Edith Bendall Lodge

Performance Report

11 Park Street
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**Commission ID:** 3322

**Provider name:** Edith Bendall Lodge

**Site Audit date:** 8 February 2022 to 10 February 2022

**Date of Performance Report:** 5 April 2022

# Performance report prepared by

Alice Redden, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report received 25 March 2022.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Consumers and representatives interviewed confirmed they are treated with respect and are provided with culturally safe care. Sampled consumers and representatives said the service supports them to make their own choices, to communicate their decisions and to establish and maintain their important relationships. Sampled consumers stated they are provided with timely, accurate and current information about care and services, to support their decision-making. For example, consumers and representatives said they are given verbal, emailed and hard copy information about daily care and services.

Interviewed staff knew sampled consumers, their preferences and important relationships, as well as how the service supports those relationships and other community connections that consumers value. Staff could describe the risks that sampled consumers want to take, how the service manages those risks, and how vision and hearing-impaired consumers are supported to understand options and make decisions about their care. Staff outlined practical ways they respect privacy, such as by knocking on doors and gaining permission before providing care on every occasion, in line with service policies on personal privacy and dignity.

Assessment Team observations confirmed the service has established systems for identifying and documenting consumer care decisions. Care planning documentation contained information about specific cultural needs for sampled consumers and identified the risks they want to take. The Assessment Team observed noticeboards and menus displayed throughout the service, and staff communicating with consumers about activities and meals. Consumer personal information was observed to be stored in rooms secured by keypad locks.

Staff are supported with training, policies and procedures to guide them in delivery of culturally safe, inclusive care. Staff practice is also guided by the Resident Risk-Taking policy, a Resident Decision-Making policy as well as personal privacy and dignity policies and procedures.

## 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 and their representatives interviewed confirmed their involvement in assessment and planning, both on admission to the service and during reviews of care. Consumers and representatives were aware of their care plans and how to access it, noting also that staff provide information and explain their care and services to them. Consumers and representatives said they are included in planning and review, though one representative noted that face to face meetings were less frequent now than before the pandemic. In their response, the Approved Provider acknowledged this feedback and confirmed the issue would be actioned through the service’s continuous improvement plan.

Care planning documentation evidenced the service’s initial assessment and care planning process which occurs on admission to the service, and showed that plans are reviewed annually thereafter, or when changes or incidents occur. Consumer, representative, Medical Officer, allied health professional and registered staff involvement was evident in sampled care plans.

The current needs, preferences, goals and relevant risk mitigation strategies were documented in sampled consumer care plans. For example, nutrition and hydration, pain management, skin integrity, behaviour management, restraints and mobility were addressed in care plans reviewed by the Assessment Team. The outcomes of assessments and planning were documented in care plans and progress notes for those involved in consumer care. The detailed end of life preferences for a sampled consumer were reviewed by the Assessment Team.

Interviewed staff could describe the assessed needs, goals and preferences for sampled consumers and said they are included in consumer care plans. Interviewed staff also described how the care and services they deliver are informed by assessment, planning and handover information, as well as consumer preferences and instruction. Staff were able to identify and describe the important risks for sampled consumers and registered nurses confirmed they received training on the palliative care process. Sampled staff identified the external processionals who collaborate in assessment and planning, outlined the referral process used by the service and described how changes made by other external professionals are communicated to them. Staff knew how and when care plans reviews are carried out.

## 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.

Sampled consumers and representatives said they receive safe and effective care that meets their individual needs. They were confident they would receive the end of life care they require and would be supported to be pain free and with those important to them. Consumers said they were satisfied information about their care needs and preferences are effectively communicated to those involved in care and confirmed that staff at the service know their needs and preferences. Consumers said that they have access to the external professionals and services they need, when they need them, including allied health professionals, medical specialists and specialist services.

Care plan review demonstrated the service has systems in place to guide staff in the identification and management of risk. In relation to restraints, the service has effective and compliant documentation for consumers subject to environmental and chemical restraints. The service has wound management and skin integrity policy and procedures that dictate the use of appropriate scale scoring risk assessment tools as well as strategies and equipment to manage consumer skin integrity. Consumers were satisfied with pain management at the service and sampled care plans contained pain management tools and strategies that are safe, effective and tailored.

Care planning documentation contained end of life and advance care planning and demonstrated that the service identifies and responds appropriately to consumer deterioration and changes in condition. Progress notes, care plans and case conference notes evidenced that the service records the information needed to provide safe and effective care to consumers and that a range of external professionals and other providers are involved in consumer care. Staff were able to outline how information is shared with other professionals and services engaged in care, and how changes in consumer care needs are communicated.

Sampled staff said they are guided by the service’s policies and procedures and have support from management if they require advice or support in their roles. Staff described sampled consumers’ individual needs, their significant clinical and personal care risks and how to manage them. Staff knew how incidents are reported and recorded and described the ways care is delivered to consumers nearing the end of their life, to ensure dignity and to maximise comfort. Staff had shared understanding of the service’s escalation process used when consumers are deteriorating.

### Assessment of Standard 3 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Consumers and representatives generally considered that consumers are supported to do the things they want to do, including participating in activities at the service, going on community outings and maintaining their important relationships. Consumers outlined examples of individual and group activities they choose to participate in, including golf, bowls and the choir, which support their overall wellbeing. Consumers and representatives described the external providers and services that consumers are referred to. Consumers gave strong positive feedback about the meals they are provided and confirmed they are of good quality, with multiple meal options available to them.

