James Brown Care Centre

Performance Report

171 Albert Street   
OSBORNE PARK WA 6017  
Phone number: 1300 665 073

**Commission ID:** 7081

**Provider name:** Amana Living Incorporated

**Site Audit date:** 7 February 2022 to 9 February 2022

**Date of Performance Report:** 18 March 2022

# Performance report prepared by

Denise McDonald, 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 9 March 2022.

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 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 6 of the 6 specific requirements have been assessed as Compliant.

Consumers and representatives sampled considered they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services, and live the life they choose. Consumers provided positive feedback and gave examples of how the service supports consumers to be independent, exercise choice, take risks and make decisions about the care and services provided. Consumers interviewed said their culture and diversity is valued, their personal privacy respected; and they consistently receive information that is accurate, current, timely and/or easy to understand.

Staff interviewed demonstrated respect when speaking about consumers and were observed interacting with, and providing support and services to, consumers in a respectful manner and in a way that maintained their privacy. Staff understood the care and service preferences of individual consumers and described how these influenced the way care and services were delivered for that person. Staff described ways they supported consumers to engage in activities that may present a risk and the strategies implemented to reduce those risks which enables the consumer to live their life according to their choices.

Documentation reviewed including consumer’s care documentation, was stored appropriately to protect it and ensure it remained confidential. Care plans captured information on consumer’s background, their life history, sexual orientation and the contact details for people who are important to them. Care plans reviewed indicated consumers were supported to exercise choice and the consumer’s decisions were communicated to staff, including at what times they wished to receive care as to maintain their routine and their desire to complete their own washing.

Organisational policies and procedures provide guidance to staff in the delivery of care that is dignified, respectful, maintains consumer privacy and is culturally safe.

Based on the evidence documented above, Standard 1 Consumer dignity and choice is 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.*

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 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 5 of the 5 specific requirements have been assessed as Compliant.

Consumers and representatives interviewed advised they were involved in the initial and ongoing assessment and care plan processes, which included the involvement of medical officers and other health professionals as needed. Consumers and representatives reported they were provided with information on the outcomes of these processes, notified if there was a change in the care needs and could readily access a copy of the consumer’s care plan.

Staff interviewed consistently described the assessment and care planning process and the process for referral to engage other health and allied health professionals when needed. Staff advised consumer care plans can be accessed on the electronic care management system and they are alerted to changes to consumers’ care needs through handover or electronic message boards when updates are made. Registered staff informed consumer’s representatives when there was a change in a consumer’s health or well-being and discussed potential changes to care strategies when these were required. Staff were aware of their responsibility in relation to the incident reporting and escalation pathways, and confirmed they reported changes in the consumers condition, needs or preferences and described how this prompted reassessment.

Consumers’ assessments and care planning documentation reviewed confirmed outcomes of assessment and planning are documented in a care and service plan to guide staff in the delivery of care and services and was accessible by consumers, representatives, staff and visiting health professionals. Consumers’ needs are routinely and regularly assessed, reviewed and care strategies evaluated, to promptly identify when changes in health condition, status or an incident has resulted in changes to the care required. Discussions on advance care and end of life planning are regularly offered to consumers and representatives and are undertaken when the consumer and representative are ready.

The service’s electronic care management system contained clinical assessment tools, clinical guidelines, policies and procedures to guide staff in the care planning process including for palliative care and advance care planning.

Based on the evidence documented above, Standard 2 Ongoing assessment and planning with consumers, is 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.*

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 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 7 of the 7 specific requirements have been assessed as Compliant.

Consumers and representatives considered the consumer was receiving personal care and clinical care that was safe and right for them. Consumers interviewed confirmed they were getting the care they needed, when they needed it and they can access their medical officer and other health professionals.

Care planning documents reflected the identification of, and response to, deterioration or changes in the consumer’s condition and/or health status was timely, referrals to a range of allied health professionals including physiotherapists, podiatrists and dietitians was appropriate. Care plans reflected current assessed needs, described preferences and care directives were accurately recorded. Charting to monitor care delivery and identify emerging risks was completed.

Staff could describe how they ensured care is best practice and how information on consumer needs, is shared both within the organisation and with others outside the organisation. Staff demonstrated an understanding of high impact and high prevalence risk management strategies relevant to each consumer and to the consumer cohort more broadly including precautions to prevent and control COVID-19 infection and the steps they could take to minimise the need for antibiotics. Staff described how incidents are used to inform changes in practice to ensure consumers care was safe, effective and optimised their health and well-being.

The organisation had a suite of documents including policies, procedures and plans to guide staff in the provision of clinical care, palliative care, referral processes, the management of high impact/high prevalence risks to consumers or in the event of an infectious outbreak.

The service monitored and analysed clinical data to identify and prompt response to any emerging concerns relating to consumer’s skin integrity, including pressure injuries, infections and falls. This data was monitored monthly and reported at an organisational level.

Based on the evidence documented above, Standard 3 Personal care and clinical care, is 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.*

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 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 7 of the 7 specific requirements have been assessed as Compliant.

Consumers sampled considered they received the services and supports for daily living that are important to their health and well-being and were enabled to do the things they wanted to do including undertaking their own laundry. Consumers and representatives interviewed said they were supported by the service to do things of interest to them, including participating in activities such as the men’s shed and bus outings, contributing to household activities, painting or reading. Consumers and representatives interviewed confirmed consumers were supported to keep in touch with the people important to them by receiving visitors within the service, going out on social leave and talking with family via the telephone. Most consumers and representatives reported consumers enjoy the food and receive plenty of food and have access to other food or snack items in between meals.

