Mary Ogilvy Home

Performance Report

51 Pirie Street   
NEW TOWN TAS 7008  
Phone number: 03 6228 1037

**Commission ID:** 8765

**Provider name:** The Mary Ogilvy Homes Society

**Site Audit date:** 16 March 2021 to 18 March 2021

**Date of Performance Report:** 30 April 2021

# Publication of report

This Performance Report **may 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 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
* Infection control monitoring checklist

# 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 how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall, consumers and representatives considered that consumers are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. For example:

* Consumers and representatives were satisfied with the way staff make them feel respected and valued as an individual.
* Consumers and representatives were satisfied with the way staff value their culture and diversity. Consumers confirmed feeling physically and culturally safe in relation to how they are treated by staff.
* Consumers confirmed management and staff support them to take risks to enable them to live the best life they can. Examples included accessing the community either by walking to nearby shops or driving themselves to visit family.
* Consumers said they receive information about activities held in the service on a regular basis and referred to the activity calendar and minutes of the resident meetings.
* Consumers described how staff provide them with personal privacy to meet their individual needs and preferences, including maintaining their personal privacy and dignity while providing care. For example, staff knock before entering the consumers room, always introduce themselves and explain why they are there.

Staff demonstrated their understanding of consumers’ individual lived experience, and how that influences the way they deliver care and services to each consumer. Staff described how they support consumers to make their own decisions in relation to the care and services, and how they promote consumers’ independence daily.

Clinical and care staff described how risk assessments are completed for consumers who wish to take risks and how the service supports them to understand the impact or potential harm their risk may result in when making these decisions.

Care planning documents reflected the type of risk consumers engage in and outcomes from risk assessments.

The service demonstrated it provides information through written material, menus and lifestyle calendars to assist consumers with making choices.

Staff were observed assisting and communicating with consumers in a dignified and respectful manner. Lifestyle calendars were displayed throughout the service and a menu provided to consumers. Staff were observed knocking on consumers doors and waiting for a response prior to entering the consumer’s room

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 how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their 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 review them on an ongoing basis.

Overall, consumers and representatives considered that they feel like partners in the ongoing assessment and planning of care and services for optimising consumers’ health and wellbeing. For example:

* Consumers said they are involved in initial and ongoing assessment and planning of their care and services.
* Consumers and representatives confirmed that specific needs and preferences are discussed with staff on a regular basis, and they would feel comfortable asking about their care plan.
* Consumers and representatives confirmed they are involved and kept informed about the outcomes of assessment and planning of consumers care.
* Consumers and representatives confirmed the service seeks input from other providers who are involved in the consumer’s care including their medical officer, allied health professionals and themselves.

Staff said they have ready access to information to support consumer’s through assessment, care planning and associated documentation. Clinical and care staff explained how they assess and develop care plans initially, and update consumer’s care needs as they change.

Care planning documents reflected consumers are assessed, and care plans developed to support safe and effective care and services. Care planning documents included advanced care directive and consumer/representative end of life wishes, to ensure quality end of life care is delivered according to their requests. Consumer assessments and care plans are developed and reviewed in partnership with consumers and/or their representative, their medical officer and/or other health professionals. Care and services are reviewed regularly for effectiveness and updated in response to changes in consumer needs, goals or preferences. Care plans reflect changes in care as a result of reviews.

The service demonstrated it has a suite of policies, procedures and risk rated tools to assist with identifying each consumer’s individual risk that may affect their health and well-being. The service demonstrated policies and procedures are in place for routinely reviewing consumers care needs and for when events occur that impact on care.

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 how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Overall, consumers and representatives said they are satisfied consumers receive personal and clinical care to optimise their health and well-being. For example:

* Consumers said they receive care that is safe and right for them.
* Consumers and representatives said they are regularly consulted about consumers care and that their needs and preferences are respected and met.
* Consumers confirmed that information is shared with others where necessary.

Staff demonstrated an understanding of the individual clinical needs of consumers and described how high impact and high prevalence risks such as pressure injuries, falls, restraint and responsive behaviours are identified and managed. Staff demonstrated an understanding of the needs of consumers nearing the end of life and described how they recognise and respond to consumers end of life care.

Documentation and staff interviews demonstrated effective management of clinical deterioration in consumers and timely and appropriate referrals to other services.

The service demonstrated it has policies and procedures, as well as equipment and supplies to manage both the COVID-19 pandemic and any other infectious outbreaks. Staff demonstrated an understanding of COVID-19 infection control practices and the minimisation of antibiotic prescribing.

The organisation demonstrated it has policies and processes in place to support the service’s provision of safe and effective personal and clinical care in accordance with the consumer’s needs, preferences and goal to optimise their health and well-being.

Staff were observed actively supporting consumers with cognitive and physical impairment.

