Narrabeen Glades Care Community

Performance Report

184 Garden Street
WARRIEWOOD NSW 2102
Phone number: 02 9910 7600

**Commission ID:** 2803

**Provider name:** DPG Services Pty Ltd

**Site Audit date:** 1 December 2021 to 3 December 2021

**Date of Performance Report:** 5 January 2022

# Performance report prepared by

Dee Kemsley, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the Approved Provider’s acknowledgement of receiving the Site Audit report on 13 December 2021 and advising they would not be providing a response.

# STANDARD 1 COMPLIANTConsumer 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

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

Consumers considered that they were treated with dignity and respect, could maintain their identity, make informed choices about their care and services and live the life they chose. Consumers described how they were supported to exercise choice, to take risks, continue relationships and maintain their independence. Consumers and representatives said they were provided with information both verbally from staff, and via information sheets posted around the service to assist consumers in making choices about their care and lifestyle; this included daily lifestyle activities and meal selections.

Care documentation demonstrated that consumers’ individual choices and preferences were reflected in care plans, together with the cultural needs of consumers and how the service promoted the delivery of care in a culturally safe way. Care planning documentation described areas in which consumers were supported to take risks to live the life they chose.

Staff advised how they supported consumers to achieve their needs and preferences, which was reflected in the consumers’ care documentation. Staff explained how a consumer's culture influenced how staff delivered care and services on a day-to-day basis. Staff reported they communicated with consumers who are cognitively impaired by using visual prompts such as cue cards, body language, hand gestures, and clear, simple communication to ensure better understanding. Staff were aware of consumers who want to take risks and advised of ways consumers were supported; this included explaining the consequences of making certain decision and strategies implemented to reduce or mitigate potential risks associated with the consumers’ choice.

The service had ‘cultural safety, diversity and inclusion’ policies and procedures that detailed how to develop and support a service culture which valued, respected, protected and welcomed the diversity of all consumers. As part of the lifestyle activities, International Culture Days were organised to celebrate the range of cultures across the service, including food, music and movies.

The Site Audit report identified staff were observed interacting with consumers in a polite, friendly and respectful manner. Staff delivered care and services respectful of consumers’ privacy; this included staff knocking before entering consumers’ rooms and closing the door and drawing curtains when staff delivered personal or clinical care. Consumers’ files and medical records were stored electronically with password protection or in locked cupboards. Site audit posters were displayed around the service notifying consumers and representatives that the Assessment Team was onsite.

# STANDARD 2 COMPLIANTOngoing 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

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

Consumers considered that they felt like partners in the ongoing assessment and planning of the consumers’ care and services. Consumers and representatives expressed satisfaction with the assessment and care planning processes at the service, saying staff had discussed the consumers care needs and the information in the consumer’s care plan. Two consumer representatives explained how consumers’ advance care plans were provided to the service or how they had discussions with staff about end of life planning for consumers.

Consumers’ care plans detailed ongoing partnerships and indicated who was involved in the assessment and planning process, including the consumer, the representative, staff and other providers of services. Registered nurses complete initial assessments when the consumer entered the service. Thereafter, each consumer was assessed, and care plans are reviewed four-monthly; a case conference with the consumer’s representative might be initiated at the same time. Care plans contained information relative to the risks to each consumer’s health and well-being. Care documentation for consumers was accessed by staff through the service’s electronic care management system, a copy was provided to the consumers in their rooms, and a summary care plan was available on request.

Staff advised that initial assessments were completed to identify consumers’ needs, goals and preferences. Consumers, their representatives, medical officers and other allied health professionals were involved during these assessments, where necessary. Referrals were made to a wide range health professionals as required, including physiotherapists, speech pathologists, optometry services, and other external allied health services. Staff demonstrated an awareness of the service’s incident reporting process, how these incidents might trigger a reassessment of the consumer or a review of the consumers’ care planning documentation if changes were required.

