Merrimac Park Private Care

Performance Report

50-52 Macadie Way
MERRIMAC QLD 4226
Phone number: 07 5618 1111

**Commission ID:** 5746

**Provider name:** Superior Care Group Pty Ltd

**Site Audit date:** 2 February 2021 to 4 February 2021

**Date of Performance Report:** 4 March 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 Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff and consumers/representatives
* the Assessment Team’s infection control monitoring checklist completed during the Assessment Contact on 2 February 2021
* the Approved Provider’s response to the Assessment Contact - Site report received 25 February 2021
* other relevant information held by the Commission including internal and external referrals received.

# 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

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 said staff treat them respectfully and expressed satisfaction with the interactions and engagement with staff across all aspects of care and services.
* Consumers interviewed confirmed that they are encouraged to do things for themselves and that staff know what is important to them. Consumers provided examples of matters of importance to them, acknowledged staff awareness and staff response to support their lifestyle choices.
* Consumers interviewed confirmed that their personal privacy is respected.

The Assessment Team interviewed staff and reviewed care planning documents that demonstrated relevant information is collected and shared to support the consumers’ choice, their decisions are respected and shared with relevant care and service staff. Consumers’ relationships are acknowledged and supported; consultation occurs to ensure staff awareness of matters of importance to the consumer to support the consumer to live the best life they can.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

* Consumers/representatives interviewed confirmed that they are involved in care planning.
* Consumers/representatives interviewed confirmed that they are informed about the outcomes of assessment and planning for consumers and have ready access to the consumer’s care and services plan if they wish.

The Assessment Team reviewed sampled consumers’ assessment and care planning documentation and identified overall assessment and care planning documentation reflect individual consumer’s current needs, goals and preferences, including consideration of risks to the consumer’s health and well-being; reviews are being completed regularly and in consultation with the consumer/representative.

The service has developed policies, procedures and guidelines regarding ongoing assessment and planning to guide staff practice. Staff are supported by training relevant to their position and a suite of evidence-based assessment tools to complete and review assessment and planning that informs the delivery of safe and effective care and services.

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

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

* Consumers/representatives interviewed confirmed consumers get the care they need and have access to a Medical Officer or other health professionals when they need it.
* Consumers/representatives interviewed explained that staff discuss the care they provide and felt staff personalised their care to meet their needs and preferences.

The Assessment Team identified that sampled care planning documents reflect:

* individualised care that is safe, effective and tailored to the specific needs and preferences of the consumer; including end of life needs and wishes,
* the identification of, and response to, key risks to consumers, deterioration or changes in the consumer’s condition and/or health status, and
* referrals and input from medical officers, a range of allied health and other medical professionals including for example physiotherapist, podiatry, dietitian.

The service has policies and procedures that are reflective of best practice, for example: restraint policy and pain management processes. The service has systems and processes to minimise infection related risks through implementing infection prevention and control measures and practices to promote appropriate antibiotic usage. The service collects, trends and analyses monthly clinical incident data and clinical indicators. Staff could describe how they use communication mechanisms internally and externally to ensure care is continuously tailored to consumer’s needs including managing consumer’s high impact or high prevalence risks. Staff are supported by education and training of staff to ensure safe and effective personal and clinical care delivery.

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.*

The Assessment Team identified that the service was unable to demonstrate they have an established coordinated approach to the management of a possible outbreak of COVID-19, specifically:

* lack of required details in the service’s outbreak management plan (OMP) such as key staff alternative contact details, a central list of all consumers’ details and floor plans that detailing zone/cohorts
* ineffective cleaning process of shared equipment such as electronic sign in device, computers, keyboards and telephones between usage
* lack of signage displayed throughout the service to support infection prevention and control practices for staff, consumers and visitors
* ineffective process of setting up donning/doffing stations in the event of consumers requiring isolation.

The Approved Provider in its written response included information and supporting evidence of actions that have been taken, during and following the Assessment Contact, to ensure infection related risks are minimised through establishing a coordinated approach to the management of a possible outbreak of COVID-19:

* The outbreak management plan was updated to include all required information based on the best practice guidance and to address deficiencies identified by the Assessment Team. All staff have been informed of the plan, the purpose of the plan and where to locate the plan via staff meeting, staff newsletter and one on one instructions.
* A ‘COVID-19 Resource Folder’ is in place which includes readily available information such as a spreadsheet with consumer details, floor plans detailing zone/cohorts and step by step instruction for staff to follow in the event of an outbreak.
* A written process for overseeing and monitoring staff using personal protective equipment (PPE) to ensure correct application, including designated staff and their responsibilities.
* All shared equipment such as electronic sign in device, computers, keyboards, telephones have antibacterial alcohol wipes placed beside them for cleaning between use. Staff have been informed and reminded via electronic messages on using sanitising wipes between use of shared equipment. Signage has been placed on each reception area and computer monitor reminding staff to clean shared equipment between use.
* Signage to support infection prevention and control practices for staff, consumers and visitors has been placed throughout of the service. For example: social distancing and density signage, signage to communicate lockdown on the event of an outbreak, cough etiquette and advice not to enter the service if displaying signs and symptoms.
* Mobile PPE donning and doffing stations were purchased for ready access.

I note:

* There is no information in the Assessment Team’s report about personal and clinical care delivery in relation to infection-related risks that is unsafe or ineffective.
* Consumers/representatives interviewed said they were satisfied with the service’s management of COVID-19 precautions and infection control practices.
* Staff interviewed said they received training in infection minimisation strategies including hand hygiene, the use of appropriate personal protective equipment (PPE) and cleaning processes at orientation and mandatory education.
* Registered staff provided examples of how they minimise infection related risks and could demonstrate an understanding of how they minimise the need for or use of antibiotics and ensure they are used appropriately.
* The Infection Prevention Control Lead could provide examples of how they plan to support design, implementation and continuous improvement of infection prevention policies, procedures and practices within the service.
* The service is supported by organisational policy and procedural guidelines relating to infection control. Infections are monitored through clinical indicator reporting mechanism which lead to improvements in the management of infection related risks.

