Catholic Healthcare The Haven Residential Aged Care

Performance Report

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**Commission ID:** 2584

**Provider name:** Catholic Healthcare Limited

**Site Audit date:** 1 March 2022 to 11 March 2022

**Date of Performance Report:** 4 April 2022

# Performance report prepared by

Samantha Hicks, 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** | **Non-compliant** | |
| Requirement 7(3)(a) | Non-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.
* the provider’s response to the Site Audit report received 1 April 2022.

# 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew related information from other consumer interviews and the assessment of other Standards.

Overall, most sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. Consumers said they are treated with dignity and respect by the staff, and felt staff treated them well and appreciated them as individuals. They also said staff speak to them respectfully and feel staff know them and their preferences. In addition, Consumers/representatives provided positive feedback in relation to the service meeting the individual needs and preferences of consumers.

Information provided by consumers confirmed they are supported to take risks. Staff provided information and discussed risks and benefits with consumers and their representatives, if appropriate, to ensure they have informed choice and are able to live the best life they can. Consumers also indicated they are given information which enables them to exercise choice. If they were not happy consumers said they would let the staff or management know, and it would be followed up. Consumers said their privacy and confidentiality is respected.

Staff provided examples of how they support consumers in making day-to-day choices and help them with access to supports the consumer needs to live their best life. Staff could give examples of how they maintain the privacy of consumers in the delivery of care and services, and observations made that were consistent with this. In addition, staff explained how they have provided culturally safe care and services for consumers from culturally diverse backgrounds and the organisation has systems in place to support consumer information privacy.

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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Overall sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services. Consumers/representative confirmed they were included in assessment and planning and discussions about care. Representatives confirmed they were always updated when there are changes in the care of their relative and they were offered the opportunity to attend a case conference and confirmed they were aware of their care plan.

Care plans reviewed showed assessment and planning was completed, individualised, and included the current needs, goals, and preferences of consumers. They were regularly updated and were in a format easily understood by consumers.

Staff were able to describe how they maintain a partnership with the consumers and the people important to them. They were able to describe the case conferencing and care planning review timeframes as well as what was important to sampled consumers when providing 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Overall sampled consumers considered that they receive personal care and clinical care that is safe and right for them. Consumers/representatives said they were receiving care that was right for them and they felt safe at the service.

Care and services documentation demonstrated that assessments are undertaken and reviewed, care provided is best practice. Consumers with wounds and challenging behaviours are being managed appropriately. Consumers using restrictive practices have an appropriate consent and behaviour support plan in place. In addition, consumers are referred to other health professionals they may need in a timely manner.

High impact high prevalence risks are being assessed and strategies are being implemented to mitigate these risks. The needs, goals and preferences of consumers receiving palliative care are being addressed and their comfort is being maximised.

Staff can recognise changes in a consumer’s condition and respond appropriately and in a timely manner. In addition, consumer information is readily available for staff providing care.

The service has practices to minimise infection related risks and has a system in place for the appropriate use of antibiotics. Staff are also aware of these practices and documentation reviewed demonstrated that they are following them.

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.*

The Assessment Team found that the care and services documents demonstrated the consumers receive safe and effective care that is best practice, tailored to their needs and optimises their health and wellbeing. The service provided evidence of assessments and monitoring for consumers who had wounds, pressure injuries and specialised care needs. Staff were able to identify clinical and personal care provided to sampled consumers and were aware of non-pharmacological techniques to manage behaviours. Consumers provided positive feedback about the care they were receiving.

For the consumers sampled, care and services documentation reflected individualised care that is safe, effective, and tailored to the specific needs and preferences of the consumer.

Consumers/representatives provided positive feedback about the care they are receiving. They were all happy with the care being provided. Some consumers provided feedback about specific clinical issues they had and how the service has helped them to manage it.

Staff interviewed could describe the clinical and personal care provided for the sampled consumers. Staff are aware of consumers who require behaviour management techniques, wound dressings and who had current infections. They were able to describe which consumers were using restrictive practices and how often the consumers were reviewed. In addition, staff said they know the care they provide is best practice as all the training and guidance provided to them comes from education provided by the service and they follow the policies and procedures which are based on best practice.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

Overall sampled consumers interviewed said they get the services and supports for daily living that are important for their health and well-being which enables them to do the things they want to do. In addition, feedback from consumers or their representatives were generally positive in relation to the quality and quantity of food, however one consumer and one consumer representative expressed their dissatisfaction.