The Site audit report identified a suite of evidenced-based assessment tools was available for staff to use and the organisation had policies and procedures available electronically to guide staff practice regarding assessment and planning for consumers. Clinical staff and care staff members were observed providing verbal updates and discussing changes to consumers’ needs and preferences during the audit. The service monitored and reviewed clinical indicators including skin integrity, pressure injuries, medication incidents and falls.

## 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 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

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

Consumers considered that they received personal care and clinical care that was safe and right for them. Consumers and representatives said the consumer got the care they needed when they needed it, and consumers had access to medical professionals and allied health providers as required. Consumers and representatives were satisfied consumers’ needs and preferences were effectively communicated between staff. Two consumer representatives reported they were promptly informed of incidents involving consumers and were notified of their transfer to hospital; both expressed satisfaction with the care provided and the way each situation was managed. Consumer representatives described the high level of communication received from the service during the state health department visitor restrictions in aged care, saying communication with family members was mostly conducted by phone.

Care documentation for consumers provided adequate information to support effective and safe sharing of the consumer’s condition, preferences and care needs. Consumer care plans demonstrated appropriate care was provided; effective strategies were identified as a result of charting, observations and review of documentation and tailored to the specific needs and preferences of the consumer. Referrals to allied health and other service providers such as the medical officer, geriatrician and allied health services were evidenced; documentation included directives and planned review dates from these external service providers. Restrictive practices consent, and authorisation documentation was in place for all consumers with chemical and environmental restraints; these practices were reviewed regularly by clinical staff and the medical officer. Risks associated with the care of consumers were identified; clinical incidents were managed in-line with organisational management policies, open disclosure was documented, representatives notified and transfers to hospital occurred where required. A consumer’s End of Life care plan evidenced a case conference was held with the representative, nurse practitioner, registered nurses and clinical management; the representative provided approval for the end of life pathway and medications.

Staff described policies and procedures which guided their practice; these were available electronically or in paper format and reviewed on a regular basis. Staff reported how changes in consumers’ care and services were communicated; issues were documented in progress notes and discussed at handover for each shift. Staff advised consumers’ care documentation was readily available on the service’s electronic care management system, and care staff were aware of their responsibility to report any changes or deterioration in a consumer’s condition to registered staff immediately. Registered nurses were available 24 hours a day to support and monitor all care delivered, including to consumers nearing end of life. Staff demonstrated a knowledge of infection control practices relevant to their duties.

The Site audit report identified the organisation had policies and procedures for key areas of care, including restraint, skin integrity, pain and falls management. Restraint practices were minimised by the service’s policy; guidelines discussed the need for assessments and consent prior to their use, and the requirement for behaviour support plans with ongoing monitoring and review. The service collected data on a range of key performance indicators including falls, medication incidents, infections, wounds, behaviours of concern, weight change and use of restraint. The service had documented policies and procedures to support the minimisation of infection related risks through the implementation of infection control principles and the promotion of antimicrobial stewardship.

# STANDARD 4 COMPLIANTServices and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

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

Consumers considered that they got the services and supports for daily living that were important for their health and well-being and that enabled them to do the things they want to do. Consumers and representatives advised staff had an awareness of their individual needs and preferences, to optimise their independence and wellbeing. Consumers and representatives said consumers were supported to maintain relationships, keep in contact with people who were important to them and do things of interest to them. Consumers and representatives reported consumers were supported when they were feeling low, and with their spiritual needs and preferences. Consumers expressed satisfaction with the food and its quality, quantity and variety; consumers advised the kitchen staff were accommodating to any individual dietary needs and preferences.

Care plan documentation for consumers included information about the services and supports consumers needed to help them do the things they wanted to do. Care documentation reflected the emotional, spiritual and psychological needs of consumers, and strategies to ensure their individual well-being. Documentation demonstrated consumers participated within their community, maintained their relationships, and undertook activities of interest to them. This included participating in external programs, connecting with family via technology during COVID-19, gardening, listening to music, bus outings, and attending church services and discussion groups. Consumers were supported by staff if they chose not to participate.

