Hocart Lodge Aged Centre Inc

Performance Report

3 Knowles Street   
HARVEY WA 6220  
Phone number: 08 9729 0499

**Commission ID:** 7051

**Provider name:** Hocart Lodge Aged Centre (Inc)

**Site Audit date:** 28 January 2020 to 30 January 2020

# 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** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 14 February 2020.

# 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.

The Assessment Team found consumers and their representatives confirmed consumers are treated with dignity and respect and are supported to make choices, maintain their independence and live the life they choose. Consumers provided examples including staff know them well, privacy is maintained, and spiritual and cultural values are respected. Consumers and their representatives confirmed they are provided with information to assist them in making informed choices and to understand the care and services provided.

The Assessment Team found the organisation demonstrated through documentation, observations and staff interviews the service has processes to ensure consumers’ choices, privacy and independence are recognised and supported. Documentation shows consumers are supported to live their life the way they choose, including where risks are involved, and independence is encouraged. Staff interviews and observations show staff interactions with consumers are kind, respectful and staff have current knowledge of each consumer’s individual needs, preferences and people who are important to them.

## 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 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.

The Assessment Team found all consumers and their representatives interviewed confirmed they are involved and consulted in the assessment and planning of consumers’ care including being involved in regular reviews and timely communication when changes or incidents occur. Consumers confirmed they have access to their plans of care and staff are aware of their current needs.

The Assessment Team found the organisation demonstrated through documentation and staff interviews an effective system to ensure assessments and plans of care are completed for each consumer on entry to the service and when change or incidents occur. Documentation showed all consumers’ assessments and plans of care are regularly reviewed and reflective of consumers’ current care needs and preferences. Documentation and staff interviews show the consumers are regularly consulted about their goals and preferences of care and services and staff are aware of the outcomes of assessments and consumers’ current needs. Documentation shows consumers’ risks are identified and planned for and advanced care planning is discussed and consumers’ wishes documented.

## 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 Assessment Team found consumers and their representatives interviewed are satisfied the service delivers clinical care and personal care to consumers that is safe, effective and right for them. Consumers confirmed they receive appropriate clinical and personal care in line with their needs most or all of the time and have access to doctors and other health professionals when required. Consumers and representatives confirmed consumers with specialised needs have their needs managed effectively to optimise consumers’ health and wellbeing.

The Assessment Team found the organisation demonstrated through documentation, staff interviews and observations systems are effective in ensuring staff deliver safe, effective and appropriate personal care and clinical care which is in line with the consumers’ needs. Documentation shows policies, procedures, and assessment and planning tools are based on best practice and used to direct staff in the delivery of safe care. Documentation shows incidents, review and feedback are used to monitor staff practice and ensure consumers’ personal and clinical care is delivered in line with their needs. Staff interviews show staff are aware of consumers’ needs, including how to effectively manage risks to consumers’ care including wounds and behaviours associated with dementia.

### 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

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

The Assessment Team recommended the service did not meet two of seven requirements in relation to Standard 4 Requirements (3)(b) and (3)(c). Based on the evidence in the Assessment Team’s report and the approved provider’s response my decision differs from the Team and I find the service compliant with Requirements (3)(b) and (3)(c). I have provided reasons for my decision below.

The Assessment Team found the service has processes in place to support consumers’ daily living needs including promoting independence, optimising emotional wellbeing and supporting social relationships. However, the Team identified one consumer did not feel supports were meeting their emotional needs at the time of the Site Audit. The Team found consumers confirmed they were provided support and opportunities to participate and engage in social and leisure activities within the service and within the wider community. However, some consumers felt group activities could be improved. Majority of consumers confirmed they were satisfied with meals and meal quality had improved at the service and they could provide feedback about the meals. However, some consumers thought meal quality and variety could be improved.

The Assessment Team found the organisation demonstrated through documentation and staff interviews the service provides opportunities for consumers to give feedback and be involved in the development of individual and group social and leisure activities. Documentation confirmed other health professionals are involved in the assessment, identification and provision of equipment and supports to optimise independence and enhance consumers’ wellbeing. Documentation and interviews confirmed there are staff to support consumers in participating in group and individual activities and social engagement of interest to them. Documentation showed the service’s feedback systems identified areas for improvement in the provision of meals and activities.

