Northcourt Nursing Home

Performance Report

7 Saunders Street
NORTH PARRAMATTA NSW 2151
Phone number: 02 9683 8034

**Commission ID:** 2604

**Provider name:** Christadelphian Homes Limited

**Site Audit date:** 24 February 2021 to 26 February 2021

**Date of Performance Report:** 31 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 consumer** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* The Assessment Team’s report for the Site Audit; the site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* The Assessment Team’s Infection Control Monitoring Checklist, dated 24 February 2021, completed during the site audit
* The provider’s response to the Site Audit received on 22 March 2021, which consists of a letter of response, a register of attachments and supporting documentation.

# 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

## Summary of Assessment of Standard 1

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

Overall sampled consumers said they feel accepted and valued. The interviewed staff demonstrated how they respect and promote cultural awareness in everyday practice. The service demonstrated that their documents, policies, and procedures have an inclusive, consumer-centred approach to their practices. Consumers sampled stated they feel they have a say in the care and support provided to them. The staff interviewed were able to demonstrate how they help consumers to make day-to-day choices and enable access to any support they need to live their best life. The service demonstrated that the consumer and representatives are partners in key decisions making about care and services.

The Assessment Team observed that consumers were comfortable engaging in individual and group activities. The sampled consumers were aware of their rights and responsibilities and felt comfortable expressing their concerns to management. They stated they felt safe and confident in the staff members skills and knowledge when providing care and services.

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

## Summary of Assessment of Standard 2:

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Overall sampled consumers and representatives considered that they feel like partners in the ongoing assessment and planning of their care and services. The sampled consumer and representatives stated that they are involved in care planning on a quarterly basis. The Assessment Team reviewed documentation of sampled consumers and found care plans are updated in a timely manner to reflect their current condition, reflect their needs and include their preferences including advance care planning. Although not all consumers or their representatives were aware of the care plan, they were very satisfied with the consultation process and said care is provided as per the consumer’s request. Most stated staff update them as changes arise and they are consulted regarding their wishes in care provision.

The sampled consumer and representatives confirmed they are informed regarding the outcomes of assessment and planning. They also verified they are involved in assessment and planning. It was evident through the documents that the regular consultation is conducted regarding consumers care with recommendation from the consumer and their representatives being incorporated.

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

**Summary of Assessment of Standard 3:**

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

Overall sampled consumers considered that they receive personal care and clinical care that is safe and right for them. A review of the consumers care plans identified safe and effective care is being delivered by the staff. The record shows that the consumers advanced care directives and wishes are recoded, care plans identified the consumers’ current care needs and their goals. When needed the care plan have been adjusted and updated to reflect the consumers’ health needs and changes in their goals and preferences.

The sampled consumers and their representatives confirmed their pain management and wound management has been adequately managed by the staff and medical officers. The Assessment Team reviewed the documents of two sample consumers and noted that when their wounds were identified, they were assessed by the registered nurse, a wound plan was developed, and wound dressings were subsequently completed as per the specified dressing plan.

The Assessment Team observed the care planning and other documents for the consumers sampled reflect individualised care that is safe, effective and tailored to the specific needs and preferences of the consumer. The consumers’ care plan identified regular reviews and updates by registered nurses. Two sampled representatives confirmed that the consumers get the care they need, and they are notified of any changes immediately. They confirmed the consumers have access to a medical officer or other health professionals as needed.

The Assessment Team reviewed the documents of care planning and noticed key risks are identified in care planning documentation and in most instances’, effectivity managed by the service. The sampled staff demonstrated a good understanding of high impact or high prevalent risks associated with the consumers sampled. Health professionals are contacted as needed to assist in the management of the consumer and reduce the consumers’ risks. The service monitors incidents and accidents and clinical indicators to identify high impact or high prevalence risk.

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

### Assessment of Standard 3 Requirements

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

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

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

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

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

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

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

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

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

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

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

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission-based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

**Summary of 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 they are enabled or supported by the service. Staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

Overall sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

The Assessment Team interviewed sampled consumers and their representatives who reported they are supported to optimise their independence, health, well-being and quality of life. Staff were knowledgeable and were able to explain individual preferences for the types and time for activities, individual interests and details relating to consumer’s life. The documents also reflected identification of consumer needs, goals and preferences as part of the care planning process which assists in tailoring services and supports to optimise the consumer’s well-being.

