Mercy Place Ave Maria

Performance Report

25 Graham Street
SHEPPARTON VIC 3630
Phone number: 03 5831 3000

**Commission ID:** 3269

**Provider name:** Mercy Aged and Community Care Ltd

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

**Date of Performance Report:** 29 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.
* the provider’s response to the Site Audit report received 12 April 2021.

# 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 sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

For example:

* Consumers and their representatives said they are treated with dignity and respect and were complimentary of staff.
* Consumers said care and services meet their cultural needs, staff know their backgrounds and will adjust care to reflect these needs and preferences.
* Consumers described how they can make choices for themselves about the care and services they receive and who is involved in their care. Consumers said they are supported to maintain their relationships of choice.
* Consumers and representatives said consumers are encouraged to do as much as possible for themselves.
* Consumers confirmed that their personal privacy is respected behind closed doors and staff will make their presence known and seek permission before entering.

Staff know consumers and interactions observed were respectful. Documentation details consumers’ preferences in relation to who they are, their culture and diversity.

Staff know consumers’ sensitive care needs and described providing tailored care to meet these needs in a culturally sensitive manner. Documentation reflects individualised preferences and a commitment to cultural safety.

Staff demonstrated an understanding of the complexity of consumer and representative relationships and the support they require to make and communicate decisions. Documentation and observations indicate consumers are supported to make decisions.

Consumers are supported to make decisions about the risks they wish to take. The assessment of dignity of risk is not fully effective with all potential risks not identified and minimisation strategies not always documented. Review does not occur in line with the service's procedure with the form not used to support risk review. Staff generally ensure safety measures are in place to ensure consumers are as safe as possible to live the best life they can.

Staff described how they assist consumers when they have difficulty understanding information. Information is generally current and available where needed. Staff were observed explaining things to consumers.

Staff described, and observations indicated consumer records are stored securely and confidentiality is maintained.

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 sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.

Consumers and representatives stated they are regularly consulted regarding care needs and have participated in formal three-monthly care consultations.

Consumers and representatives indicated they are informed regarding the outcome of assessments and have ready access to their care and services plan if they wish.

Care planning documents provided evidence of assessment and planning in accordance with consumers’ individual needs, goals and preferences. Where risk(s) to a consumer’s health and well-being are identified, care plans were developed, and strategies are implemented to minimise these. Consumers who wish to participate in or undertake activities with identified risks have signed ‘dignity of risk’ forms.

Advance care directives are uploaded to the electronic system on completion to enable relevant staff to access information quickly.

Referrals are documented which reflect others involved in consumer care.

Initial and ongoing reassessment and care planning systems are in place which reflect consumer and representative involvement.

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 sampled consumers considered that they receive personal care and clinical care that is safe and right for them.

For example:

* Consumers and/or their representatives discussed how clinical care is provided and that staff know how to provide this care. One representative discussed how catheter care is provided to the consumer and how the catheter is changed by qualified staff.
* Consumers and/or their representatives confirmed that consumers have been referred to allied health, general practitioners, dietitians, speech pathologists, gerontologists and mental health specialists in a timely manner.
* Consumers said they are being consulted with on a routine basis regarding their care and personal needs, goals and preferences. Consumers and representatives expressed confidence in that staff know what to do to meet their personal and health care needs and if there is a change in consumer care needs. The Assessment Team were provided with examples from consumers and representatives as to how staff and management support consumer care. Care documentation reflected that care plans are in place and staff confirm they provide care as detailed in line with consumer choices, needs and preferences.
* Care documentation reflects clinical care is provided by staff with appropriate skills.

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.

Overall sampled 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.

For example:

* Consumers and/or their representatives confirmed that the consumer is supported to choose activities that are important to them and are supported to maintain social, emotional and spiritual connections both within the service and in the wider community.
* Consumers and/or their representatives discussed that staff assist consumers to attend activities and provide support for the consumer to participate in the activities.
* Consumers and/or their representatives were satisfied with meals provided to consumers.

Most consumers and/or their representatives confirm they receive a copy of the monthly activity schedule. Care plans are developed and include information about consumer goals and strategies for achieving them. Care and lifestyle staff said they are encouraged to adapt to ways consumers can be supported to live the life they want to. Staff demonstrated a good understanding of individual consumer needs and preferences and gave examples of how these are met. Staff provided examples of how they assist consumers optimise independence, health, wellbeing and quality of life. Examples include bus outings, cooking sessions, mind games and word searches. The service has a process to review consumer needs on three-monthly basis. Consumers interviewed are satisfied they can participate within their community, do the things of interest to them and have social and personal relationships.

