Bolton Clarke Cazna Gardens

Performance Report

465 Hellawell Road   
SUNNYBANK HILLS QLD 4109  
Phone number: 07 3845 0000

**Commission ID:** 5280

**Provider name:** RSL Care RDNS Limited

**Site Audit date:** 15 September 2021 to 17 September 2021

**Date of Performance Report:** 14 October 2021

# Performance report prepared by

Gai-Maree Cain, delegate of the Aged Care Quality and Safety Commissioner.

# 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.
* other information and intelligence held by the Commission regarding the service.

# 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

Overall consumers and representatives considered that consumers are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. Consumers and representatives said staff treat consumers respectfully and expressed satisfaction with the interactions and engagement with staff across all aspects of their care and services. Consumers confirmed through examples that staff knew what was important to them, and how they are supported to exercise choices and to maintain links with family and friendships of significance.

Consumers said they are supported to take risks and engage in activities of choice, providing examples such as driving mobility scooters or walking to the local shop each morning. Consumers confirmed they are provided with information to support decision making, such as about what they would like to do, activities of choice and meal selection.

Staff demonstrated an understanding of what is important to individual consumers, including preference, culture and values and described how consumers’ preferences are facilitated and respected. For example, how the service supports individual meal preference and consumers preference for personal and clinical care.

Staff described ways in which they respect the personal privacy of consumers including ensuring handover is completed in a private area such as the staff workstation, and consumer’s private information is stored on password protected electronic care systems and not discussed with other consumers.

Review of consumers’ care documentation identified the completion of risk assessments and discussions with the consumer and/or representative to support consumers to take risks to live the life they wish.

Throughout the Site Audit, the Assessment Team observed information available to consumers to support decision making such as lifestyle activity calendars on display. Staff were observed to be interacting respectfully with consumers, including knocking on consumer’s doors and asking for permission before entering the room, providing information about activities on offer for the day and providing choice at mealtimes.

The service demonstrated consumers are provided the opportunity to participate in decision through individual meetings to discuss consumer needs, choices and preference and these are documented in care and service plans.

The service has a number of documents that guide staff including policies relating to privacy, open disclosure and dignity of risk.

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 consider they were partners in the ongoing assessment and planning of the consumer’s care and services. Consumers and representatives reported staff consulted them through initial assessment and planning to develop a plan of care that was delivered to meet the consumer’s needs.

Consumers and representatives expressed satisfaction with the assessment and care planning processes and confirmed the service involves Medical Officers and other allied health professionals in the assessment process as required. Consumer and representative feedback confirmed they were informed about the outcomes of assessment and planning and had ready access to the consumer’s care and services plan if they wish. Consumers and representatives advised they had made their end of life wishes clear to the service and expressed they would be comfortable to approach the registered staff or management if they needed.

Registered staff described the service’s assessment and planning process when a consumer enters the service, the three monthly care plan review process and referral to other health professionals as needed. The outcomes of assessments are documented in care and service and discussed with the consumer and their representative via telephone or during meetings with the consumer and representative.

Staff described how they are guided by individual consumers preferences, and consumer assessment, planning and handover information to inform the delivery of safe and effective care.

Review of consumer assessment and care planning documentation reflected individual consumer’s current needs, goals and preferences; and identified regular review of care in consultation with the consumer and/or representative. Consumers’ care and services were reviewed when circumstances changed, or incidents occurred.

The service had policies and procedures to guide staff in the assessment and care planning process which identified consumers as partners in care planning that support delivery of 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 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

Overall, consumers and representatives considered that consumers received personal care and clinical care that is safe and right for them. Consumers confirmed through examples how staff ensure the care provided was right for them, including regularly asking them about their care, the way care is delivered and involving consumers in discussions regarding alternative care options available.

Consumers and representatives expressed satisfaction that consumers’ needs and preferences were effectively communicated between staff and consumers received the care they need. They expressed satisfaction that appropriate referrals occurred for consumers when needed and that the consumer had access to relevant health professions as required.

Staff demonstrated an understanding of consumer’s individual needs and preferences and how they ensure these are met; including consideration of individual consumers risks. For example, for consumers who are at risk of falling staff explained strategies implemented to minimise this risk such sensor mats and frequent visual observations; and for consumers at risk for pressure injuries strategies such as pressure redistribution equipment, repositioning and promoting optimal skin integrity.

Staff said the communication of changes in consumers’ needs and preferences is communicated at shift handover and via the service’s electronic care documentation system. Care staff described their responsibility to escalate any changes or deterioration in a consumer's condition to the registered staff, and the service is supported by a Registered Nurse on site 24 hours per day, 7 days per week.

Review of consumer care planning documentation identified consumer’s who are subject to a restrictive practice/s had appropriate assessment, authorisations and consents completed; behaviour support plans identified alternative strategies to be used prior to the implementation of the restrictive practice; and regular restraint usage monitoring and evaluation is completed by Registered Nurses.

Staff have access to evidence-based policies, procedures and guidelines to support the delivery of personal and clinical care including in relation to restrictive practices, pressure injury prevention, pain, and recognising and responding to consumer deterioration.

The organisation had a risk management framework that guided how risk is identified, assessed, managed and recorded. Clinical incidents are recorded on the service’s risk management system and these contribute to the monthly clinical indicators report.

The service has implemented policies and procedures to guide staff related to antimicrobial stewardship, infection control management and for the management of a COVID-19 outbreak. Staff confirmed they have received training in infection minimisation strategies including infection control and COVID-19. Practices were in place that demonstrated that the service has planned and is prepared for a potential outbreak.

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

Consumers and representatives said consumers are encouraged and supported by the service to be independent and do things that are important for their health and well-being. They expressed satisfaction that staff support them emotionally and psychologically.