## 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.

The Assessment Team found the service did not meet this requirement as one consumer with an existing psychological condition was feeling very low and anxious and felt they were not receiving adequate emotional support.

The approved provider’s response provides documented evidence the service had identified the consumer’s existing psychological condition had exacerbated two weeks prior to the Site Audit. The service had implemented daily wellness checks to ensure the consumer’s mood was monitored and support offered on a daily basis in addition to the numerous daily staff support already in place while care and services were being delivered. The response shows emotional support for the consumer has continued following the Site Audit, through internal processes and the consumer continuing to attend an external specialist.

While one consumer felt unsupported emotionally at the time of the Site Audit, I find the service had identified the consumer’s psychological condition, identified when the condition exacerbated and implemented appropriate monitoring and opportunities for staff to support the consumer’s emotional wellbeing.

For the reasons summarised above, I find the service compliant with this Requirement.

### 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.

The Assessment Team found consumers confirmed they had access to activities and social engagement, however seven of 21 consumers felt group activities could be improved to enhance their enjoyment including atmosphere, frequency and engagement. Observation by the team showed consumers with limited or no mobility were unengaged for extended periods of time. Documentation showed the service had identified the lifestyle activity program required review for possible areas of improvement.

The approved provider’s response shows evidence each consumer is assessed for their social, activity and leisure needs in consultation with the consumer, and each consumer’s needs are identified in a plan of care to guide staff in delivering and supporting consumers. The response shows the service identified in November 2019, while majority of consumers are satisfied with the activity program, there were areas for improvement and the program required a review. The service documented the planned review on the continuous improvement plan. The service is actively engaging consumers to gather feedback on the lifestyle activity program.

While seven consumers expressed areas for improvement in the lifestyle activity program, the approved provider’s response shows the service was aware of areas for improvement and had planned a comprehensive review prior to implementing any changes. I am satisfied the service has an effective system to assess and identify each consumer’s social support needs and provide the supports to deliver and meet the consumer’s needs.

For the reasons summarised above, I find the service compliant with this Requirement.

### 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 services 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.

The Assessment Team found consumers felt the service was like living at home, they felt safe and families and friends were made to feel welcome. Consumer feedback and observation confirmed the living environment was clean and comfortable and consumers have access to a variety of internal and outdoor living areas. However, one consumer’s representative felt the cleanliness of the bathroom could be improved.

The Assessment Team found the service has systems in place to ensure the service is clean and well maintained, including equipment and furnishings. Documentation shows the environment, safe systems and equipment are monitored regularly through internal processes and external professionals to ensure a safe and suitable 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 NON-COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

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

The Assessment Team recommended the service did not meet one of four requirements in relation to Standard 6 Requirement (3)(c). Based on the evidence in the Assessment Team’s report and the approved provider’s response I find the service Non-compliant with Requirement (3)(c) and I have provided reasons for my decision below.

The Assessment Team found the service has a feedback and complaints system which includes identifying areas for improvement and use of open disclosure when things go wrong. A variety of processes are used to encourage and support consumers in raising feedback including feedback forms, verbally to staff, in person with management, focus group meetings and satisfaction surveys. Majority of consumers and representatives interviewed confirmed they are encouraged and supported to raise feedback and are satisfied with actions taken in response to complaints. However, 11 of 21 consumers interviewed provided negative feedback to the Assessment Team in relation to meals, lifestyle activities, staff consistency and continence aids, and some provided examples where they had used the feedback system to raise their concerns including verbally to staff. However, they were not always satisfied feedback was appropriately used by management to resolve concerns to their satisfaction.

The Assessment Team found the service demonstrated through documentation and interviews with management the service captures feedback and complaints on a register and monitors actions taken and outcomes of complaints. However, the feedback register does not consistently capture verbal feedback to ensure appropriate action is taken. Where areas for improvement are identified through feedback they are discussed and monitored through the service’s continuous improvement plan. Staff interviewed confirmed the service’s feedback system and how they support consumers in accessing it.

