Craigcare Albany

Performance Report

21 Beaufort Road, Yakamia   
ALBANY WA 6330  
Phone number: 08 9844 5700

**Commission ID:** 7891

**Provider name:** Glenn-Craig Villages Pty Ltd

**Site Audit date:** 14 December 2021 to 16 December 2021

**Date of Performance Report:** 11 March 2022

# Performance report prepared by

Janine Renna, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

This performance report details the 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 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 did not submit a response to the Site Audit report
* the performance report dated 26 August 2021 for the Assessment Contact conducted on 26 May 2021.

# 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

The Quality Standard is assessed as compliant as six of the six specific Requirements have been assessed as compliant.

Consumers considered they are treated with dignity and respect, can maintain their identity and live the life they choose. Consumers and representatives said consumers are supported and encouraged to do things for themselves and provided examples of how their privacy is maintained by staff, and how they are supported to exercise choice, take risks and maintain relationships.

Staff demonstrated knowledge of consumers’ personal circumstances and preferences and provided examples of how they ensure care and services are culturally safe. Staff explained how they maintain consumers’ privacy and support consumers to exercise choice and take risks. Staff talked about consumers in a way that demonstrated respect and were observed interacting with consumers in a warm and friendly manner.

Sampled care plans were individualised and documented consumers’ history, preferences for care, persons of significance and cultural and ethnic backgrounds, and provided strategies for staff to ensure consumers’ identity, culture and diversity are supported.

Documentation, observations and interviews with consumers, representatives and staff, demonstrated consumers are provided information to assist in making choices regarding meals, activities and their personal and clinical care.

The organisation has policies and procedures to guide staff in relation to social inclusion, diversity, consumer choice, dignity of risk, privacy and confidentiality.

Based on this evidence, I find the service compliant with all Requirements in Standard 1 Consumer dignity and choice.

## 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

The Quality Standard is assessed as compliant as five of the five specific Requirements have been assessed as compliant.

Consumers confirmed they feel like partners in the ongoing assessment and planning of their care and services. Consumers and representatives said the service works with them to develop a safe and effective care plan, they are informed about the outcomes of assessment and planning and care plans are updated when consumers’ needs and preferences change.

Staff demonstrated an understanding of assessment and planning processes and described how reporting and documenting incidents, health conditions, clinical issues and preferences informs the delivery of safe and effective care and services.

Documentation showed comprehensive assessment and planning that includes consumer needs, goals and preferences, advance care and end of life planning, risks to consumer health and well-being, and risk mitigation strategies. Care plans and progress notes were reflective of the consumer and inclusive of those involved in the care of the consumer, including relevant health specialists.

Documentation showed care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact the needs, goals and preferences of a consumer.

Based on this evidence, I find the service to be compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

## 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

The Quality Standard is assessed as compliant as seven of the seven specific Requirements have been assessed as compliant.

The service was found non-compliant with Requirement (3)(a) following an Assessment Contact conducted on 26 May 2021, where it was found the service did not demonstrate each consumer gets safe and effective care that was best practice, tailored to their needs and optimised their health and well-being, specifically in relation to administration of medication, and timely changes to pain management medication. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Assessment Contact.

The Assessment Team has recommended the service meets Requirement (3)(a) in this Standard. I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and I find the service compliant with Requirement (3)(a). I have provided reasons for my findings under the specific Requirement below.

In relation to other Requirements in this Standard, consumers consider they receive personal and clinical care that is safe and right for them. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* personal care provided to consumers is delivered safely and considers individual preferences;
* consumers have access to appropriate clinical and other specialists to manage their complex health needs; and
* deterioration or change of consumers’ condition has been recognised and responded to in a timely manner and appropriate action has been taken in relation to consumers’ nearing end of life.

Staff described strategies used to manage high impact or high prevalence risks and demonstrated an understanding of identifying and escalating deterioration of a consumer, standard and transmission based precautions for infection and minimising the need for, or use of, antibiotics.