Consumers and representatives expressed satisfaction with the food provided at the service, and the food provided was of sufficient quality and quantity. Consumers’ specific dietary requirements and preferences were reflected in care plans including allergies and preferences.

Staff described what is important to the individual and how they support the consumers’ needs, goals and preferences, promote independence and quality of life. They explained how the service engages with consumers and representatives to ensure the lifestyle program offered by the service meets individual consumers needs and preferences. For consumers with impaired functional ability, the exercise program is modified to allow the exercises to be performed from a seated position for consumers.

Care planning documentation included information about consumers’ leisure and lifestyle preferences including psychological, emotional and spiritual needs and strategies to meet these needs.

During the Site Audit, the Assessment Team observed activity calendars on display, staff reminding consumers about the day’s planned activities, and consumers participating in the exercise program.

Staff said they had access to the equipment they needed and the equipment was maintained. The service had maintenance program which included hazard identification processes. Equipment maintenance records were identified to be up to date at the time of 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 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 and representatives considered that consumers felt safe and comfortable at the service, and expressed satisfaction with the service environment. For example, consumers and representatives said the service is clean and well maintained and consumers can navigate around service with ease.

Management described features of the service that supported consumers to feel a sense of belonging, to enhance consumers’ independence, interaction and function. For example, consumers are encouraged to personalise their rooms, consumers have access to outdoor gardens and seating areas and the service has a pet dog to provide companionship and emotional support for consumers.

Staff described the process of reporting maintenance requests, including when a hazard had been identified. Staff documented maintenance issues via a request form in the electronic maintenance system.

The service environment was observed to be welcoming, including signage to direct consumers and visitors to various areas of the service. Consumers were observed to move freely around communal areas of the service. Consumer rooms were personalised and decorated to reflect their individuality.

The service had a maintenance schedule and review of documentation confirmed maintenance was conducted as scheduled and maintenance issues were addressed in a timely manner.

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 expressed they felt comfortable in raising concerns and providing feedback. For consumers and representatives who had raised a concern, they said their feedback was addressed in a timely manner, and expressed satisfaction with the outcome of their feedback and the response provided by the service. For example, the representative for one named consumer expressed satisfaction with actions taken by the service when they raised feedback in relation to more activities for consumers at the service.

Consumers and representatives described a variety of ways they could safely raise their concerns including speaking directly to staff or management. The service also provided information for consumers and representatives in relation to external advocacy support services and interpreter services for non-English speaking consumers.

Management advised information regarding feedback and complaints processes are discussed at weekly meetings. Complaints are reviewed, tracked and trended via the service’s electronic complaints management system to identify opportunities for improvement. The service reports monthly to the governing body monthly and consumer feedback and complaints are also monitored by the organisation’s quality improvement team. Staff described the avenues available to consumers should they wish to provide feedback or raise a complaint. Staff said if they can, they resolve complaints immediately within the scope of their role, however if the issue could not be resolved, they would inform Management.

The organisation has an open disclosure policy, and review of an incident for one named consumer identified the service actioned the complaint, discussed a resolution with the consumer and representatives, a written apology was provided and the consumer expressed satisfaction with actions taken.

The Site Audit report provided information that evidenced the service’s complaints register included information about consumer complaints and feedback, and resolutions were linked to continuous improvement activities.

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 that staff were kind, caring and competent when providing care and services. Consumers and representatives expressed satisfaction that staff had appropriate skills and knowledge to ensure the delivery of safe and quality care and services.

Overall consumers and representatives expressed satisfaction with the number of staff available to support consumers, and said there were minimal delays in response to requests for assistance and they received their medications at prescribed times.

Management described how the workforce are recruited, trained, equipped and supported to deliver the outcomes required by the Quality Standards. For example, the services training program includes mandatory training for all staff, and specific training for clinical and care staff related to their role at the service. Staff expressed satisfaction with the service’s training program.

Management described how they determine whether staff are competent and capable in their role, which included orientation on commencement of employment, mandatory training programs and performance reviews. The organisation has human resource policies that set out the skills and qualifications required for each role, including relevant regulatory requirements such as professional registration, criminal history and vaccination status.

Review of information provided to the Assessment Team identified the service monitors call bell response times, for the period August 2021, 2 percent of calls were identified to be outside of the service’s seven minute benchmark. Consumers who had experienced delays greater than seven minutes were interviewed at the time of the Site Audit and expressed satisfaction with the delivery of care and services and call bell response times.

The Assessment Team observed staff interactions to be kind, caring and respectful; and staff responded promptly to consumers requests for assistance when call bells were activated.

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

The organisation had a *Partnering with Consumers framework* with established the organisation’s strategies for engagement with consumers in the delivery of care and services. Consumers and representatives are encouraged and supported to engage in the development, delivery and evaluation of care and services through complaints, consumer surveys and care planning meetings.

The service demonstrated the organisation’s governing body promoted a culture of safe, inclusive care and was accountable for their delivery. The Board is the governing body and had overall accountability for consumer safety, care delivery and system governance. Information about the performance of the service is reported monthly to the organisation’s *Clinical and Safety committee* for review and analysis; and a risk-based summary from the *Clinical and Safety committee* is provided to the Board.

The service had implemented effective organisation wide governance systems, effective risk management systems and processes and a clinical governance framework. Organisational policies guide staff practice including in relation to risk management, antimicrobial stewardship, restraint minimisation and open disclosure. Staff were familiar with these policies and could describe how they applied to the work that they do, and confirmed they are provided with training about risk assessment, risk management, incident reporting and the identification and reporting of the abuse and neglect of consumers.

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.