Lifestyle staff said they collated information of consumers during the entry process regarding their life history, background, likes and dislikes, which were used to tailor the activities program to meet the needs and interests of all consumers. Staff were able to explain what they did when a consumer was feeling low and how they supported consumers spiritual beliefs. Staff described how they worked with external organisations and volunteers to help supplement the lifestyle activities offered within the service. Staff said they were kept updated on consumers’ changing conditions, needs and preferences. Kitchen staff described how they accommodated the specific preferences of consumers. Kitchen staff said while formal feedback was obtained through the consumer feedback forums, most feedback was informal and verbally communicated amongst staff; staff ensured consumers’ care plans were updated accordingly.

The Site audit report identified the service’s dining room was set like a restaurant with table clothes, flowers centred on tables, folded napkins, and correct dining etiquette placement of cutlery. Volunteers were observed assisting in the service’s cafe, hairdressing salon, providing dining services, communicating with consumers and participating in activities. Equipment used to provide and support lifestyle, and personal care services, was observed to be safe, suitable, clean and well maintained. The service’s annual preventative maintenance schedule demonstrated the service regularly monitored equipment to ensure it was safe, suitable, clean and well maintained.

# STANDARD 5 COMPLIANTOrganisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

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

Consumers considered that they felt they belonged in the service and felt safe and comfortable in the service environment. Consumers advised they found the service environment to be clean and well maintained. Consumers said they could personalise their rooms the way they liked, and reported the furniture, fittings and equipment at the service was safe, clean, well maintained and suitable for them. Consumers were satisfied they could go outside into the garden and outdoor seating areas independently or with the assistance of staff when required.

The service environment was observed to be welcoming and optimised the consumers’ sense of belonging. The service environment was easy to navigate, had modern furniture and local artwork displayed throughout, creating a home-like environment. Consumers’ rooms were personalised with artwork and photographs; door numbers and memory boxes highlighted the interests of consumers and displayed photos on each room to provide enhanced direction. A garden area and outdoor seating areas were available for all consumers who were observed walking, sitting and participating in activities in these areas. Shaded areas were available for outdoor sitting areas.

Management advised consumers with lower mobility were supported to move around the service using handrails, mobility equipment like wheelchairs and walkers, and with staff assistance. Staff described the process for documenting and reporting safety and maintenance issues, once identified. These processes included attending to the issue immediately by displaying ‘out-of-order’ signs or restricting access to the hazard, informing the onsite staff, and documenting the issue in the maintenance log so it could be addressed promptly. Staff spoke of the daily cleaning schedule that included a thorough clean of all the consumers bathrooms and toilets, and a rotating schedule for dusting, washing floors and vacuuming; any immediate cleaning issues were prioritised. The service’s preventative maintenance schedule and records demonstrated routine maintenance and servicing of equipment, furniture and fittings. The service’s maintenance logs showed that issues were dealt with promptly and in a timely manner.

## 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 COMPLIANTFeedback 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

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

Consumers considered that they were encouraged and supported to give feedback and make complaints, and that appropriate action was taken. Consumers and representatives said they were happy to provide feedback to the service directly, had no reservations in raising issues, and were confident that the feedback would be actioned. Consumer representatives advised while they were comfortable in raising any issues or concerns with management if they had any, there was nothing that they wished to raise.

Management stated that all consumers speak or understand English. However, if consumers and representatives requested translator or advocacy services, they were made available and the service’s website provided language service guides in several different languages. Staff said that if consumers had any feedback or complaints, they would raise this with the registered nurse on duty or at shift handover; staff advised they are also comfortable to raise anything directly with management. Staff were knowledgeable about open disclosure when things go wrong and were able to describe the process that was undertaken, and information provided to the consumers’ representatives.

