Esida Lodge

Performance Report

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**Commission ID:** 5481

**Provider name:** Queensland Rehabilitation Services Pty Ltd

**Site Audit date:** 6 April 2021 to 8 April 2021

**Date of Performance Report:** 7 June 2021

# 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 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.
* other information and intelligence held by the Commission regarding the service.

# 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

Consumers and representatives considered that consumers were treated with dignity and respect, are supported to maintain their identity, make informed choices and live the life they choose.

Consumers and representatives said consumer personal privacy was respected and their private information was kept confidential. They said that staff know the consumers as individuals, including what is important to them, encouraging and supporting consumers to maintain their independence.

Consumers and representatives expressed satisfaction with how the service supports consumers to express their individuality including respecting their cultural needs. They provided examples of how the service supports consumers to take risk to live the life they chose such as if consumers wish to smoke or mobilise independently.

Staff demonstrated and understanding of things of importance to consumers, and provided examples of how they ensure consumer preferences are supported and respected. For example, supporting when they wish to have personal cares delivered, individual choices as to where they wish to eat meals, activities they wish to attend, and supporting consumers who self-medicate.

Management advised discussions in relation to supporting consumers who wish to take risk is included as part of the services entry assessment process. Clinical staff confirmed that any risks identified through the assessment process are discussed with consumers and representatives to support informed decisions.

Care documentation included information specific to the individual consumers including their religious, spiritual, cultural needs and personal preferences for care needs. Risk assessments are completed and strategies for managing individual consumers risks are in care directives to guide staff in care delivery.

The organisation has a privacy and confidentiality policy that specifies how information is collected, the purpose of collection, and who has the right to access the information.

The organisation has a risk management policy that outlines the risk identification process as well as assessment, planning, monitoring and review processes. Policies are available to guide staff including consumer’s right to take risks which includes examples of risk-taking activities, risk identification and management processes.

Review of documentation provided to the Assessment Team evidenced consumers are provided opportunities to participate in decision making and exercise choice and independence. The service demonstrated changes are implemented in response to consumer feedback.

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

Consumers and representatives said they feel like partners in ongoing assessment and planning of consumers care and services, and are involved in the assessment and care planning process. Consumers and representatives said the service involves them in the four monthly care plan review process or as consumers care needs change.

Consumers and representatives expressed satisfaction that the assessment and care planning processes delivered safe and effective care and services; and feel the care and services are delivered in line with consumers wishes.

Consumers and representatives said that they had been involved in discussions with the service about advanced care and end of life care planning. Consumers and representatives said staff talk to them about consumers care and services; and representatives said they had received a copy of the consumer’s care plan.

Staff demonstrated an understanding of the service’s assessment, care planning and evaluation process including consumer assessment on entry to the service and four monthly care plan review. Management and Registered staff described how they involve consumers, representatives and other health professionals in the assessment, care planning and review process including on entry to the service, at four monthly care plan reviews or if there has been an incident of change in consumers care needs such as after a fall or reassessment of pain. They confirmed care plan reviews are set up as tasks in the electronic care documentation system, which raises an alert when the care plan is due for review.

Care staff confirmed they have access to consumers’ care plans and said they would consult the Registered Nurse and review the care plan if they were concerned about consumer’s personal or clinical care. Staff described their responsibility in relation to the incident reporting, and Registered staff demonstrated understanding of how incidents or changes in the consumer’s condition, needs or preferences which may prompt reassessment.

Care planning documentation reflected individualised needs, goals and preferences and included specific risks to each consumers’ health and well-being such as falls and responsive behaviours. Care plans were readily available to all staff, including visiting health professionals.

The service had policies and procedures to guide staff in the assessment and planning process, advanced care planning and assessing consumer care at the end of life. Clinical assessment tools and consumer care plans were available on the service’s computerised system.

