Claremont Terrace

Performance Report

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**Commission ID:** 3592

**Provider name:** Allity Pty Ltd

**Site Audit date:** 7 April 2021 to 9 April 2021

**Date of Performance Report:** 28 May 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** | **Non-compliant** |
| Requirement 3(3)(a) | Non-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** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Non-compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 3 May 2021
* the infection control monitoring checklist.

# 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 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 relevant information from other consumer interviews and the assessment of other Standards.

Overall, 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.

For example:

* Most consumers and representatives believe staff make them feel respected and valued as an individual. Consumers reported staff knowing and respecting their choices about personal care and where to have their meals.
* Consumers and representatives confirmed staff know what is important to consumers and encourage them to do things for themselves.
* Consumers and representatives described various ways that consumer privacy is respected. For example: Staff knocking on the door prior to entering, being able to ask not to be disturbed.

Staff are familiar with the needs and preferences of the consumers they care for. Care plans of consumers include detailed information about consumer backgrounds and preferences, and this information is consistent with information obtained from consumers and their representatives.

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, consumers and representatives indicated that they feel like partners in the ongoing assessment and planning of their care and services.

For example:

* Consumers or their representatives said staff always consulted them about care the consumer needed and preferred.
* Consumers or representatives expressed confidence in care planning processes. Most consumers or representatives who engaged about advance care planning said they were relieved that end of life planning, including consumer wishes, had been discussed with staff and documented.
* Representatives said staff advise them in a timely manner of any changes to consumer needs or conditions and of changes following review by a medical practitioner.

Care planning and assessment documentation for consumers details individual needs and preferences, goals and consideration of risk. Care planning documents are regularly reviewed for effectiveness, updated when needed and circumstances change and include advanced care planning information.

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 NON-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 consumers and representatives considered that consumers receive personal and clinical care that is safe and right for them. However, some raised concerns that indicate personal and clinical care provision is not always safe and effective.

The Assessment Team found care and service provision for some consumers is not best practice, is not tailored to the consumer’s needs, and/or does not optimise the consumer’s health and well-being. Clinical monitoring is not always safe and effective to ensure each consumer’s pain is effectively identified and managed.

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

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-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:

* Clinical monitoring is not always safe and effective to ensure each consumer’s pain is effectively identified and managed. For example:
  + Care plan documentation for two consumers does not indicate best practice pain management to optimise health and wellbeing
  + Two consumers with multiple sources of pain had no recent pain charting, monitoring or review despite care plan documentation showing ongoing pain and for one of the two consumers no follow up after incidents of skin tears, a graze and a laceration requiring staples
* Pain monitoring or charting has also not occurred when one of the consumers is restless, agitated, aggressive to staff. On the first day of the site audit, the consumer was observed lying half in and half out of the bed while trying to move themselves onto their bed without success
* Another consumer had an extended period of as needed medication administered daily and a review undertaken after the Assessment Team raised this with management.

The provider’s response included action at the time of and since the audit:

* Examples of pain charting, review and management for other consumers at the service
* A consumer review by a medical practitioner
* Staff education undertaken about identifying pain responses for non-verbal consumers.

I note the provider did not respond to the Assessment Team’s specific evidence about the lack of pain charting monitoring or review of identified consumers. However, I also note the service’s response included examples of pain charting and review and monitoring of other residents and for one consumer a dignity of risk form was completed about use of as needed medication.

I have considered the Assessment Team report and the response from the provider. Based on the evidence available I consider that pain management, review and charting has not always been managed effectively for all consumers. The provider did not demonstrate effective management for all consumers’ pain. I therefore find this requirement not met.

### 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

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. Staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

Overall, consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

For example:

* Consumers and representatives advised they are happy with the activities program and feel supported to do the things they want to do.
* Overall, consumers confirmed they are supported to keep in touch with people who are important to them.
* Consumers and representatives are satisfied with the variety, quality and quantity of food available.

Staff were able to describe the interests and preferences of consumers. Lifestyle plans are detailed and are consistent with advice from consumers and representatives.

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 considered that they feel they belong in the service and feel safe and comfortable in the service environment.

For example:

* Consumers and representatives confirmed they feel safe and the service has the equipment they need.
* Consumers and representatives advised the internal and external environment is pleasant, and they are able to personalise their own living areas. Their relatives and friends are made to feel welcome.
* Consumers and representatives were satisfied that communal areas at the service are clean and well maintained. There was mixed feedback regarding the cleanliness of consumer rooms and how promptly maintenance issues are addressed.
* The Assessment Team found the service environment to be welcoming, clean and well maintained. It has communal areas of different sizes, both inside and outside. Furniture, fittings and equipment were observed to be clean and well maintained.