Care planning documents reviewed by the Assessment Team demonstrate personalised strategies to manage consumer’s emotional, spiritual and psychological well-being. The service has a pastoral care worker on staff to oversee the delivery of emotional, spiritual and psychological support for consumers. Staff provide individual emotional support as needed and visiting clergy attend the service to support consumer’s spiritual well-being. The consumer and representatives reported that they are updated as needs change or new information emerges.

Sampled consumer liked the variety, quantity and taste of the food and reported the options available for meals are suitable. Consumers report they can obtain food between meals and staff frequently seek their feedback in relation to meals. Consumers said they were confident and satisfied the service provides them with the supports they require to do the things they want to do, participate in activities not offered at the service and maintain relationship that are important to them.

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

**Summary of 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 their service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

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

All consumers interviewed said they feel safe within the service and find the service to be well-maintained. The environment is clutter free, well-lit with large communal areas. Consumers interviewed said they have access to the outdoors as they wish and were observed moving freely throughout the service. Personal belongings are encouraged to decorate consumers rooms. Consumers said the equipment provided by the service is comfortable, clean, and well-maintained and that laundry and cleaning services do a very good job.

Consumers reported feeling at home within the service and said that the new building and the kind nature of the staff make it a nice place to live and that their visitors feel welcome to visit the service. Despite the age of the building – built in the 1970s – the building and outdoor areas are clean, well maintained, well-lit without malodour.

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

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

Consumers and representatives interviewed were confident they could raise concerns if they had any. Information is available in languages other than English about how to make complaints externally to the service. The sampled consumers were able to explain the ways they could do this, from speaking directly to care staff, registered nurses or approaching management. Consumers and representatives were aware of these feedback forms however most stated they directly discuss issues with staff, they also stated they can raise concerns at the resident and relative meetings. The Assessment Team reviewed minutes of resident and relative meeting minutes and found them to be reflective of consumers being given the opportunity to provide feedback and make requests.

The Assessment Team observed the service acknowledged the request of the consumers and made changes at the service in response such as the purchase of a karaoke machine for regularly scheduled entertainment. Generally, however consumers and representatives felt they did not have any concerns or complaints to raise.

The Assessment Team noticed the service has an effective system of managing complaints and concerns. Sampled staff were able to describe how they respond to any complaints when they receive them, and how these are used to improve the quality of care and services for consumers at the service. It was noticed that complaints are dealt with in a reasonable manner and timeframe, exercising open disclosure wherever possible.

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

**Summary of 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 sampled consumers and representatives considered they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

The Assessment Team observed coordination between off site rostering staff and on-site management ensure there is an appropriate number and mix of staff to ensure the delivery of safe and quality care to consumers. Sampled consumers and representatives did not raise concerns regarding the adequacy of staff numbers. A review of resident and relative meeting minutes and staff meeting minutes did not identify any issues with the adequacy of staff numbers or skills. Sampled consumers and representatives confirmed all staff at the service are kind and caring and treat them with respect. The Assessment Team observed the staff interacting with the consumers in a kind, caring and respectful manner. Consumers and representatives confirmed they feel the staff know their needs and preferences regarding care.

Sampled consumers and representatives were confident in the skill and ability of the staff who care for them. Representatives said when they leave the service, they are confident about the care and support given to their consumers in their absence. Interviewed staff advised they have access to information and training when they need or want it.

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

**Summary of Assessment of Standard 8:**

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

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

The Assessment Team noticed management is actively assisting consumers to participate in the development, delivery and evaluation of care and services they receive. Sampled consumers agreed about their participation and providing feedback for improvement if they feel so. Sampled consumers and representatives interviewed said they feel the service is well run. Consumers confirmed they can attend resident meetings, focus groups, and provide feedback and suggestions.

The Assessment Team found the organisation’s governing body is actively involved in encouraging a culture of safe, inclusive and quality care and services and is accountable for their delivery. The organisation also demonstrated it has effective governance systems. These include a risk management framework and a clinical governance framework in place for the delivery of safe and quality care and services.

The Assessment Team noticed opportunities for continuous improvement are identified through feedback from consumers, representatives and staff, clinical indicators, strategic home reviews and staff observations. Continuous improvement initiatives are recorded in the service’s plan for continuous improvement.

It was observed that staff have been trained in the application of open disclosure when things go wrong relating to delivery of consumer care. All care staff and registered nurses interviewed could explain this process and its application clearly.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

#

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.