Care plans were comprehensive and reflected consumer needs and preferences, with care file documents updated regularly and inclusive of appropriate information for the effective transfer of information to others where responsibility for care is shared. Care plans demonstrated effective risk management, with timely and appropriate referrals made to relevant individuals, organisations and providers of other care and services where necessary.

Care planning documentation showed the service uses a collaborative approach to end of life planning and care is provided in line with the consumer’s goals and preferences, with their comfort maximised and dignity preserved.

Based on this evidence, I find the service compliant with Requirements (3)(b), (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) in Standard 3 Personal care and clinical care.

### 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 service was found non-compliant with Requirement (3)(a) following an Assessment Contact conducted on 26 May 2021, where it was found the service did not demonstrate each consumer gets safe and effective care that was best practice, tailored to their needs and optimised their health and well-being, specifically in relation to administration of medication, and timely changes to pain management medication. The service was subsequently issued a directions notice to evaluate and continuously improve medication and pain management. During the Site Audit, management provided evidence to the Assessment Team demonstrating actions taken to rectify issues identified, which include, but are not limited to:

* staff education and training in relation to medication administration and monitoring of pain;
* consumer file reviews; and
* implementation of improvements to the e-script process from the pharmacy to ensure medications are received in a timely manner.

The Assessment Team provided the following information and evidence collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* All consumers and representatives interviewed were satisfied with the personal care and clinical care consumers receive.
* Staff demonstrated knowledge of consumers’ personal and clinical care needs and provided examples of how they tailor care and services to optimise consumers’ health and well-being.
* Care plans were comprehensive and included sufficient information to guide staff in relation to providing tailored and best practice care and services in line with consumers’ needs and preferences.
* Documentation demonstrated best practice care in relation to sampled consumers’ wounds, skin integrity, restraint and pain management.
* Management reported regular audits are conducted to ensure staff are delivering care in line with best practice guidelines.

Based on the information summarised above, I find the service compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

### 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

The Quality Standard is assessed as compliant as seven of the seven specific Requirements have been assessed as compliant.

Consumers and representatives consider the service supports consumers to do the things they want to do, and which are important for their health and well-being. For example:

* three consumers provided examples of the support they receive to enable them to do the things they want to do;
* consumers and representatives said staff regularly check on consumers’ emotional, spiritual and psychological well-being;
* consumers provided examples of the support they receive to maintain social and personal relationships in a manner that suits them;
* all consumers were satisfied with the meals provided; and
* consumers were satisfied with equipment used to manage their safety and comfort.

Staff provided examples of how services are tailored to consumers’ individual needs, how consumers are supported to engage in activities and strategies used to promote consumers’ emotional, spiritual and psychological well‑being. Catering staff demonstrated an understanding of consumers’ dietary needs and preferences and described how this information is communicated and recorded.

The following observations were made:

* on each day of the Site Audit, consumers were collected by family and/or friends to attend external activities;
* staff were supporting consumers to engage with their loved ones;
* staff were engaging with consumers during lunch service;
* the kitchen appeared clean and tidy, with staff practicing general food safety protocols; and
* equipment appeared clean and well maintained.

Care plans were found to document consumers’ needs and preferences, including their likes and dislikes, history, interests and dietary requirements. However, some care plans were found to include outdated information.

Consumer files showed timely and appropriate referrals to individuals, organisations and providers of other care and services for the provision of lifestyle support.

As the service has not had a lifestyle coordinator since November 2021, lifestyle activities are being provided by care staff. Staff were unable to demonstrate how the lifestyle calendar is informed by consumers’ needs and preferences. Management reported a lifestyle coordinator has been recruited and was due to commence in January 2022. While evidence demonstrates there are improvements to be made in relation to lifestyle support, consumers were not dissatisfied with the lifestyle activities at the time of the Site Audit.

Based on the above evidence, I find the service compliant with all Requirements in Standard 4 Services and supports for daily living.

## 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

The Quality Standard is assessed as compliant as three of the three specific Requirements have been assessed as compliant.

Overall, consumers feel they belong in the service and feel safe and comfortable in the environment. Representatives said staff have created a welcoming and homely environment for consumers. Consumers and representatives reported the environment and furniture and equipment consumers use are clean and well maintained.