Consumers/representatives interviewed provided feedback that the service supports consumers to do the things they like to do such as participating in activities within the service as well as the local community and engaging with family and friends.

Consumer preferences for services and supports for daily living were consistent with the information provided during interviews with staff and information documented in consumers care plans.

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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

Overall, consumers interviewed spoke positively about the service environment saying they felt safe, can move freely, it was clean, well maintained and it is their home. The service has a welcoming environment and consumers were observed to moving around the service using a range of mobility assistive equipment, including wheelchairs and wheeled walkers.

The service was observed to be clean and well maintained, and has processes in place to ensure furniture, fittings and equipment are safe, clean and regularly serviced, which includes cleaning and maintenance schedules.

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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Overall sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. They felt they could talk to staff, whilst others said they would let their families know if they had any issues or concerns.

The service demonstrated that appropriate action is generally taken in response to complaints and an open disclosure process is used to address concerns or issues raised by the consumers or their representatives.

The organisation has systems in place to monitor feedback and complaints to ensure action is being undertaken to resolve concerns in a timely manner. Complaints and feedback received is reviewed at a local as well as organisational level to identify any areas for improvements regarding care and services.

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 NON-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

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Most sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. Feedback from consumers indicated they felt staff were kind and caring in their interactions. This was also supported by comments from representatives. In addition, positive feedback was received from consumers and their representatives regarding staff members knowledge and competency to effectively perform their roles.

The organisation has systems in place to ensure staff have the appropriate qualifications to perform their roles. This includes monitoring attendance at mandatory education sessions as well as those education courses or sessions deemed to be compulsory.

Consumers generally felt the staff responded in timely manner if they used their call bell to get assistance. However, consumers did observe staff members being rushed whilst working and had made changes to their care routines to fit in with the shortage of staff. Feedback from staff indicated they felt shortages were impacting on their ability to provide good care to the consumers.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-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.*

The Assessment Team found that management has not been able to effectively ensure that the number and mix of staff is able to provide safe quality care and services. Management advised there are ongoing issues in managing the replacement of staff. Staff said they generally felt there were not enough staff to be able to provide appropriate care for consumers. Whilst feedback from consumers was generally positive about staff, consumers had observed staff being rushed and, in some cases, had made changes to their care routines to assist staff.

Staff feedback indicated that there are unfilled shifts on a regular basis. Several staff members said there were not enough staff. A staff member advised there are shortages with catering staff, they are sometimes required to serve the meals and clear the tables as well as provide care to the consumers. In addition, the staff member advised that several of the consumers require two staff to assist them with personal care which does not leave anyone to observe and assist the other consumers.

The residential manager advised there are difficulties in obtaining agency staff at short notice to fill vacant positions as the agency preferred a longer-term booking. A recruitment drive has been underway to replace existing vacancies and develop a pool of casual staff. When the Assessment Team reviewed a sample of call bell waiting times it indicated the average call bell response on some days was below an acceptable standard. The residential manager that there were some calls that could be answered in a timelier manner.

The Approved Provider submitted a response relating to the findings of the Assessment Team including addition information and evidence. It is acknowledged that due to the regional location of the service it is difficult to secure and retain staff. The Approved Provider also provided a strong commitment and diverse approach to try and address this issue. However, the Approved Provider has conceded that there is an ongoing issue with staffing levels as seen by the Assessment Team at the site audit.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated 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

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Overall sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. The management team advised the service has recently established a consumer working party to provide consumers with an opportunity to be involved in the development, delivery and evaluation of services being provided at the service.

The organisation’s board promotes a culture of safe, inclusive and quality care and services. To improve communication with representatives a website has been developed with a link to each service where representatives can access all the communications sent to families. This information is also printed and placed on display at the service as well as being sent electronically to representatives.

The organisation demonstrated it has governance systems, a risk management and clinical governance framework in place for the delivery of safe and quality care and services. The organisation provides oversight across a range of management systems as part of the organisational governance program. This includes undertaking audits and surveys to monitor the performance of individual services within the group as well as drive continuous improvement. The service provides information to senior management across a range of clinical indicators to enable senior management to monitor any trends. This in turn enables senior management to develop and implement strategies to minimise risks to 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

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

**Requirement 7(3)(a)**

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.

* Continue to recruit new staff and look for ways to attract and retain qualified staff.
* Keep reviewing call bell waiting times to ensure they do not have persistent entrenched long response times.