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

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 NON-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 and complaints trend analysis, and tested staff understanding and application of the requirements under this Standard.

Overall, most consumers and representatives considered that they are encouraged and supported to give feedback and make complaints. Most consumers feel safe raising issues with staff verbally and are confident that staff would deal with concerns expeditiously.

The service demonstrated a commitment to improving the quality or care and services based on the feedback from consumers. The service provided examples of improvements, including a revision of the menu, as a result of feedback gained during food committee meetings.

While consumers are encouraged to make complaints, the Assessment Team found consumers and staff lacked knowledge of advocacy and language services. This was despite the service’s ‘feedback and complaints’ policy stating that all staff must be able to explain advocacy and language services available to consumers.

Senior clinical staff could not show how consumers are made aware of and have access to advocates or language services.

The Quality Standard is assessed as Non-compliant as one of the four specific requirements has been assessed as Non-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) Non-compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

The Assessment Team found:

* The majority of consumers, representatives, and staff were unaware of advocacy or language services
* Staff could not explain advocacy and language services, as is required by the service’s feedback and engagement policy
* Evidence of the service ensuring consumers and representatives are aware of advocacy or language services was not sighted
* Consumers and representatives described raising concerns verbally or at ‘resident’ committee meetings, and staff members described using consumer representatives to interpret, if language barriers arise
* The feedback and information directory for consumers, available at reception, does not reference advocacy services
* The feedback form does not include information about advocacy or language services available to consumers and representatives.

The provider’s response included action at the time of and since the audit:

* Three resident’s meetings to give information about Elder’s Rights Advocacy and distribution of a brochure about the Older Persons Advocacy Network (OPAN)
* A staff meeting and education sessions about advocacy and the use of interpreters and translators, Elder Right’s Advocacy, Charter of Aged Care Rights and further education is planned

The provider also submitted information from a Consumer Advocacy Report 31 March 2021 and extract of the advocacy available in the agreement related to leaving the home.

I acknowledge that since the site visit consumers and staff have been made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

Based on the information available in the Assessment Team report and the response from the provider I am not satisfied that at the time of the site visit consumer awareness of language services and advocay information was demonstrated. I therefore consider the requirement not met.

### 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

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. While the service sometimes experiences problems with back-filling vacant shifts at late notice, overall, consumers feel staff are available when they need them.

The Assessment Team’s review of staff training records showed that the completion of training is not always documented. However, staff could describe completing various mandatory and professional development training modules, consistent with the service’s policy and procedure.

The Assessment Team found the service demonstrated a comprehensive training calendar is in place, however not all staff are receiving regular monitoring and performance review. Management noted that only key personnel have taken part in annual performance appraisals, and these do not include personal care staff or enrolled nurses. The provider’s response demonstrates that other forms of regular assessment, monitoring and review of performance are in place.

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.*

The Assessment Team found:

* The service demonstrated a training calendar and performance review schedule for senior clinical staff
* The performance of care staff and enrolled nurses is not systematically monitored or reviewed on a regular basis. Management said feedback is given to these staff on an informal basis (as needed) but they are not required to take part in performance reviews
* Senior clinical staff described monitoring the performance of carers through incidental observations to assess performance.

The provider’s response included further information and action at the time of and since the audit:

* Employee file notes demonstrating monitoring and concerns about work practices and behaviours are assessed, monitored and reviewed
* Examples of performance feedback sheets for staff
* Acknowledgement of performance letters to staff commending positive work practices
* A letter to staff specifying the criteria for staff appraisal and inviataions to make appointments
* Education of staff and a continuous improvement plan and log about further education sessions.

The provider also submitted a learning needs survey from January 2021 that has informed education and assessment of staff.

I note the provider has acknowledged that it is behind in completing some of the staff performance appraisals and has addressed this and updated the criteria for staff about the requirements. The service assesses, monitors and reviews staff performance using a variety of tools, methods and formats.

Based on the information available in the Assessment Team Report and the information provided I am satisfied that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. I therefore find this requirement is met.

# 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 determine 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).

Most consumers and representatives said they feel that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers explained how their feedback has been used to improve services. Management demonstrated how consumer feedback is obtained and is used to inform the organisation’s continuous improvement plan.

Management explained how the service operates with effective governance systems and how these systems are supported by the organisation’s policies and procedures. For example, management explained the new ‘serious incident response scheme’ procedure led to training and process changes for senior clinical staff who report serious incidents as required by the service’s mandatory reporting obligations.

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

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.

* Implement effective management for all consumers’ clinical care in particular assessment, monitoring, management and review of pain
* Ensure consumers are aware of and have access to advocates, language services and other methods for raising and resolving complaints.