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

### Consumers and representatives considered consumers received personal care and clinical care they needed, including having access to a Medical Officer if required. They said the service includes them in decisions regarding the consumers care and services; and care is tailored to the consumers’ needs, goals and preferences.

### Consumers and representatives said the consumers’ needs and preferences are effectively communicated between staff and expressed satisfaction with access to other health professionals as required.

Staff demonstrated an understanding of consumer’s individual needs and preferences and how they ensure these are met. For example, staff described strategies they would use to assist consumers who exhibit challenging behaviours and confirmed psychotropic medication considered as a chemical restraint is to be used as a last resort. Management and staff confirmed they have been trained in caring for consumers with dementia.

Staff said the communication of changes in consumers’ needs and preferences is communicated at handover from registered to care staff, through the electronic care management system and in updated consumer care plans. Registered Nurses described the action taken if a consumer presented with signs of deterioration, including notifying the Medical Officer, the consumer’s representative and checking the Advanced Health Directive or Statement of Choices.

Care planning documentation included evidence of how staff had supported consumers including those with complex clinical are needs. For example, consumers at risk of weight loss, bowel management and specialist nursing care such as urinary catheter management. Documentation demonstrated referrals to other health professionals and the identification of, and response to consumer deterioration or a change in consumer’s condition and/or health status.

The service has policies, procedures and guidelines to support the delivery of care provided including in relation to restraint, end of life care, referral to other professionals and recognising and responding to consumer deterioration or changes in consumers’ condition. The service trends and analyses high impact and high prevalence risks for consumers monthly, and reports data both externally and within the organisation. Review of meeting minutes demonstrated high impact and high prevalence risks for consumers are discussed with staff at the service.

The service has implemented policies and procedures to guide staff in minimisation of infection related risks and antimicrobial stewardship. The Care Coordinator confirmed monthly reporting of antibiotic usage is provided to the clinical pharmacist and the service has a quarterly Medication Advisory Committee meeting at which antimicrobial stewardship is a standing agenda item.

Staff confirmed they have received training in COVID-19, infection control principles, personal protective equipment and management of COVID-19. Practices were in place that demonstrated that the service has planned and is prepared for a potential outbreak.

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

Consumers and representatives said consumers are supported by the service to do the things of interest to them including participating in activities as part of the service’s lifestyle program or independent activities of their choice. They said that their emotional, spiritual and psychological well-being is supported by the service, including maintaining social and emotional connections with those that are important to them. For example, one named consumer said the lifestyle staff regularly meet with consumers to understand how they are and offer support as required.

Consumers and representatives said they felt information about their daily living choices and preferences was effectively communicated and staff understand their needs and preferences.

Consumers provided positive feedback in relation to food and confirmed that it was of adequate quantity, quality and variety. Consumers who said that if they did not like what was on the menu, they were offered an alternative and were satisfied with this.

Care planning documentation included information about consumers interests and individual wishes and preferences, such as participation in activities and information about relationships they wish to maintain. Care planning documentation identified individual consumer’s diet preferences, including consumers with specific dietary requirements.

The head chef said the service reviews the menu in consultation with the dietitian to ensure nutritional needs of consumers are met, and consumers are encouraged to provide suggestions and feedback for consideration in the menu. The head chef described specific dietary needs and preferences of individual consumers, including allergies and texture modified diets and how the service accommodates these.

Staff confirmed they have access to equipment used to provide and support lifestyle services and equipment to assist consumers with their independence and mobility such as lifting hoists. They confirmed equipment is cleaned and well mainted at the service.

A review of maintenance documentation demonstrated the service monitors cleanliness and condition of equipment, and where deficits are identified equipment is replaced or repaired as required.

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

Consumers and representatives said the service environment is welcoming and visitors are encouraged to participate in life at the service. They said the service is safe, clean and well maintained and the design of the service promotes mobility independence.

Consumers described how they access activities in different areas of the service, including outdoor gardens and undercover areas. Consumers said they are supported to decorate their room with personal belonging and furnishings.

