Corpus Christi Community

Performance Report

855 Mickleham Road
GREENVALE VIC 3059
Phone number: 03 9070 8300

**Commission ID:** 3138

**Provider name:** Corpus Christi Community Greenvale Incorporated

**Site Audit date:** 2 December 2020 to 3 December 2020

**Date of Performance Report:** 22 January 2021

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

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

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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 relevant 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. For example:

* Consumers stated they are always treated with respect by staff.
* Consumers described how staff encourage them to do things for themselves and staff know what is important to them.
* Consumers described how staff know their cultural background and respect their cultural wishes.
* Consumers expressed satisfaction they are supported by staff to take risks and live the best life they can.

Staff interviewed were able to describe consumers’ individual preferences and discussed how care is provided in alignment with these preferences. Staff demonstrated an understanding of individual consumers’ key relationships with family and friends and how they encouraged consumers to maintain these relationships during the recent COVID-19 lockdown. Staff described how they supported these relationships and the consumers’ community engagement.

Staff could describe the consumers who want to take risks, how the consumer is supported to understand the benefits and possible harm when they make decisions about taking risk, and how consumers are involved in problem-solving solutions to reduce risk where possible.

Processes are in place to ensure care documentation reflects consumers’ choice. Individual consumers’ care plans contain strategies to support relationships with key people in their lives. These processes are supported through organisational policies and procedures.

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 confirmed that they feel like partners in the ongoing assessment and planning of their care and services. For example:

* Consumers stated they are invited to be part of the care plan consultation and confirmed they have been offered a copy of their care plan.

The consumers can choose who has input into their care assessment and planning, for example; pastoral care staff, medical practitioners, allied health professionals and community case managers.

The service’s assessment and care planning process include, assessment of risks such as falls, skin integrity, nutrition and pain assessment. Assessments are regularly updated and reviewed. Advanced care planning is an integral part of the assessment and care planning for the consumer. Care plans and assessment reviews are undertaken and updated when circumstances change, or incidents occur. ‘Man of the day’ care reviews are conducted monthly and nursing staff conduct a ‘consumer care plan review and conference’ three monthly.

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.

Most consumers consider they receive personal care and clinical care that is safe and right for them. For example:

* Most consumers interviewed, stated staff support them to remain independent with most aspects of their care, which is consistent with their preferences. They stated care provided by nursing and care staff, is of a high standard and in line with their individual preferences.
* Consumers confirmed they have access to visiting medical officers, allied health staff and other specialists.
* Two consumers stated that aggressive behaviours by consumers have, over the last few months, been managed more appropriately.

Care documentation reflects care is individualised, to ensure each consumer receives care that optimises their health, tailored to their needs and interventions are best practice for skin integrity, pain management and minimising restraint.

Care documentation shows effective management of consumers who are at risk of high impact or high prevalence risks. Documentation demonstrated consumers receive care and review by health care professionals when incidents occur.

Staff are knowledgeable about each consumer and the care they require to optimise their health and wellbeing. Staff are aware of the risks associated with individual consumers’ care and monitoring processes are in place.

There are registered nurses on duty 24 hours per day, seven days a week, to provide and supervise clinical care. Handover about consumers’ changes in care needs occurs and includes information on adverse events/incidents, illness, infections, responsive behaviours, medical reviews and allied health instructions. Staff are also reminded regarding observations and assessments that must be completed on their shift.

Clinical infection documents reflect the service responding appropriately to consumers who develop clinical infections. Infection control and medication management policies include use of antibiotics and provide links to antimicrobial stewardship best practice principles and policy.

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

### Assessment of Standard 3 Requirements

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

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

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

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

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

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

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

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

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

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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 the sampled consumers confirmed 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 confirmed they are supported to do the things they would like to do, which includes participating in structured group activities and individualised activities within the service. Consumers provided examples of range of activities available to them.
* Consumers said they are supported to maintain contact with family, friends and community support organisations. Many of the consumers at the service are not in contact with family due to lived experiences and circumstances.
* Most of the consumers sampled spoke positively about the choice, quality and quantity of the food, however there was some feedback that the variety was limited.

A lifestyle activities program is run each day across the service with a variety of activities aimed at suiting the individual needs of the consumers. The lifestyle team also provided support to those consumers who chose not to participate in the formal activities. Lifestyle care planning documentation identifies the consumers’ lifestyle needs and preferences and is updated when the consumers’ needs change.

Group lifestyle and individual lifestyle activities were observed throughout the audit. Lifestyle staff have implemented a range of programs that are held off-site to encourage the consumers to participate and reconnect within the local community. Equipment is provided was observed as safe, suitable, clean and well maintained.