Staff said that the lifestyle program is tailored to support and address consumer needs, preferences and quality of life. For example, the program includes individual and group activities such as bingo, bowls and an aromatherapy program to promote relaxation for dementia-affected consumers. The Assessment Team observed consumers interacting with each other and with visitors during the Site Audit. It was noted, however, that there had been a reduction in the variety and quantity of external activities available to consumers since the pandemic began. In their response, the Approved Provider undertook to review the lifestyle program to ensure an appropriate number and variety of activities are available to consumers.

Staff feedback showed the service had established processes to support consumers experiencing stress or feeling low and how the service supports consumers to maintain contact with their loved ones, for example through window visits. Staff confirmed their use of progress notes, handover sheets and clinical consultation processes to inform their service and care delivery and described strong service partnerships with a range of other services including a dementia support service and a local audiologist.

The service has established systems to identify and record lifestyle and daily living needs, goals and preferences. The lifestyle program is displayed throughout the service. Sampled care plans contained relevant information, including spiritual, emotional needs, life stories, like and dislikes. Consumers’ preferred activities are recorded, as well as their important relationships and how the service supports them to maintain their links in the community external to the service. Progress notes, handover sheets and care plans demonstrated that the service communicates relevant information about consumer condition, needs and preferences within the service and to others who share in care.

Consumers’ dietary needs are determined through nutritional assessments, and dietary requirements, likes, dislikes and allergies are recorded in care plans.

## 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.

Interviewed consumers confirmed they feel safe and they enjoy the “home atmosphere” at the service. Observations showed consumers have been supported to personalise their rooms and consumers have also been involved in decorating communal sitting rooms in the service, to contribute to a home like environment. Consumers confirmed their satisfaction with the service environment and equipment and said that the service is kept clean and well maintained.

Observations confirmed consumers can move freely throughout the service, including within and between indoor and outdoor areas. The Assessment Team observed handrails throughout the service, to assist consumers’ mobility. There are outdoor courtyards, with a ramp to support access to a garden area. The service appeared clean and well maintained, with consumers’ comfort catered for with appropriate furnishings.

The service has both preventative and reactive cleaning and maintenance programs in place, and service has monitoring systems in place to ensure cleaning and maintenance systems are effective.

## 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 and representatives said they know how to make a complaint and while some consumers indicated their awareness of the service’s feedback forms, most said they would raise complaints or feedback directly with management or staff. Sampled consumers and representatives who had raised complaints in the past said they had been addressed quickly and appropriately by the service and changes made at the individual or service level as a result.

The service has an established feedback and complaints process, with supporting policies and procedures. Staff were familiar with the process and knew how to support consumers to make complaints or lodge feedback. The complaints process is publicised within the service, and information about advocacy groups, interpreting services and external complaint avenues are provided to consumers.

The service records complaints and action taken in response to complaints in a complaint register, however the Assessment Team noted that this was done inconsistently at times. In their response, the Approved Provider acknowledged the Assessment Team’s findings and gave an undertaking to address the deficiency through the service’s continuous improvement plan. The service reports on complaints data to the governing body monthly.

Staff and management interviews outlined the steps taken to respond to complaints, which include a meeting with the complainant, open disclosure of information about the incident and an apology.

## 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.

Consumers and representatives interviewed were satisfied with the skills and quality of staff employed in the service, stating that call bells are promptly answered, and the quality of care maintained throughout the pandemic. Most sampled consumers confirmed staff were kind, respectful and caring when delivering care. The Assessment Team observed staff interactions to be kind, gentle and respectful.

Management described the service’s rostering system, with staff allocated to wings on a rotating basis. Management also outlined the service’s introduction of floating shifts and an increase in rostered hours, in response to the pandemic. Clinical management staff explained the service expectation that staff answer call bells as quickly as possible, however it was identified that formal call bell analysis is not carried out in the service. There was, however, no consumer or representative complaints about call bells and in their response, the Approved Provider acknowledged the need for formal monitoring and undertook to address the issue through the continuous improvement plan.

Document review demonstrated the service has systems in place to fill shifts created by unplanned leave. The service has documented policies, procedures and guidelines to support staff practice, and position descriptions set out core competencies and capabilities for each role, as well as the minimum education, qualifications, experience, skills and registrations required. Staff are supported with comprehensive orientation training, and additional modules linked to the Quality Standards. Performance appraisals are completed annually, and workforce performance is monitored through direct observations, consumer and staff feedback and through complaints.

Staff confirmed training includes both mandatory and additional online training modules. Sampled staff were aware how to access online training and confirmed they receive regular tool box talks that guide their practice. Medication competencies are reviewed annually, and the service has a system in place to monitor staff completion of training.

## 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 interviewed confirmed their participation in resident and representative meetings, where they can involve themselves in the development, delivery and evaluation of care and services.

The Assessment Team found the service has established and effective organisation- wide governance systems to ensure information is managed effectively and that opportunities for continuous improvement are identified. The organisation has established financial governance arrangements, with management directing requests for additional expenditure to the Chief Executive Officer. The service is supported by the organisation in monitoring complaints and feedback, as well as in identifying changes in the regulatory environment.

In relation to workforce governance, the organisation supports the service in delineating roles and associated duties and monitoring and training of staff. However, it was noted that restrictive practices training was managed informally. The Approved Provider acknowledged this as a deficiency and undertook to address the issue through the service’s continuous improvement plan.

The organisation has a documented risk management framework relating to the management of high impact and high prevalence risks, recognising and responding to abuse and neglect, incident management and supporting consumer quality of life. Staff understood the relevance of these policies and procedures to their work.

The organisation maintains a documented clinical governance framework, with associated policies relating to antimicrobial stewardship, minimising the use of restraints and open disclosure. Staff could describe relevance of these policies to their work.

## 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.