Lefroy Care Centre

Performance Report

22 Lefroy Road   
BULL CREEK WA 6149  
Phone number: 1300 918 295

**Commission ID:** 7123

**Provider name:** Amana Living Incorporated

**Site Audit date:** 11 January 2022 to 13 January 2022

**Date of Performance Report:** 21 February 2022

# Performance report prepared by

Meritt Nassif, 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 conducted from 11 January 2022 to 13 January 2022; 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 3 February 2022
* 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

Consumers considered that 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. Consumers and representatives said that staff valued their culture, values and diversity and provided care that was physically, socially and emotionally safe. Consumers reported that they were supported to exercise choice and independence and to maintain connections and relationships. Consumers advised that they received relevant information to assist them to make choices about their care and services and representatives said they were satisfied with the method and frequency of information provided to them.

Staff demonstrated an understanding and knowledge of consumers’ personal circumstances, identity, background and culture. Staff demonstrated an awareness of consumers who wished to take risks and how they supported them. Staff described the ways they respect the privacy of consumers, including seeking consent before entering a consumer’s room and ensuring privacy during personal care.

The Assessment Team observed that care planning documentation included information regarding consumers’ religious and spiritual preferences, family relationships and cultural needs. A review of care planning documentation identified that it included consumers’ preferences to take risks and contained completed risk assessments. The service demonstrated it had clinical and non-clinical assessment processes to identify risk preferences and support risk-taking. The Assessment Team observed that the service displayed posters and flyers communicating daily activities and services available to consumers. Other information sources included newsletters, activity calendars and menu options. The Assessment Team observed consumers’ privacy being respected by staff and care planning documentation being accessed and stored confidentially.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

Consumers and representatives advised they felt like partners in the planning of their care and services. They said they were involved in the initial and ongoing assessment and planning of the care and services provided to them. Consumers and representatives advised they could access a copy of their care plan if they wished. Consumers and representatives reported that care and services were reviewed when circumstances changed or when incidents impacted on their needs, goals and preferences.

Staff reported that other professionals such as medical officers and allied health professionals were involved in consumers’ assessment and planning. Staff advised that occupational therapists and physiotherapists provided assessment and monitoring of consumers. Staff advised that the outcomes of care planning were communicated to consumers and representatives through phone calls, as part of face to face discussions and via electronic correspondence. Staff advised that care plans were reviewed at least every three months and when changes in care needs occurred.

The service demonstrated assessment and care planning processes were implemented to inform the delivery of safe and effective care and services. The service considered the risk for consumers when completing assessments in accordance with the consumer’s individual risk. A review of care planning documentation identified that the service undertakes a comprehensive assessment and care planning process when the consumer enters the service. Advance care planning and end of life information was discussed with consumers and representatives on entry to the service and when the consumer wishes. Care planning documentation reflected that assessment and planning included other organisations or individuals involved in the care of the consumer.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### Requirement 2(3)(e) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

Consumers and representatives considered that they received personal care and clinical care that was safe and right for them. They provided examples of how staff ensured care delivery was aligned with their personal and clinical care goals and needs. Consumers and representatives said that timely and appropriate referrals occurred when needed and that the consumer had access to relevant health professionals such as allied health professionals, medical specialists and specialist services.

Staff demonstrated a knowledge of individual consumers’ needs and preferences including risks associated with consumers’ personal and clinical care and described strategies to manage or minimise those risks. Management advised that end of life planning is done on entry to the service and as part of care planning reviews and family conferences. Staff described how care delivery changes for consumers nearing end of life and described ways a consumer’s comfort could be maximised.

Staff described the process for identifying and reporting changes and deterioration in a consumer’s condition and described how information is shared when changes occur. The Assessment Team observed staff being informed of changes in individual consumers during handover and observed electronic alerts and message boards in the electronic care management system notifying staff of changes to consumers’ health status, needs and preferences.

A review of care planning documentation identified that care is safe, effective and tailored to the needs and preferences of consumers. Care planning documentation of sampled consumers who had environmental or mechanical restraint applied showed that the need for restraint had been assessed, restraints had been authorised by an approved health practitioner, behaviour support and restrictive practice plans were in place and consent for the application of the restraint had been provided by the consumer or their nominated decision maker. Environmental restraints for consumers were consented to prior to admission. Care planning documentation reflected that a deterioration or change in a consumer’s condition was identified and responded to, and timely and appropriate referrals were made to medical and other health professionals.

The organisation has documented policies and procedures relating to antimicrobial stewardship and infection control and staff have been provided with training. The Assessment Team observed information on infection control was displayed throughout the service, with personal protective equipment and hand sanitiser readily available. Staff described strategies that have been implemented to reduce infection related transmission risks.

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 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

Consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. Consumers and representatives confirmed that the service’s lifestyle program supported their needs and that staff assisted them to be independent when taking part in activities.

Consumers and representatives described how staff supported their emotional, spiritual and psychological well-being, such as reminding consumers of religious services and encouraging them to attend, and checking in with consumers needing support. Consumers and representatives said they are supported to maintain relationships and participate in the community in and outside the service. Most consumers were satisfied with the meals provided by the services.

Staff described how they support consumers to stay in touch with friends and family using video and phone calls. Staff described how they are kept informed when consumers’ needs and preferences change by using the electronic care planning system, progress notes and handover notes. The service demonstrated that regular, timely and appropriate referrals are made to other individuals, organisations and providers of other care to maximise consumers’ health and well-being. Staff described other organisations or individuals the service involves in the provision of lifestyle services and supports, such as support workers and a chaplain.