The Site audit report identified the organisation has a proactive approach to complaints management, seeks feedback from consumers and representatives, and uses this information to improve care and services through surveys. Suggestion boxes were observed on both levels of the service. However, one of the boxes was located behind a coded door at the front entrance; the service relocated the box in response to the Assessment Team’s feedback. The service’s complaints management system demonstrated that all feedback had been reviewed and addressed by appropriate staff. The organisation had a recently updated its consumer handbook, provided to consumers on entry, to reflect advocacy and language services available.

## 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 COMPLIANTHuman 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

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

Consumers considered that they got quality care and services when they needed them from people who were knowledgeable, capable, and caring. Consumers and representatives stated they were satisfied with the level of staff and consumers felt well looked after. Consumers advised they were treated in a kind, caring and respectful manner. Consumers and representatives reported they did not think there were any areas where staff required more training, and consumers advised staff knew what they were doing.

Management said they determined whether staff were competent and capable in their positions through observations of practice, and feedback from consumers and senior staff. Management demonstrated what mandatory training was provided, how it was recorded and how additional training was arranged for staff as required. All staff were required to complete online training modules, which had been created in line with the Quality Standards. Management reported on the organisation’s performance management process along with the annual performance appraisals program. Management outlined the process for new staff, including how they are evaluated; buddy shifts were provided. New staff members were appraised at 6 weeks and subsequently at 6 months.

Staff stated they had enough time to complete their duties and spend quality time with consumers in the afternoons. Staff were satisfied with the training they received, stating they liked the online training system which allowed them to complete training at a time suitable for them. Staff advised they had taken part in the performance cycle process and did not raise any concerns with the process.

The Site audit report identified staff rosters and daily allocations records demonstrated shift vacancies were filled by permanent staff. Call bell response times were monitored by the service and excessive call bell times were discussed at staff huddles to understand the cause of the extended wait time. Staff interactions with consumers were observed to be kind, caring and respectful. Evidence of core training that was undertaken by staff during onboarding, and subsequently annually, was recorded and monitored by management.

## 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 COMPLIANTOrganisational 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

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

Consumers and representatives considered that the organisation was well run and that they could partner in improving the delivery of care and services. Consumers felt comfortable and safe in the service, said they had no reservations in providing feedback to management, and were confident that issues raised would be resolved in an efficient and effective manner. Consumer representatives said they received surveys from the service and were happy to complete them. Consumers and representative were satisfied with the processes in place to manage risks within the service.

Management advised consumers and representatives were actively encouraged to partner in the development, delivery and evaluation of care and services, and were supported in that engagement. This included consumers and representatives being encouraged to provide feedback, complaints or recommendations about the care and services. Consumers took part in meetings, they were consulted for special occasions, and members from the organisation’s executive team visited the service twice a year and interacted with the consumers. Management said the Board was comprised of the organisation’s executive team who had the relevant experience in relation to aged care.

The organisation had effective organisation wide systems relating to information systems, continuous improvement, workforce governance, regulatory compliance and feedback and complaints. The organisation provided a documented risk management framework; this included policies for high impact or high prevalence risks associated with the care of consumer management, how to identify and respond to the abuse and neglect of consumers, how to support consumers to live their best life, and managing and preventing incidents.

The service demonstrated the provision of guidance and a clinical framework for clinical governance; including policies for antimicrobial stewardship and for minimising the use of restraints, and an open disclosure policy. The service further reported to a clinical governance committee which required the service to outline clinical quality indicators; all major clinical incidents were reported to this committee and actioned appropriately.

The Site audit report identified staff were knowledgeable about the service’s open disclosures policy and understood their role in relation to anti-microbial stewardship. The service had elected ‘champions’ amongst the clinical care staff to ensure the proper policy was being followed in line with the relevant policies and procedures; including wound management and palliative care.

## 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

***If there are no identified 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.