Murrayvale Aged Care

Performance Report

63 Regent Street
MOAMA NSW 2731
Phone number: 03 5482 1311

**Commission ID:** 2714

**Provider name:** Domacwa Holdings Pty Ltd

**Site Audit date:** 8 June 2021 to 10 June 2021

**Date of Performance Report:** 29 July 2021

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-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 9 July 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.

Most consumers and representatives interviewed by the Assessment Team said 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. Consumers and representatives interviewed confirmed they receive information from the service to help consumers to exercise choice around their care and services. Consumers interviewed confirmed they are supported to make decisions about the care and services they receive, and staff interviewed described how they support consumers to make decisions about their care and services.

Consumers and representatives interviewed confirmed that consumer’s personal privacy is respected, and the Assessment Team observed staff practices that respected consumer’s privacy and personal information.

Care planning documents reviewed by the Assessment Team contained risk assessments that consistently detailed input from the consumer regarding choice and preferences for them to live their best life.

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.

Most consumers and representatives interviewed by the Assessment Team said they felt satisfied in relation to the ongoing assessment and planning of consumer care and services. Consumers and representatives sampled were involved with the assessment and care planning review processes at the service.

Consumers and representatives sampled said they were provided a copy of the consumer’s care plan, following the case conference meeting. Management confirmed that they did ask the representatives if they wanted a copy at the completion of the meeting. Representatives reported the care and services of consumers are reviewed when a change in condition occurs.

The service has a comprehensive process for assessment and planning for consumers including the completion of risk screening tools. For the consumers sampled, care and service documents evidenced assessment and care planning that considered risk to the consumer’s health and well-being. Care planning documents include the documentation of goals which refer to the current needs described in care domains and preferences for the consumers sampled. All care plans reviewed by the Assessment Team had been reviewed and evaluated in the last three months. The service seeks input from various health professionals to ensure the consumer receives comprehensive assessment of their needs.

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

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 NON-COMPLIANTPersonal 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.

Most consumers and representatives interviewed by the Assessment Team considered that consumers receive personal care and clinical care that is safe and right for them.

The Assessment Team found that consumer end of life wishes are recorded in care planning documents and palliative care is documented for consumers on a palliative care trajectory. Documents reviewed demonstrated appropriate end of life care is provided to consumers at the service, with comfort maximised and dignity preserved.

For consumers sampled, the Assessment Team found the service is identifying deterioration or change in condition with appropriate response and escalation in a timely manner. Documents reviewed demonstrated timely referral to other providers of care and services when appropriate.

The service demonstrated ongoing implementation, monitoring and review of strategies to minimise infection related risks at the service.

However, the Assessment Team found gaps in the services reporting and monitoring of psychotropic medications and chemical restraint. Wound management for sampled consumers did not always follow best practice guidelines and the organisation’s wound assessment and management policy. Pain management for consumers sampled was not always effectively assessed or reviewed. The Assessment Team found gaps in the service’s management of high impact or high prevalence risks associated with the care of consumers.

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements have been assessed as Non-compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-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.*

The Assessment Team found that care documents generally reflected individualised care that is safe, effective, and tailored to consumer specific needs. However, the Assessment Team found that some consumers did not have an appropriate supporting diagnosis for the use of psychotropic medications. Wound management was not consistently completed in line with the service’s policies and procedures, including wound monitoring for healing or deterioration. The Assessment Team found that consumer pain is not consistently assessed, and interventions are not always reviewed for effectiveness.

The approved provider’s response includes some clarifying information about the supporting diagnosis for the use of psychotropic medication for consumers identified in the Assessment Team’s report. However, the evidence provided in the approved provider’s response does not support that the approved provider understands best practice chemical restraint.

Some information provided by the approved provider indicated that wound monitoring was completed in line with the service’s policies and procedures for some consumers identified in the Assessment Team’s report. However, for one consumer with a stage one pressure injury, the service’s procedures were not followed to monitor for healing or deterioration.

The approved provider’s response demonstrated that while overall monitoring of consumers occurs on a regular basis, the effectiveness of pain management interventions are not consistently evaluated in line with best practice.

While the approved provider’s response clarifies some of the Assessment Team’s findings, the service did not demonstrate that at the time of the Site Audit, pain management and wound management was consistently in line with best practice. The approved provider’s response did not demonstrate that the service’s systems to identify and manage chemical restraint are best practice.

I find this requirement is Non-compliant.

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

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The Assessment Team found that the service effectively manages some high impact and high prevalent risks including risk of falls for one sampled consumer, and medication management. However, for one consumer, monitoring and escalation was not completed in line with their medical directives when the consumer’s blood glucose levels (BGLs) were above accepted levels. For another consumer, risks associated with behaviours of concern were not effectively managed. Care documents reviewed by the Assessment Team demonstrated that the effectiveness of interventions to manage behaviours were not consistently evaluated, and the individualised non-pharmacological strategies used to manage behaviour were not clearly documented.