 Staff provided examples of where they have provided additional support to consumers who are feeling low and at times of personal crisis.

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, most of the sampled consumers indicated that they feel they belong in the service and feel safe and comfortable in the service environment. For example:

* Most of the consumers interviewed stated they feel safe and have a sense of belonging in the service. Two consumers stated they consider the service their home, however two consumers voiced feeling unsafe in the communal areas of the service due to other consumers responsive behaviours.
* Consumers expressed satisfaction with the standard of cleanliness throughout the service and of their rooms.
* Consumers are satisfied the furniture and equipment is clean, comfortable and well-maintained.

Staff could describe maintenance processes and how they report any issues they identify. Cleaning staff were observed to be carrying out their duties observing consumer’s choice and privacy options. Scheduled audits contribute to the monitoring of compliance with external service agreements and performance.

The service was observed to be welcoming with the layout of the service enabling consumers to move around freely, both indoors and outdoors. Suitable clean and well-maintained furnishings are available throughout the different areas of the service.

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 by asking them about how they raise complaints and the organisation’s response. The Assessment Team also examined the complaints register, complaints trend analysis and gauged staff understanding and application of the requirements under this Standard.

Overall most sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. For example:

* Most consumers interviewed, who had not made formal complaints, stated they were comfortable raising concerns about care and services and felt confident action would be taken.
* Consumers interviewed who had raised concerns with management stated they were satisfied with the response from management. However, one consumer was not satisfied with the response by management. Management are continuing to work with the consumer for a resolution of his concerns. Management stated they have applied for mediation assistance from the Victorian Elders Rights Advocacy organisation in an attempt to resolve the complaint.

The service provides documentation describing feedback mechanisms to consumers and their representatives on admission. The service has a complaints policy and maintains a register of all complaints to assist actioning and follow up with consumers. The organisation has a ‘open disclosure’ policy and procedure which includes a system to record, track and manage feedback and this in turn is used to improve the quality of care and services. Management demonstrated and described appropriate action is taken in response to complaints and when things go wrong. Feedback informs the continuous improvement plan.

Staff understood the ‘open disclosure’ policy were also able to describe the advocacy and language services available and how they can assist consumers to access them.

The Assessment Team observed feedback forms, maintenance forms and information regarding external complaint processes throughout the service. Feedback boxes were available to consumers throughout the service. Information on interpreter service, counselling and advocacy information is available for consumers within the service and on request.

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

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.

Overall, consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable, and caring. For example:

* Most consumers confirmed staff are respectful, kind and caring.
* The consumers interviewed confirmed most staff know what they are doing in relation to their personal care needs.
* Most consumers stated there are adequate staff numbers and they do not have to wait too long for a call bell response.

The Assessment Team observed staff interacting with consumers in a kind, caring and respectful manner including knocking on doors, being responsive to consumer needs and taking time to listen to consumers.

Staff are supported by senior clinical staff to effectively perform their roles and expressed satisfaction with the quality of training provided both face to face and on-line modules available through the organisation’s education programme.

The Assessment Team’s reviewed staff rosters, allocation sheets and shift vacancies over the last fortnight which identified vacant shifts being replaced and adequate staffing levels across the service.

The service supported by an external Human Resources agency has recruitment processes to ensure quality and experienced staff have the qualifications, skills, and knowledge to successfully complete their job. The service monitors and reviews staff performance in relation to these requirements.

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 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. For example:

* One consumer described how he was involved in the selection panel for staff recruitment and was able to ask questions during the interview of the new maintenance supervisor.
* Consumers stated their input to suggestions were considered and acted on promptly.

Management values input from the consumers and have actioned improvement ideas. Management described how consumers are actively engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

Concerns were raised with the Board about security at the service for consumers and staff. Consumers requested for gates to be locked after hours and management requested for two staff to work together during night shift at all times to increase the safety of the consumers and the staff. These requests were approved by the Board, which resulted in consumers providing feedback about how they felt safe at the service.

Risks are reported, escalated and reviewed by management at service level and the organisations senior management including the Board. The service demonstrated components of the risk management system which includes incident reports, hazard forms, monthly audits, meetings with consumers, representatives and staff. Feedback is communicated through service and Board meeting cycles, leading to improvements to care and services for consumers.

There is a clinical governance framework that includes the antimicrobial stewardship, minimising the use of restraint and an open disclosure policy.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

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

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

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*

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

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

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

# Areas for improvement

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