacity to expand funds to meet the needs of consumers. The organisation had policies and procedures and human resource processes to ensure the workforce is managed in accordance with regulatory requirements.

The organisation had policies and procedures covering compulsory reporting and consistent with current regulatory requirements. The service maintained a compulsory reporting register which provided detailed information of reportable incidents, actions taken by the service including why discretion not to report was invoked. Staff confirmed they had received mandatory reporting and elder abuse training and were aware of compulsory reporting requirements.

The service had a risk-management framework which described the management of high impact or high prevalence risks associated with the care of consumers, the identification and response to the abuse and neglect of consumers and supporting consumers to live the best life they can.

The organisation’s governance systems ensured feedback and complaints information was reviewed at the service level, regional level and Board level.

The service had a clinical governance framework that referenced antimicrobial stewardship, restraint minimisation and open disclosure. Antimicrobial stewardship was discussed at the service’s clinical governance and quality meetings.

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.