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 how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

Most consumers and representatives considered that consumers 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. For example:

* Consumers said staff know what is important to them and they are supported to do the things they like. Examples included celebrating important personal or religious events and participating in one-to-one or group activities inside or outside of the service.
* Consumers and their representatives explained how they do things inside and outside the service and how they keep in touch with people who are important to them.
* Consumers provided positive feedback in relation to the choice and quality of food. Consumers said they are encouraged to provide feedback about their meals directly to staff or through resident meetings.

Care documentation was mostly personalised and reflected the way consumers used to and how they would like to continue to live their lives. Consumer care planning documents included reference to preferred activities and things that are of interest to them. Care planning documents reflected the involvement of others in the provision of lifestyle support and services.

The lifestyle program included a range of activities, and consumer documentation included information relating to how consumers are supported to participate in the community and maintain their connections with their community or chosen relationships.

The service demonstrated effective communication about consumer conditions, needs and preferences within the organisation and with others where responsibility for care is shared.

Consumers were observed participating in activities across the service and interacting with staff. The Assessment Team observed a variety of suitable, clean and well-maintained equipment used to provide and support lifestyle services.

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 the consumer’s experience and how 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 team also examined relevant documents.

Overall, consumers considered that they feel they belong in the service, and feel safe and comfortable in the service environment. For example:

* Consumers said they feel at home and described what this means for them. For example, consumers described they feel safe and secure.
* Consumers confirmed they find the environment clean, well maintained and safe and move freely throughout the service.

Staff demonstrated how consumers with cognitive or mobility impairment are supported to live within the environment. The service demonstrate it had implemented some dementia enabling principles of design after receiving guidance from dementia services.

Staff confirmed they have sufficient equipment to support consumers and provided examples of how they are oriented to new equipment.

The service demonstrated their systems for monitoring and maintenance of the physical environment, and how environmental risks to consumers are identified and resolved.

Consumer rooms were observed to be home-like and personalised. Consumers and visitors were observed safely meeting in their own rooms or in outdoor areas. The living environment and equipment were observed to be safe, and mostly clean and well-maintained.

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 how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Overall, consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. For example:

* Consumers and their representatives said they are encouraged and supported to raise feedback or concerns and management welcomes feedback.
* Consumers and representatives were satisfied appropriate action is taken in response to their feedback or concerns and the examples they provided illustrated an open disclosure approach is taken.

Staff said management encourage consumers and staff to raise feedback and management have an open-door policy to receive feedback. Staff were aware of how to support consumers to access advocates and language services and described how this is facilitated. Staff were satisfied management addressed consumer concerns in a timely and appropriate manner.

While not all care and service staff were familiar with the specific term ‘open disclosure’, most demonstrated an understanding of the term and explained how they would acknowledge a mistake. Management demonstrated an understanding of open disclosure.

Consumer handbooks and displayed information promote advocacy, language services and external complaints processes. Feedback documentation and meeting minutes demonstrated comments and concerns are addressed and used to inform improvements.

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 understands and applies 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.

Overall, consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. For example:

* Consumers and representatives said staff are kind, caring and respectful.
* Consumers are generally satisfied with call bell response times.
* Consumers said they felt supported by staff who were sufficiently knowledgeable to deliver their care, lifestyle and service needs and preferences.

Staff were satisfied there are sufficient numbers of staff to enable them to perform their duties. Staff confirmed they are required to complete mandatory training annually and have access to range of other education.

Management described how staff are recruited to meet the requirements of the role and how they enable and monitor that staff are competent. Management described and demonstrated processes to assess, monitor and review the performance of staff working at the service.

Management said call bell reports are prepared for the Board for each meeting and that management follow up through individual reports where there are complaints of inadequate response to requests for assistance.

Roster documentation demonstrated shifts are filled including unplanned leave. Documentation demonstrated staff have qualifications relevant to the role and their competency is monitored. Documentation demonstrated staff participate in an induction program and are supported through both mandatory and other training that is need-based.

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 how the organisation understands 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).

Overall, consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. For example:

* Consumers and representatives spoke positively about how well the organisation is run.
* Consumers said they attend the organisation’s annual general meeting.

Staff demonstrated an understanding of high impact and high prevalent risks, responding to abuse and neglect, and supporting consumers to live the best life they can.

Management described and demonstrated how the governing body promotes accountability for safe, inclusive and quality care and services, and provided examples of how the Board actively drives changes in the service.

The service demonstrated effective governance systems in relation to information management, continuous improvement, financial and workforce governance and regulatory compliance.

The service measures risk against a documented risk management matrix. The organisation has a policy for preventing and responding to elder abuse.

While the organisation was unable to provide a policy relating to antimicrobial stewardship, the organisation has policies covering open disclosure and minimising the use of restraint. Staff described what these meant to them in practical terms.

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.*

### 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.