Care documentation demonstrated that information was captured on significant events, who and what was of importance to individual consumers to promote their well-being. Care plans identified consumer’s individual preferences, including food likes/dislikes, leisure needs, religious beliefs, social relationships, community ties and cultural traditions. Care planning documentation reflected the involvement of external services and input from representatives in the provision of lifestyle supports, dietary requirements and preferences.

Staff interviewed consistently described who and what is important to consumers that ensures their independence and wellbeing are optimised. Staff described how consumer independence is promoted through consumers undertaking their own laundry and how the activities program was adjusted to take into consideration the differing functional capacity of each consumer. Staff confirmed consumer feedback through annual surveys and consumer meetings, influences the development and delivery of the activity program to encompass consumer preferences. Staff described the various ways emotional and spiritual support is provided to consumers including through chaplaincy visits and one to one support.

The menu and activity calendar was displayed within the service environment, and included a variety of meals options, internal and external activities to promote consumer choice. Consumers were observed eating a variety of meals and participating in a variety of activities, such as group exercises, bus trips, gardening and word puzzles. Consumers were also observed spending time with family members, receiving social support visits from volunteer or support organisations and being reassured by staff. Equipment available for consumer use was observed to be clean and well maintained.

The service had policies and procedures to ensure the lifestyle program is tailored to optimise the quality of life of consumers, referral pathways for external support are established and equipment is routinely inspected to ensure its operational integrity and safety.

Based on the evidence documented above, Standard 4 Services and supports for daily living, is 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.*

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 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 3 of the 3 specific requirements have been assessed as Compliant.

Consumers sampled considered they belong in the service, felt safe and advised the service environment was comfortable. Consumers said they felt at home, they like their rooms, they can easily navigate the service layout to access other indoor and outdoor areas as they wished. Consumers said the service environment is clean and well-maintained, including the furniture and equipment, which they also described as being suitable to their needs and preferences.

The service environment was observed to be welcoming and easy to navigate. The service consists of two floors, each containing single residential rooms. The service environment also contains communal areas including lounge rooms, an activity room, and a dining hall which were observed being cleaned routinely.

Management described how the service environment enables consumers with cognitive, sensory or mobility deficits to move around inside and outside of the service safely or alert staff that they require assistance. Staff consistently described practices that ensured the environment, furniture and shared equipment is cleaned and maintained; they confirmed there is sufficient equipment to meet the needs of all consumers and have been trained in its use.

Documentation reviewed confirmed the service environment is monitored for cleanliness and to ensure it is in good condition, preventative and reactive maintenance was attended promptly and the outdoor garden environment was being refurbished to provide consumers and their visitors with a nice place to sit.

Based on the evidence documented above, Standard 5 Organisation’s service environment, is 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.*

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 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 4 of the 4 specific requirements have been assessed as Compliant.

Consumers considered they are encouraged and supported to give feedback or make complaints and the service is quick to take action in response. Consumers understood the various avenues, both internal and external to the service, in which they could give feedback and confirmed they felt comfortable and safe when doing so. Those consumers who had raised concerns or provided feedback described how a new dining table had been purchased following their request, which enabled a group of four consumers to dine together more comfortably.

Staff described the escalation process they would follow if a complaint was raised with them directly and how they would assist consumers to access language, advocacy or interpreter services if these were required. Staff advised if things go wrong, they provide an apology and investigations are undertaken to prevent reoccurrence.

Management advised consumers are supported to make suggestions for improvement and these were documented within the service’s continuous improvement plan in order to monitor progress made and evaluate the outcome with the consumer. The plan was observed to include feedback and actions taken by the service including those described by the consumers interviewed.

Based on the evidence documented above, Standard 6 Feedback and complaints, is 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.*

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 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 5 of the 5 specific requirements have been assessed as Compliant.

Consumers sampled considered they get quality care and services when they needed them and from people who were knowledgeable, capable and caring. Consumers and representatives said staff are kind, knew what they are doing and always found time to spend with them to engage in meaningful conversation.

Staff interviewed said they are supported to provide quality care and services to consumers, they generally have sufficient time to complete their duties each day and the training provided by the service met their needs and assisted them to perform their roles effectively.

Management confirmed call bell response times are monitored and influences the planning of rosters and allocated staff to ensure sufficient clinical, hospitality and care staff are available to meet the care and service needs of consumers. Management advised mandatory training is monitored for completion and if it was incomplete, staff were not rostered. Additional training was provided to staff if a need was identified through the monitoring of staff performance or consumer surveys indicated dissatisfaction.

Documents reviewed confirmed the service monitors staff performance including their competence, knowledge and qualifications to ensure the delivery of care and services is by suitably qualified, capable and respectable staff.

Based on the evidence documented above, Standard 7 Human resources, is 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.*

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 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 5 of the 5 specific requirements have been assessed as Compliant.

Consumers and representatives considered the service was well run and they are engaged in designing or improving the delivery of care and services through their participation in consumer meetings and surveys conducted by the service. Consumers and representatives said the service communicates with them regularly and they are kept informed of any changes which may impact on the delivery of care and services.

The organisation’s governing body has implemented processes to ensure they promote a culture of inclusive, quality, and safe care and service and are accountable for their delivery via a workforce that had clearly defined roles and responsibilities. The service has effective governance systems to ensure information is readily accessible where it is needed, funding is available to meet immediate and emerging consumer needs and legislated requirements are completed. Continuous improvement processes were driven by information from a variety of sources including consumer feedback and prompt responses were demonstrated.

The service has embedded risk management systems and practices that support consumers to live their best life and enables the service to monitor for risks, abuse, neglect and fosters a timely response to identified incidents. These processes are supported by a Clinical Governance Framework that promotes open disclosure, minimisation of restrictive practice and reducing antimicrobial resistance.

Based on the evidence documented above, Standard 8 Organisational governance, is 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*
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.