Lorocco

Performance Report

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**Commission ID:** 5394

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

**Site Audit date:** 13 December 2021 to 15 December 2021

**Date of Performance Report:** 2 February 2022

# Performance report prepared by

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# 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
* other information and intelligence held by the Commission in relation to the service.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Consumers and their representatives said staff are caring, supportive and respectful of consumers’ identity and background. They said staff were good at engaging with consumers. Staff described how they interact with consumers in a respectful way that maintains dignity, and how consumers’ culture influences care delivery. Staff follow policies and training to deliver culturally safe care. Care planning documents reflect consumers’ culture, identity, religion and spiritual beliefs and personal preferences.

Consumers and their representatives said consumers are supported to make choices, be independent, maintain connections and relationships and take risks. They said staff encourage consumers to be social and make choices about meals and activities. Care planning documents list consumers’ relationships, preferred activities, and risks that the consumers are supported to take.

Staff said they support consumers to engage in activities consumers enjoy, and they respect consumers’ choices if consumers do not wish to participate. Staff described relationships of importance to the consumers, how consumers are supported to maintain connections and relevant risks applicable to consumers. The service has policies that support consumer choice and decision-making.

Consumers were satisfied with communication from the service, and said they receive newsletters and updates that support consumers to make informed choices. Representatives said they have regular meetings with the service and are notified of any relevant changes in the consumer’s condition or service environment. Menu options are displayed throughout the service and meal requests are communicated to hospitality staff daily. Staff described how they assist consumers who have difficulty communicating to understand communication, including language services and cue cards. Information was observed to be displayed in a clear and appropriate manner for consumers.

Consumers and their representatives said consumers’ personal privacy is respected. Staff said they ensure doors are closed when providing personal care, and seek consent before entering consumers’ rooms, which was observed during the Site Audit. Staff described how they maintain confidentiality by providing information only to those people nominated by the consumer, and storing information securely. The service’s electronic care management system is password protected and access is granted to staff as necessary for their role.

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

Care planning documents reflected assessments are completed on entry to the service, and reviewed quarterly (or more frequently if the consumer’s needs change). The assessments include health and well-being information, and involve other health professionals where relevant. Care plans are individualised for consumers, include risks that apply and strategies to mitigate the risks. Consumers and their representatives said they are involved in the assessment, planning and review process. Staff described how they use the information to deliver safe and effective care.

Care plans include information for individual consumers’ current needs. Care plans reflect advanced care and end of life preferences, which are reviewed during case conferences and when care needs change. Consumers and their representatives said they are comfortable approaching staff to discuss care needs. The service has policies and procedures to guide staff in undertaking assessment and planning processes.

Care plans reflect involvement of the consumers, their representatives and other health professionals. Staff described how care planning documents are updated following any reassessments or reviews by health professionals. Consumers and representatives who were interested in accessing care plans said they can readily do so, and overall were satisfied with the process. Representatives said staff contact them regarding amendments after changes to the consumer’s circumstance.

Care planning documents showed evidence of periodic review, with additional changes made when incidents occur or circumstances change. They reflect evidence of review by allied health officers and contain strategies to mitigate risk following incidents or change in condition. Representatives said they are engaged in the review process and notified of incidents. Staff said they identify cause for additional reviews during handover. The service monitors trends and has policies and procedures for review, reassessment and monitoring processes to ensure assessment and planning meet consumer needs.

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 their representatives said consumers receive care that is safe and right for them, that meets their needs and preferences. They said staff assist consumers to manage pain, skin integrity care, and other individual care needs. Consumers’ care documents reflect best practice and tailored care requirements, and progress notes support that staff are delivering care in line with care plans. Staff described how they follow policies, procedures and care plans to deliver safe and effective care. Staff were aware of individual consumers’ care needs and described the strategies they use to support the consumers in optimising health and well-being.

A number of consumers are subject to restrictive practice. Consumer files sampled showed evidence of an assessment, authorisation of restraint by an approved health practitioner, behaviour support and restrictive practice plans, consent of the consumer or their representative, and regular review.

The service conducts risks assessments to identify high impact and high prevalence risks, and these are recorded in care planning documents. Care plans evidenced that staff identified risks, completed assessment and monitoring and implemented strategies to reduce falls, manage unplanned weight loss and address behaviours. The incident register showed data is collected and reviewed regarding falls and clinical incidents. Staff demonstrated awareness of the risks relevant to consumers, and what strategies and supports are used to mitigate the risks and impacts.

Care documents reviewed reflected that consumers receive end of life care consistent with their needs and preferences. Staff described how they maximise comfort through pain management and hygiene care, and preserve dignity through following the consumers’ documented wishes as stated in care plans.

Consumers and their representatives were satisfied the service identifies and responds to changes in a consumer’s condition. Care planning documents showed referrals to other healthcare providers to address changes in care needs and obtain updated strategies. Care plans evidenced monitoring and identification of deterioration, and that healthcare provider recommendations are followed. Progress notes support that information is shared between staff, the service and other healthcare providers.

The service has policies and procedures to support minimisation of infection-related risks. Staff described how they apply their training to support consumers who may require antibiotics, and steps taken prior to commencing antibiotics to support optimal care. Staff said they have been trained in infection control procedures and signage and equipment was observed to support effective infection control.

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 said they are satisfied with the activities at the service, they felt supported and were encouraged to maintain relationships. Consumers are supported to participate in the community in the ways they choose, including outside the service environment. Care planning documents listed activities of interest to consumers. Staff described what consumers like to do, how consumers are supported to participate in activities, and how they engage with consumers to support emotional well-being.