## 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) Non-Compliant

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

The Assessment Team recommended the service did not meet this Requirement as 11 of 21 consumers and representatives raised negative feedback in relation to food, lifestyle activities, staff consistency and continence aids. Majority of consumers and representatives stated they had reported the concerns verbally to staff. Five consumers and two representatives reported being worried about raising feedback with management for fear of retribution. Examples provided by the team included:

* Eight consumers and representatives raised negative feedback about lifestyle activities, four stated they had discussed the feedback with staff verbally. Management confirmed they were aware of areas for improvement in relation to the lifestyle program which they had identified through a survey in November 2019.
* Six consumers raised negative feedback about food quality and variety, five stated they raised the feedback with staff during meal service, at meetings and meal feedback surveys. Management stated they had implemented improvements in meals and had received positive feedback from consumers in the last survey and focus group. Management completed a meal survey immediately following the feedback from the Assessment Team to identify areas for improvement.
* Six consumers and representatives raised negative feedback about staffing consistency, four stated they had raised the feedback at consumer meetings and one representative stated they raised concerns in writing with management and were not satisfied the issues were resolved.
* Five consumers and representatives raised negative feedback in relation to continence aids, four had raised the feedback with staff. Management advised all consumers receive continence aids they have been assessed as requiring.

The approved provider’s response shows evidence of a comprehensive feedback system including multiple mechanisms to support and encourage consumers in raising feedback and complaints. The response states it cannot action feedback it is not aware of. Examples of evidence provided included:

* The service’s complaint register shows 20 complaints were raised in the previous two months. Two complaints were in relation to food and no complaints in relation to lifestyle, staffing consistency or continence.
* A lifestyle survey was conducted in November 2019 and 69 per cent of consumers participated and majority of the feedback was positive. The service has been undertaking a lifestyle program review since November 2019 and an activity focus group commenced.
* A meal survey was conducted following the negative feedback from the Assessment Team and majority of the feedback was positive.
* The service monitors staff turnover monthly and the service has processes to ensure sufficient staffing and increases in staffing hours had been implemented in December 2019.
* Evidence of ongoing communication and action with one consumer’s representatives in response to multiple complaints of care.
* All consumers are provided continence aids based on assessment. There was a delivery issue impacting continence care the week prior to the visit. Management were aware of one consumer’s representatives whose preferred aid was in conflict with the consumer’s assessed need and the representatives commenced supplying the aids. Following feedback from the Team, further discussion occurred, and the service now supplies the preferred aid.

The service demonstrated a comprehensive complaints system which encourages consumers and representatives to raise complaints and where complaints are raised with management action is taken including identifying areas for improvement. However, I find feedback and complaints raised verbally by consumers and representatives is not consistently captured in the service’s feedback system. Complaints reported verbally to staff are not captured on the complaints register or reported to management to ensure management are aware of and taking appropriate action in response to verbal complaints.

Based on the above summarised evidence, I find the service Non-compliant with this Requirement.

### 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.

The Assessment Team found majority of consumers and representatives interviewed confirmed the service has sufficient staff who are kind, caring and respectful, and consumers receive the care they need in a timely and appropriate manner. Consumers confirmed they do not need to wait long for staff when they need help. However, some consumers reported there are a lot of new staff and one representative reported having to wait for assistance from staff.

The Assessment Team found the service demonstrated it has effective systems to monitor and review staff numbers and performance and provide staff training. The service allocates staff numbers and skill mix based on consumers’ needs and preferences and has a process to ensure all vacant staff shifts are filled. Staff interviews confirmed staff have sufficient time and are provided support to ensure they perform their roles and deliver care and services in line with consumers’ needs.

## 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.

The Assessment Team found consumers and representatives interviewed confirmed the service is well run and they are consulted in care and service delivery and planning.

The Assessment Team found the service is supported by organisational governance systems including the effective management of information, the workforce, financial matters, regulatory compliance and risk management. The service has a feedback system which identifies and leads to continuous improvement activities. The organisation monitors and reviews consumer incidents and risks and ensures supports are in place to ensure consumers live the best life they can. Staff interviews and documentation confirm policies and procedures are in place to guide staff in the organisation’s systems including the management and use of restraint, antimicrobial stewardship and the use of open disclosure.

## Assessment of Standard 8 Requirements

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

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

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

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

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

Effective organisation wide governance systems relating to the following:

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

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

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

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

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

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

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

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

Standard 6 Requirement (3)(c)

* Ensure all verbal feedback and complaints reported to staff are monitored and managed through the service’s complaints system and register to ensure appropriate action is taken.