In their response, the approved provider demonstrated that the escalation of the consumer’s BGLs was managed in line with the consumer’s care plan and medical directives.

The approved provider’s response demonstrates that for the consumer with behaviours of concern, action was taken to minimise related risks to the health and well-being of the consumer and other consumers residing in the service. The approved provider demonstrated the use of external services and specialists to assist in identifying strategies to assist in managing the consumer’s behaviour.

While for one consumer, the Assessment Team found gaps in the service’s management of their behaviour, overall, the service demonstrates the high impact or high prevalence risks associated with the care of consumers are effectively managed.

I find this requirement is Compliant.

### 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, most consumers interviewed by the Assessment Team considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. Consumers interviewed confirmed that they are supported to keep in touch with people who are important to them.

Most consumers interviewed considered the meals provided at the service to be of good quality and quantity. Consumers have a choice of meals and systems are in place to make changes to the menu through the consumer meetings or discussions with the chef and kitchen staff.

Although affected by the COVID-19 lockdown, most consumers and staff interviewed by the Assessment Team were able to consistently describe the services and supports available to promote consumer’s emotional, spiritual and psychological well-being. This included examples of how services are accessed.

The service demonstrated effective sharing of information about the consumer’s condition, needs and preferences within the organisation, and with others where responsibility of care is shared. This enables services that are in line with consumer’s assessed needs, goals, and preferences to enable consumers to maintain their best level of independence and function.

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, most consumers interviewed by the Assessment Team considered that they feel they belong in the service and feel safe and comfortable in the service environment. Consumers said they feel at home, and they are able to bring their own furniture into their rooms and hang pictures on the walls. Consumers interviewed confirmed that their visitors are made to feel welcome and gave examples of how staff help to welcome their visitors. For example, ensuring they have enough seating and offering to make a cup of tea for them. Consumers and representatives interviewed said the service is clean and well maintained.

The Assessment Team observed the service environment to be spacious, clean, well maintained, and welcoming. The Assessment Team observed two rooms that did have a malodour however these were cleaned during the day. The service demonstrated an effective regular and reactive maintenance system.

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 and representatives interviewed by the Assessment Team considered that they are encouraged and supported to give feedback and make complaints. While most consumers and some representatives were satisfied with the action taken in relation to their complaints or issues, some representatives said in the past they were not always confident the service would take appropriate action to resolve their complaint. Several historical complaints were raised by representatives, however the service demonstrated it has made significant improvements in the way it manages feedback and complaints and open disclosure.

The service has a complaints policy and procedure which the Assessment Team found staff are familiar with. The service demonstrated that actions are taken to resolve complaints satisfactorily and trending of complaints occurs. Evidence reviewed by the Assessment Team demonstrated that following a recent change of management, feedback and complaints have resulted in improved care and services.

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 interviewed by the Assessment Team considered that they get quality care and services when they need them and from people who are knowledgeable and capable. Most consumers said staff are kind, gentle and caring and are respectful of who they are as individuals. This was also observed by the Assessment Team throughout the Site Audit.

Consumers and their representatives said they feel confident that staff are skilled and capable to meet their care and service needs. Consumers, representatives, and staff provided feedback to the Assessment Team that there is an adequate number of staff rostered at the service to provide safe and quality care and services.

The service demonstrated it has systems for recruitment of staff to ensure they employ staff who are skilled and meet the requirements of their roles. Management acknowledge that recruitment has been difficult, however the service’s proactive approach to ensuring sufficient numbers of staff allocated each shift means safe, quality care is able to be provided.

The service demonstrated effective processes for regular training in core competencies which are job specific as well as additional identified training as required. The service has a performance appraisal system for staff, and demonstrated that there is regular assessment, monitoring and review of each member of the workforce.

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 interviewed by the Assessment Team considered that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers spoke of positive management changes to the service. Consumers were able to describe how they are encouraged and supported to participate in the development, delivery and evaluation of care and services through consumer meetings, food forums, feedback and complaint mechanisms, surveys, one-to-one meetings with management, and informal meetings with the CEO.

Overall, the organisation demonstrated it has effective governance systems to support the safe delivery of quality care for consumers. The organisation has effective risk management systems and practices to ensure high impact and high prevalence risks and the abuse and neglect of consumers are responded to and safely managed to ensure consumers are supported to live the best life they can. The organisation has a clinical governance framework that includes antimicrobial stewardship, minimising the use of restraint and open disclosure. The organisation demonstrated these systems are working effectively at the service.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

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

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

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

### Requirement 3(3)(a)

*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.*

The approved provider must demonstrate:

* Consumer clinical and personal care is best practice, tailored to the consumer’s needs and optimises their health and well-being.
* Consumer pain and skin integrity is appropriately assessed, managed and monitored to optimise their health and well-being.
* Monitoring and reporting of psychotropic medication, including when it is used as a chemical restraint, is best practice.