A review of care planning documentation identified that consumers’ spiritual beliefs, social supports and strategies to support their emotional well-being are recorded. The Assessment Team observed consumers interacting with each other and participating in activities. The monthly activity calendar was observed to include activities outside the service such as bus trips to facilitate engagement with the community. A review of handover notes identified that staff record changes to consumers’ conditions, needs or preferences to share information with others.

Staff reported that the service provided options at lunch and dinner, and consumers’ dietary needs and preferences are communicated to kitchen staff. Following a recent consumer survey, changes were made to the dining area furniture and the provision of food. Staff reported that equipment used for activities of daily living was available for use, readily accessible when they need it and regularly cleaned.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

### Requirement 4(3)(d) Compliant

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

### Requirement 4(3)(e) Compliant

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

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

Consumers considered that they felt they belonged in the service and felt safe and comfortable in the service environment. Consumers and representatives said they enjoyed the outdoor area and were free to interact with other consumers. The Assessment Team observed that consumer rooms were decorated with personal items and photographs and the service had clear signs to assist navigation through the service. The Assessment Team observed the service to be safe, clean and well-maintained and included quiet spaces where consumers and families could meet.

Staff described the design features of the service that supported consumers with a cognitive impairment, including wide corridors. Staff reported that shared equipment was cleaned after every use and as required. Cleaning staff described the cleaning schedule and reported that there was usually time to clean allocated rooms. The Assessment Team observed a cleaning register that was completed daily. Maintenance staff described the process for attending to maintenance issues, including recording the issue in the electronic maintenance system. The Assessment Team observed that the maintenance schedule included servicing of equipment on a regular basis.

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

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Consumers and representatives reported that they were encouraged and supported to give feedback and make complaints and were able to do so anonymously or with the assistance of staff. Consumers advised that they were aware of other avenues for raising a complaint, including through an advocacy service. Consumers and representatives said that the service has promptly addressed their concerns and they were satisfied with the resolution of their complaints.

Staff described how consumers and representatives could provide feedback or make a complaint and described the process if a consumer or representative raised an issue with them directly. Staff demonstrated an understanding of the internal and external mechanism for providing feedback and making complaints, including contacting advocacy and language services. Staff described how monthly surveys of consumers and representatives provided feedback on care and services, including activities, meals and the service environment. Staff demonstrated a shared understanding of the principles of open disclosure and when an open disclosure process is to be applied.

The Assessment Team observed feedback forms and a box for submitting forms in the service. The Assessment Team also observed brochures for advocacy services and posters with contact information for advocacy and translation services on display in the service. The service demonstrated that feedback and complaints were trended, analysed and used to improve the quality of care and services. The complaints register was observed to document all compliments, suggestions and complaints including further information following initial investigation, planned actions and the date of completion.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

Consumers considered that they get quality care and services when they need them from people who are knowledgeable, capable and caring. Consumers and representatives said that staff were kind and caring and knew what they are doing. The Assessment Team observed staff interactions with consumers to be kind, caring and respectful. Consumers and representatives said that staff perform their duties effectively and are sufficiently skilled to meet their care needs.

Staff reported having sufficient time to complete their duties each day and are satisfied with the training provided by the service. Staff advised that they undergo annual mandatory training and have access to additional training modules. The service reported that performance reviews, which are undertaken annually, include alignment of staff roles with duty statements, discussion regarding goals and performance, and identification of further training requirements.

A review of the roster for the previous fortnight identified that the service used strategies to replace staff on planned and unplanned leave including extending hours, discussing additional shifts with existing staff, using the casual staff pool and using agency staff. A review of the call bell response time reports identified that the service prepares an analysis every one to three weeks. The analysis includes the identification of gaps and risks as well as corrective actions and achievements.

The service demonstrated that members of the workforce have the qualifications and knowledge to effectively perform their roles. A review of employee records demonstrated that the service monitors criminal history certificates and professional registrations and maintains annual influenza and COVID-19 vaccination records. A review of mandatory training documentation identified that the service monitors when mandatory training is due or expired for each staff member.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

Consumers said that the organisation is well run and they can partner in improving care and service delivery. Consumers and representatives said that they were encouraged to participate in consumer meetings and surveys regarding improvements to care and services. A review of consumer meeting minutes identified that the meetings were well attended and included topics such as COVID-19 requirements, the complaints and feedback processes, daily activities and lifestyle matters. Consumers and representatives said that the service communicates with them regularly and they are kept informed of any changes that may impact on the delivery of care and services.

The service demonstrated that the governing body promotes and is accountable for a culture of safe, inclusive and quality care and services. Management advised that there is regular reporting to the CEO and Board regarding the performance of all aspects of the service. The service has effective governance systems in place that include information management, continuous improvement, financial and workforce governance, regulatory compliance, and feedback and complaints.

A risk management framework that formalised and communicated the management of risk, including systems and practices to oversee risks, was in place at the service. Procedures in relation to assessment and care planning, incident management, serious incident reporting and collection of clinical data are available to guide managers and staff. The service provided a clinical governance framework that included a policy relating to antimicrobial stewardship, a policy relating to minimising the use of restrictive practices and an open disclosure policy. Staff advised that they have received training on the Serious Incident Response Scheme, wound management, restrictive practices and elder abuse. Staff were aware of strategies to minimise the risk of infections, including hand hygiene, appropriate donning and doffing of personal protective equipment and the timely identification of infection-related symptoms, and demonstrated an understanding of antimicrobial stewardship.

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.