Jimbelunga Nursing Centre

Performance Report

259 River Hills Road
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Phone number: 07 3807 0655

**Commission ID:** 5468

**Provider name:** Aboriginal and Torres Strait Islander Community Health Service Brisbane Limited

**Site Audit date:** 27 July 2021 to 29 July 2021

**Date of Performance Report:** 16 September 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 was considered in developing this performance report:

* the Assessment Team’s report for the Site Audit conducted from 27 to 29 July 2021; 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 in relation to this 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

To understand the consumer’s experience and if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers, asked them about the requirements, reviewed their care planning documentation (for alignment with the feedback from consumers) and tested staff understanding and application of the requirements under this Standard. The Assessment Team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Consumers indicated they were treated with dignity and respect, could maintain their identity, make informed choices about their care and services, and live the life they choose. Interviews with consumers confirmed their individual identities, culture and diversity and personal privacy was respected, including the ability to meet with friends and family. They advised they are encouraged to do things for themselves and staff are familiar with their individual preferences and what is important to them.

Consumers provided positive feedback and gave examples of how the service supported consumers to be independent, exercise choice and make decisions about the care and services provided.

Staff demonstrated respect towards consumers and an understanding of their care and service preferences. Staff were observed to be interacting with, and providing support and services to, consumers in a respectful manner. Staff demonstrated knowledge of consumers’ regular visitors, names and what support they require when they visit.

Care planning documentation and interviews with staff confirmed the service understood and supported consumer’s personal goals and choices.

Consumers’ relationships were acknowledged and supported, and consultation occurred to ensure staff awareness of matters of importance including risks to the consumer to support the consumer to live the best life they can.

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

To understand the consumer’s experience and if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers. This included reviewing care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and whether they review them on an ongoing basis.

Consumers felt like partners in the ongoing assessment and planning of their care and services. Consumers and representatives confirmed they are involved in care planning, including when there are changes to consumers’ care needs. Consumers and representatives are advised of assessment and planning outcomes and they can access care plans. Consumers and representatives gave examples of how other providers of care are involved in meeting consumers’ healthcare needs. Interviewed staff understood consumers’ end of life wishes and a review of documentation confirmed consumers’ wishes are documented.

The service has an electronic clinical care system in place to support planned care and services to meet individual consumers’ needs, goals and preferences and to inform the delivery of safe and effective care. Care planning documentation for individual consumers showed assessment and planning considered risk and reflected consumers’ current needs, goals and preferences, including advance care planning and end of life planning.

Care and services are regularly reviewed for effectiveness, including when circumstances change or incidents occur and consumers and representatives are involved in reviews. Care and service plans for consumers showed integrated and co-ordinated assessment and planning involving other organisations, including medical officers and allied health professionals.

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

To understand the consumer’s experience and if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care and service plans and assessments were reviewed, and staff were asked about how they ensured the delivery of safe and effective care for consumers. The Assessment Team also examined relevant documents.

Interviews with consumers and representatives indicate consumers receive personal and clinical care that is safe and appropriate for them and in accordance with their needs and preferences. Care is provided in accordance with best practice guidelines and tailored to the needs of consumers. Interviews confirmed consumers receive appropriate care tailored to their individual needs and have access to a medical officer or other health professionals when required.

Consumers confirmed they receive care and services in line with their preferences, including for palliative and end of life care, and have dignity and comfort. Consumers reported care is provided in a timely manner when they are unwell or experiencing a deterioration in their health, their preferences are met, and they are provided with appropriate pain management.

Consumers’ individual needs are documented and inform the provision of safe and effective personal and clinical care, including timely and appropriate referrals to medical officers and allied health professionals, with good communication and sharing of information supporting consumers’ health and well-being. A review of care planning documentation showed the identification of, and response to, changes in consumers’ conditions and/or health status, including effective management of high impact, high prevalence risks to consumers. Clinical records reflected referrals to a range of allied health professionals, such as physiotherapist, podiatrist and dietitian.

The service has a documented infection prevention and control (IPC) process in place with a dedicated IPC lead as contact between the service and the Public Health Unit. Staff are aware of, and trained in, infection prevention and control with documented policies and procedures to support the minimisation of infection-related risks. Posters and other infection control information is displayed throughout the service, and hand sanitiser and personal protective equipment (PPE) are readily available.

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

To understand the consumer’s experience and if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they liked to do and how these things were enabled or supported by the service and staff were asked about their understanding and application of the requirements. The Assessment Team also examined relevant documents.

Consumers receive services and supports for daily living that are important for their health and well-being and that enable them to do activities they want to do. Interviewed consumers advised they are supported by the service to do things of interest to them, including participation in both the service’s lifestyle program and in external, independent activities.

Consumers and representatives advised consumers are supported to maintain social and emotional connections with people important to them, both inside and outside the service. Care planning documentation reflects the support consumers require to participate in activities both within and outside the service. Interviewed staff were aware of preferences of individual consumers for various activities and can access individual care plan documentation on mobile devices to support consumers.

Consumers advised they like the food, said they have plenty to eat, their individual needs are catered to and the catering team seeks their input. Consumers and staff reported that equipment used to support activities for daily living is safe, suitable, clean and well-maintained.