The monthly activity schedule on display at the service showed a variety of options for consumers, and consumers were observed engaging independently or in groups. The service engages with external services to provide additional options for consumers, including entertainers, community groups and a childcare facility. Consumers and staff said consumers enjoy the options available. The service hosts theme days, with menu amendments to suit such as Italian menu and ice cream cart afternoon.

Information about consumer preferences is communicated in consumers’ care plans, including lifestyle and dietary needs. The documents reference support from representatives, other services and community groups. Staff described consumers’ preferences in line with care plans. Cleaning and kitchen staff said they are informed of any changes to a consumer’s needs.

Consumers and their representatives were satisfied with the quality, quantity and variety of meals. They said staff are aware of consumer preferences and support consumers to make choices. Care planning documents reflect preferences and kitchen staff have access to dietary information. Meal service adaptations were observed to accommodate consumer needs and support independence. The kitchen environment was observed to be clean and tidy, with staff adhering to safety practices, and there were sufficient staff to assist consumers at meal time.

Lifestyle activity equipment and supports were observed to be clean and suitable. Consumers said the equipment is well-maintained and they felt safe.

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

The service environment consists of four areas, two of which are secure living environments. The buildings have signage and handrails in hallways to support movement and independence. Consumers have single rooms with ensuites, that are individualised and decorated with personal items to promote belonging. Consumers and their representatives said consumers feel at home.

Consumers were observed moving freely throughout the service, including utilising quiet and outdoor areas. Consumers in the secure living environment were observed participating in outdoor garden and leisure activities and staff supported the consumers to move freely. Overall the environment appeared clean and obstructions did not impede consumers’ movement. Consumers said they felt safe and supported in the service environment.

The service has preventative maintenance programs and the maintenance log showed regular and as necessary maintenance occurs. Staff described how to report maintenance issues and said these are attended to promptly, and described how they address any safety concerns or hazards.

Furniture was observed to be clean and suitable for purpose. Consumers and their representatives were satisfied with the furniture, fittings and equipment and said the items are clean, well-maintained and consumers feel safe. Cleaning staff were observed following the cleaning schedule and staff said equipment is cleaned after use or as required.

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 their representatives said they know how to provide feedback or make complaints, and that staff take action in response to address the issues raised. Staff said they assist consumers who could not submit feedback without support, and they monitor consumers who may not be verbally expressing feedback to assess whether they are dissatisfied with something. Feedback forms are available, including in Italian, to enable consumers to communicate in their preferred language. A complaints and compliments box was observed for forms to be submitted, and signage about feedback channels and advocacy services was displayed. Feedback is also obtained through meetings, care conferences and surveys.

Consumers and their representatives said they were satisfied the service takes action in response to feedback and complaints, and described examples of when this had occurred. Staff said they apologise if a mistake is made and obtain input from the consumer and representatives to resolve concerns. The service’s complaints and feedback register showed a majority of items were actioned within 2 days.

Staff described how the service reviews feedback and complaints and utilises this information to improve the quality of care and services. They said complaint trends are identified, and described action taken to address laundry item issues and reduce falls risk. Trend reports are provided to the organisation’s board and any serious complaints are escalated for investigation and the board is informed. Staff discuss consumer complaints and feedback at staff meetings, and meeting minutes reflect that strategies are developed to address issues raised.

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 and their representatives said staff deliver safe and quality care, that staff are responsive, caring and respectful. Staff were observed engaging with consumers and representatives in a kind manner, respecting consumers’ culture and identity. Staff said they were satisfied with the service’s workforce planning, and the service uses a centralised rostering team to manage rosters and avoid impact to the quality of care delivered. Call bell trend reports showed call bells are answered promptly. Management said staffing levels are regularly reviewed.

Staff demonstrated competency and knowledge by describing how they apply policies, procedures and best practice principles in care delivery. Training attendance and completion are monitored, and rostering is amended if required to support staff to undertake necessary training. Position descriptions outline relevant qualifications and knowledge for roles, and staff said they are provided with these. Consumers and representatives did not express concerns regarding staff capability or knowledge, and said they considered staff were patient and capable.

The service monitors performance through probation and annual performance reviews. Management said if training needs are identified then staff receive training as soon as practicable, and staff described completing reflection tasks if performance improvement is required. The service has a staff performance framework in its learning and development policy.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Consumers and their representatives have opportunities to partner in improving delivery of care and services through raising feedback, participating in case conferences and surveys, and attending focus groups, forums and meetings. Consumer and representative feedback was positive regarding the service’s responsiveness to suggested improvements.

The organisation’s governing body meets with the service’s leadership team monthly to discuss all aspects relating to the service, and to communicate changes in legislation for distribution to staff. Meetings are called more frequently if needed, such as if a serious incident occurred, to promote safe and quality care. The service conducts an annual internal audit to assess its performance.

The service has governance systems to manage information and the workforce. Policies are updated when legislation changes to maintain regulatory compliance. The board maintains financial oversight and budgets are regularly reviewed. Complaints and feedback guide continuous improvement practices.

The service has a risk management framework, which describes how risks are managed and how abuse and neglect are identified. Staff said they have been educated in these policies and described how they apply them in their work, such as reporting incidents and managing high-impact or high-prevalence risks.

The service’s clinical governance framework contains policies relating to antimicrobial stewardship, open disclosure and minimising the use of restraint. Staff said they received training on how to engage with consumers and seek alternative interventions before considering restraint, and the service’s relevant policies were consistent with current legislation.

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.