The Facility Manager described the process to welcome consumers to the service including greeting of the consumer and representative by a key person at the service. A survey is completed with the consumer and representative approximately one month after entry to the service to identify areas for improvement and address any concerns.

The Maintenance Manager described the process for reporting and responding to maintenance issues, and review of the maintenance register identified no outstanding maintenance issues at the service.

The service environment was observed to be welcoming, including signage to direct consumers and visitors to various areas of the service. Consumers rooms were observed to be decorated with personal items and home-like furnishings. All consumer rooms had a sliding door opening on to an outdoor area and for consumers remaining in their rooms, doors were open allowing consumers to enjoy the fresh air. Communal areas included outdoor gardens and seating areas, and consumers were observed to be moving freely and enjoying the outdoor areas.

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

Consumers and representatives considered they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken in response to their concerns. Consumers and representatives said they feel comfortable raising concerns through consumer meetings, direct discussion with the Facility Manager, and via the service’s confidential feedback form. Consumers said information had been provided regarding how to provide feedback or make a complaint via other groups such as external complaints agencies.

Staff describe how they assist consumers to access feedback forms if required or assist the consumer or representative to speak with management. Staff said if a consumer or representative raised a concern, they would attempt to promptly address this if appropriate within the scope of their role or escalate to registered staff or management.

Management said that complaints are entered into an electronic register, and the Facility Manager investigates using an open disclosure process before the complaint is closed. Staff demonstrated an awareness of the principles of open disclosure including apologising to the consumer and representative and taking action to prevent or minimise the likelihood of reoccurrence. Staff confirmed they had received training in open disclosure practices.

The service was guided by an open disclosure and complaints management policy to guide management and staff in relation to the management of feedback and complaints. Review of the service’s plan for continuous improvement identified that consumer feedback is used to improve care and services.

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

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

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

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 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

Consumers said they receive quality care and services when they need them from staff who are knowledgeable, capable, kind and caring. Consumers and representatives considered that there were adequate staff and were satisfied with response to call bells when making requests for assistance. They said staff at the service had appropriate skills and training to provide care and services.

Staff said they had completed a two day corporate induction and are satisfied with the support management and registered staff provided to them on commencement and on an ongoing basis.

Management described how they determine whether staff are competent and capable in their role, which includes the requirement reference checks and a national police check prior to an offer of employment; evidence of qualifications and registrations; mandatory training programs and orientation on commencement of employment; and annual performance reviews.

The service has position descriptions specifying the qualification requirements, expectations, responsibilities and duties, and knowledge maintenance for staff roles.

The service has procedures to guide management in the management of human resources, including employee selection, roster management, code of conduct and disciplinary management.

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

Consumers and representatives considered that the service is well run and they are involved in the development, delivery and evaluation of care and services. They are invited to provide feedback on care and service through surveys, feedback forms and face to face discussions with staff and management. Representatives said the service communicates regularly and keeps them informed of any changes that may impact on the delivery of consumers care and services, for example COVID-19 visitor restrictions.

The service demonstrated the organisation’s governing body promoted a culture of safe, inclusive care and was accountable for their delivery. Management described the organisation’s governance framework, including roles and responsibilities for the Board of Directors and senior management. The organisation’s governing body included the Board of Directors and an established Advisory Committee that provides information and advice to the Board. Management said the Board of Directors have overall accountability for consumer safety, care delivery and system governance.

Governance systems were in place in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The organisation has a documented risk management framework, including policies describing how high impact or high prevalence risks associated with the care of consumers are managed; abuse and neglect of consumers is identified and responded to; and consumers are supported to live the best life they can.

The organisation demonstrated it had a clinical governance framework that supported clinical care delivery. The service demonstrated how clinical care practice was governed by organisational policies relating to antimicrobial stewardship, restraint minimisation and open disclosure. Staff were familiar with these policies and could describe how they applied to the work that they do.

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.