The service demonstrated services and supports for daily living to promote consumers’ emotional, spiritual and psychological well-being. Staff develop a weekly activities calendar containing a variety of activities using assessment information and feedback from consumers. Consumers who do not wish to participate in activities on the calendar are supported to engage in other activities that are meaningful to them.

A review of consumer care planning documentation showed consumers’ needs and preferences were communicated within the organisation and with other external organisations, such as arranging visits from support workers, allied health professionals or specialists.

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

To understand consumers’ experiences and if the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The Assessment Team also examined relevant documents.

Consumers feel they belong in the service and feel safe and comfortable in the service environment. Consumers advised they like their rooms and can easily navigate the service including outdoor and garden areas. Consumers reported the service is clean and well maintained, and equipment, furniture and fittings in the service are clean, safe, well maintained and suitable for their needs and preferences.

The service environment is welcoming, clean, well-maintained and easy to navigate. External pathways are clean, hazard-free and lit at night to ensure ease of use by consumers. Designated cleaning staff ensure the service environment, furniture, fittings and equipment are clean, well maintained and appropriate for consumer needs. Staff described how they clean equipment in-between use by different consumers, in accordance with infection control procedures including safe COVID-19 practices.

Maintenance staff monitor the environment to ensure it is safe and well-maintained. Maintenance issues are reported and logged electronically and actioned in a timely manner. The maintenance manager confirmed he can purchase supplies when required. Interviewed staff demonstrated they know how to reported maintenance issues, and that such issues are managed promptly.

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

To understand the consumer’s experience and if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – asked them about how they raised complaints and the organisation’s response. The Assessment Team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Consumers are encouraged and supported to provide feedback and make complaints, and appropriate action is taken afterwards. Consumers and representatives confirmed they feel safe and supported to make complaints and provide feedback and know of the various avenues for doing so.

Consumers and representatives are aware of the internal and external feedback and complaints mechanisms available to them, including advocacy support and language services, and said that when raising an issue, management acknowledged their complaint, addressed the issue and resolved it to the consumers’ or representatives’ satisfaction.

Consumers and representatives felt confident the feedback they provided was considered by the service, and suggestions were implemented as far as reasonably practicable. Consumers said recent issues raised related to the variety of food, a malfunctioning radio, and the lack of an emergency call point in a particular location in the service. Consumers confirmed the service responded and promptly addressed all issues.

The service has processes to promote and support consumers and representatives to provide feedback and make complaints, and feedback and complaints are used to continually improve the care and services provided to consumers. Consumers confirmed that positive changes directly followed feedback provided through the service’s feedback and complaint mechanisms. Consumers and representatives are involved in evaluating and implementing improvement actions. Staff have a shared understanding of the principles of open disclosure, when an open disclosure process should be applied, and had attended open disclosure training.

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

To understand the consumer’s experience and how the organisation understood and applied the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Consumers receive quality care and services from staff who are knowledgeable, kind, capable and caring. Interviewed consumers and representatives complimented staff for being kind and caring and expressed confidence that staff have the skills to provide safe and high-quality care and services.

The service has documented human resource management policies and procedures, containing processes to ensure staff are equipped, trained and supported to meet the needs and preferences of consumers across the service. There are defined position descriptions for all positions at the service, mandatory training and core competency requirements, orientation and ongoing training for different roles, processes to ensure vacant shifts are filled, and processes to monitor staff performance and rectify training or knowledge deficiencies.

Interactions between management, staff and consumers and representatives were kind, caring and respectful. Interviewed staff demonstrated knowledge and understanding of individual consumers and their preferences and needs.

Consumers advised their needs are well met and there are minimal delays in staff response to call bells.

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

To understand if the organisation understood and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Consumers considered the organisation is well run and they partner in improving the delivery of care and services. Interviewed consumers and representatives confirmed they are consulted about their care and service needs, the service is well run, and they feel confident raising any issues or concerns with staff and management. The service uses regular care reviews, feedback and complaints, audits, surveys and consumer meetings to ensure consumers are involved in planning and evaluation of care, services, food and activities. Consumers and representatives are encouraged to make suggestions to enable the service to support them to live the best life they can.

Consumers and representatives confirmed they engage with management and staff. A consumer regularly attends the service’s annual general meeting and also provides suggestions and feedback to the governing board.

The governing body sets strategic priorities and expectations for the organisation and meets regularly to identify and review risks at an organisational and consumer level. The governing body monitors and evaluates how the organisation performs against the Quality Standards through meetings and monitoring and reporting processes. In doing so, it promotes the delivery of safe, inclusive and quality care and services.

The service has organisation-wide governance systems which support effective information management, continuous improvement, financial governance, compliance with legislation and regulations, responsibility and accountability in maintaining compliance with the Quality Standards and delivering quality care and services to the consumers. Interviews with management and staff and reviews of records demonstrated the service constantly pursues feedback from consumers, representatives and staff.

The service has effective risk and incident management systems and practices to identify, report, prevent and manage risks and incidents, including incidents that must be reported under the Serious Incident Reporting Scheme (SIRS).

The service has a clinical governance framework that sets out specific roles and responsibilities concerning clinical leadership, safety and quality. Management and staff are trained in the framework and interviews with staff demonstrated they understand how to apply the policies to their work.

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.*
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.