Staff demonstrated how they ensure the service environment is safe, including the process for actioning and prioritising preventative and reactive maintenance.

While outdated, the environment was observed to be clean, safe and well maintained. Consumers were moving freely with outdoor courtyards well used and safe. Furniture, fittings and equipment appeared to be safe, clean, well maintained and suitable for consumers.

Based on the above evidence, I find the service compliant with all Requirements in Standard 5 Organisation’s service environment.

## 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

The Quality Standard is assessed as compliant as four of the four specific Requirements have been assessed as compliant.

Consumers consider they are encouraged and supported to give feedback and make complaints, and appropriate action is taken to address feedback and complaints. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they can provide feedback and complaints about consumers’ care and services in various ways and feel comfortable doing so;
* they are aware of external complaints mechanisms and advocacy services if needed; and
* their feedback and complaints have resulted in satisfactory changes.

Staff described how they assist consumers in making a complaint and providing feedback and demonstrated an understanding of open disclosure processes. Staff described improvements that have been made in response to complaints and feedback made by consumers.

Information relating to internal and external complaints processes, advocacy services and the Charter of Aged Care Rights was observed in communal areas.

Documentation showed feedback and complaints are recorded and analysed to implement improvements for any trends identified, however, it was identified that a significant portion of complaints recorded did not include the name of the complainant and as a result, the service cannot adequately monitor and trend complaints. This was acknowledged by management at the time of the Site Audit.

Management described quality improvement activities that have resulted from consumer feedback.

The organisation has policies and procedures to guide staff practice in relation to open disclosure, compliments and complaints.

Based on the evidence above, I find the service compliant with all Requirements in Standard 6 Feedback and complaints.

## 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

The Quality Standard is assessed as compliant as five of the five specific Requirements have been assessed as compliant.

Overall, consumers consider they get quality care and services when they need them, from people who are knowledgeable, capable and caring. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* the numbers and mix of staff are satisfactory to support consumers’ care and services in a timely manner;
* staff are kind, caring and respectful; and
* staff are competent and are recruited, trained, equipped and supported to meet the needs and preferences of consumers.

Staff reported there are times when shifts are not filled and explained in these instances, they work together to ensure consumers’ needs are met. Staff confirmed they have received training in relation to various areas of care. Staff were observed to be kind, caring and appropriate in their engagement with consumers.

Management reported the service has not had a lifestyle coordinator since November 2021, however, the position has now been filled and the successful candidate is scheduled to commence in January 2022.

Interviews with management and staff showed competencies and training are monitored and management provided an example of where the service’s performance management process was used in response to an incident.

While sampled rosters demonstrated all shifts were not filled, call bell data and sensor mat audits demonstrated 87% of call bells were responded to within the 10 minute key performance indicator. Call bell response times exceeding 10 minutes are monitored and reasons identified and addressed.

Based on the above evidence, I find the service compliant with all Requirements in Standard 7 Human resources.

## 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 Quality Standard is assessed as compliant as five of the five specific Requirements have been assessed as compliant.

Consumers consider they are given a voice and have various platforms to provide suggestions, raise concerns and discuss their feelings. Consumers and representatives said they receive enough information to inform choices about the care and services provided to consumers.

Documentation showed the organisation’s governing body is accountable for and promotes a culture of safe, inclusive and quality care and services by overseeing feedback and complaints, risks and incidents, policies and procedures, internal and external audits and compliance with legislation.

Interviews with consumers, representatives and staff, and documentation showed there are effective organisation wide governance systems in place to support information management, continuous improvement, workforce governance, financial governance and feedback and complaints. There are systems and practices in place to ensure effective management of high impact or high prevalence risks, identifying and responding to abuse and neglect, supporting consumers to live the best life they can and managing and preventing incidents.

The organisation’s clinical governance frameworks guide clinical care, which staff could evidence through examples of open disclosure, minimising the use of restraint and antimicrobial stewardship.

Based on the above evidence, I find the service compliant with all Requirements in Standard 8 Organisational governance.

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

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

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

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

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

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

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

# Areas for improvement

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