I have considered the Assessment Team’s report and the Approved Provider’s written response and whilst the Assessment Team recommended this Requirement was not met, on balance of the information presented to me, I find the service has systems and processes to minimise infection related risks through implementing infection prevention and control measures and practices to promote appropriate antibiotic usage. The Approved Provider is required to actively pursue continuous improvement and to ensure the actions undertaken are embedded and sustained in relation to the coordinated approach to the management of a possible outbreak of COVID-19.

I find this Requirement is compliant.

# 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

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 sampled consumers said:

* they are supported by the service to do things they like to do that are important for their health, well-being and quality of life;
* they are encouraged to keep in touch with people who are important to them. During COVID-19 visitor restrictions, consumers were supported to maintain contact with family and friends using mobile phone and electronic tablet technology for messaging and video calls;
* they like the food, have plenty to eat and their input is sought by the head of hotel services;
* referrals to other organisations and providers have been timely and appropriate.

Staff interviewed by the Assessment Team could describe how they meet consumers’ emotional and psychological needs. Lifestyle staff described how they engage with representatives, volunteers, entertainers and community groups to develop activities to supplement the lifestyle program offered by the service.

Care planning documentation for sampled consumers demonstrated individual and specific interests of consumers and reflected the support they require to participate in activities within the service and the broader community.

The Assessment Team observed that where equipment is provided, it is safe, suitable, clean and well maintained and that staff and maintenance undertake ongoing monitoring to ensure equipment is fit for purpose. The service uses feedback forms and surveys to monitor satisfaction with care and 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

Overall sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. Consumers were positive and complimentary about their rooms, dining areas and alternative function areas, self-serve beverages and outdoor areas. Consumers expressed satisfaction with the cleanliness of the service and that staff interaction was very homely and supportive to both themselves and the various visitors that they may have.

The Assessment Team observed the environment to be welcoming, clean, well-maintained and easy to move around, both inside and outside. Equipment was observed to be clean, well maintained and appropriate to consumer needs.

Maintenance staff monitor the environment to ensure it is safe and well maintained. Any maintenance issues are reported and actioned in a timely manner when possible. Cleaning documentation and interviews with cleaning staff confirmed that all cleaning is on schedule and that they have the equipment to provide the service.

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

Overall sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Consumers said when feedback is provided, it is discussed at meetings, either individually or in a group and they are confident the service is working towards improving the quality of care and services.

The service provides consumers and representatives with information regarding options available to provide feedback. Staff could describe the feedback mechanisms available for consumers and representatives to provide feedback or make a complaint, these include feedback forms, an improvement request log, access to advocacy services, case conferences and consumer meetings.

The organisation has an open disclosure policy relating to complaints. Staff receive education on open disclosure and have access to an open disclosure instruction form to ensure compliance. The service analyses feedback information from complaints and feedback, discussions are held with consumers at meetings, to enable them to listen to consumer feedback with improvements identified, identified with actions implemented on the service’s continuous improvement plan.

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

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

* staff are kind, caring, gentle when delivering care and know what they are doing,
* staff are respectful of consumers’ identity and diversity and understand their background and cultural preferences.

The majority of consumers/representatives sampled said they felt the service has adequate staffing level to deliver care and services. Staff rosters and allocation records are reviewed to ensure there are sufficient staff to meet the care and service needs of consumers. Management monitor consumer satisfaction through surveys, case conferences, feedback forms and face to face discussions.

Staff are required to have the appropriate qualification for their role and complete all on-line training modules. The service has monitoring mechanisms to ensure staff completion of mandatory training. The organisation has a staff performance framework that includes opportunities for professional development. Staff performance is monitored during the probationary period at three and six months followed by annual performance appraisals. In addition, management monitor staff competency and capability in their role through observations of practice, feedback from consumers/representatives and senior staff.

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

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:

* Consumers said they are invited to participate in survey on care and services and whether there is anything that could be improved.
* Representatives said the service communicates with them regularly and they are kept informed of any changes that may impact on the delivery of care and services.
* Consumers/representatives said their concerns are taken seriously and complaints are generally addressed to their satisfaction.

The organisation promotes a culture of safe, inclusive, quality care and supports consumers from culturally and linguistically diverse backgrounds. The service management communicates effectively with the organisation’s governing body including the Chief Executive Officer through a clinical governance team to ensure the organisation delivers safe and quality care and services. The governing body monitors the service’s performance in relation to the Quality Standards through internal audits, consumer surveys, clinical indicators and the outcome of visits from the Aged Care Quality and Safety Commission.

The organisation tracks changes to the aged care law and communicates these to staff, the Chief Executive Officer monitors updates from the Department of Health, communicates these to the service management who disseminates the information to relevant staff. Reportable assaults are documented in the organisation’s incident management system. Incidents are monitored to ensure the service is meeting their compulsory reporting responsibilities. Elder abuse is a mandatory education topic for all staff and the service’s education register is used to monitor staff attendance.

The organisation has a documented risk management framework and a clinical governance framework. Staff had been educated about the policies within the frameworks and were able to provide examples of relevance to their work.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*

### 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:

* ensure the actions undertaken are embedded and sustained in relation to the coordinated approach to the management of a possible outbreak of COVID-19, and
* actively pursue continuous improvement in order to remain compliant with the Quality Standards.