In addition to the lifestyle staff, pastoral care workers and volunteers are available to assist consumers to engage in life within the service and the wider community.

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 sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment.

For example:

* One representative discussed how sensor mats have been used to alert staff if someone went into their mothers’ room and this makes her feel safer.
* One consumer discussed how they received a ‘wider’ bed which makes them feel safe.
* One consumer discussed how they were welcomed to the service and showed around.

The service was observed to be welcoming with individual rooms decorated with memorabilia, photographs and other personal items, clean and well maintained.

Each wing has communal areas and a dining room within easy access of the consumer’s room. Consumer areas are appropriately furnished.

A variety of large and small sitting and gathering areas are located throughout the home. Gardens are well maintained.

A preventative and reactive maintenance program ensures a structured approach to managing the living environment and equipment. Staff demonstrated an understanding of the service’s procedures to ensure a safe living environment. Equipment and furnishings are 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.

Most sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

For example:

* Consumers and representatives said they are encouraged and are confident to raise any concerns with management or staff.
* Consumers and representatives interviewed demonstrated an awareness of external avenues and supports available for them to access to raise concerns.
* Most consumers and representatives said when they had a concern about their care and services it was addressed at the time and they are fully informed.
* Consumers and representatives are satisfied the service has listened to their concerns and were able to describe improvements the service has made.

The service encourages feedback through a range of mechanisms. Staff do not consistently document verbal feedback. Complaints logged in the register are limited in source and origin and do not readily identify the consumer affected.

Staff described how language support is provided and family advocacy supports feedback. Information and processes to support feedback are available.

Staff did not demonstrate an understanding of open disclosure, however, described application of open disclosure when describing complaints or incidents. Management demonstrated open disclosure and is responsive to feedback. The documentation of open disclosure is limited.

There are processes to review feedback and identify 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.

Most sampled 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 said staff tell them they are short staffed. Consumers and representatives said staff are available most of the time when they need them.
* Consumers and representatives said they find staff kind, friendly, caring and helpful. They said staff are gentle and they are treated with respect.
* Overall consumers and representatives said staff know what they are doing.

Staff identified some recent staff shortages with management doing all they can to fill shifts. Management said they currently have enrolled nurse vacancies. Where shifts were not able to be filled no impact on care was demonstrated. Management said they would be undertaking a roster review. Call bell response times indicate responsiveness of staff.

Interactions between consumers, representatives and staff were observed to be kind, caring and respectful. A range of staff speak other languages.

The workforce is recruited to specific roles requiring qualification, credentialing or competency with monitoring effective.

Staff are trained and equipped to undertake their roles and supported to deliver outcomes for consumers. A staff mentor supports the education program with the support of the learning business partner. The monitoring of recruitment, orientation and education is effective.

Staff and management are responsive to staff performance that does not meet expectations. The performance review process is effective. Staff performance is monitored and reviewed with action taken.

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 sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services.

For example:

* Those consumers asked said the service is well run.

Consumers are encouraged to participate in the development, delivery and evaluation of care and services and in consultation processes within the service and organisation. Promotion of consumer engagement other than through feedback processes has not occurred at service level.

The board utilises a range of information and takes action to promote a culture of safe, inclusive and quality care and services. This includes mandating education requirements, required reporting and evaluation of effectiveness informed by consumer feedback.

There is an established process for communication including the Charter of Aged Care Rights and information. Financial processes include budgeting for capital and as needed expenditure. The organisation’s governing body requires a range of reporting to support oversight of regulatory compliance and the use of restraint. Mandatory reporting occurs as required and management understands requirements and obligations. The service has a continuous improvement plan developed from sources including feedback. However, the drug and poisons permit had expired. The approved provider response reports that this issue has been addressed and a system put in place to ensure it does not reoccur.

There is a risk framework identifying high impact and high prevalence risks and abuse or neglect of consumers. The organisation has an incident system with the escalation of high impact risks required. There are processes to ensure action is taken and consumers are supported to live the best life they can.

There is a clinical governance framework in place with reporting and monitoring occurring. Organisational management follow up outstanding information and seek additional information as needed. The governance of antimicrobial stewardship does not consider whether the use of antimicrobials has been minimised or was appropriate. The approved provider response states that an Infection Control Nurse has recently been appointed to review antibiotic usage and practice within the organisation. Management demonstrated an understanding of requirements in relation to minimising physical restraint. The psychotropic self-assessment tool and the restraint risk assessment process are in the process of being reviewed following feedback from the Assessment Team. Management has identified that open disclosure processes, while they are applied, are not clearly documented in incident reports and will follow up with further education.

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.