Palm Lake Care Beachmere

Performance Report

145 Bishop Road   
BEACHMERE QLD 4510  
Phone number: 07 3517 7000

**Commission ID:** 5563

**Provider name:** Palm Lake Care Operations Pty Ltd

**Site Audit date:** 16 February 2021 to 19 February 2021

**Date of Performance Report:** 6 April 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **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** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-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 23 March 2021
* the Infection Control Monitoring Checklist completed at the time of the Site Audit
* feedback received from consumers and their representatives received prior to the commencement of the Site Audit.

# 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 if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers, asked them about the requirements, reviewed their care planning documentation and tested staff understanding and application of the requirements under this Standard. The Assessment Team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Consumers were treated with dignity and respect, could maintain their identity, and made informed choices about their care and services and lived the life they chose. Consumers and representatives stated staff treated consumers respectfully and expressed satisfaction with the interaction and engagement with staff across all aspects of care and services. Consumers and representatives confirmed that consumers were encouraged to do things for themselves and that staff knew what was important to them. Consumers provided examples of matters of importance to them, acknowledged staff awareness and staff response to support their lifestyle choices, preferences and decisions.

Interviews with staff and review of care planning documents demonstrated, relevant information was collected and shared to support consumers’ choice and their decisions were respected and shared with relevant care and service staff. Consumers’ relationships were acknowledged and supported; consultation occurred to ensure staff awareness of matters of importance to the consumer enabling the consumer to live the best life they could.

The Approved provider’s written response to the Assessment Team’s report demonstrated additional education had been provided to staff to ensure care planning directives contained respectful directives in relation to behaviour management strategies for consumers.

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 if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewed their care planning documents in detail, asked consumers about how they were involved in care planning, and interviewed staff about how they used care planning documents and reviewed them on an ongoing basis.

Consumers considered they felt like partners in the ongoing assessment and planning of their care and services. Initial assessments were completed that identified consumers goals needs and preferences. Risks were identified as part of the assessment and care planning process. Care plans were generally reviewed on a three-monthly basis or if consumer care needs changed. Consumers end of life care wishes were documented and reviewed in the care plan and review process. Consumers and representatives were involved in the care planning and review process. The service accessed external services and allied health professionals as required to support consumer care.

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-COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

To understand the consumer’s experience and if the organisation understood and applied 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 ensured the delivery of safe and effective care for consumers. The Assessment Team also examined relevant documents.

While sampled consumers considered that they received personal care and clinical care that was safe and right for them, the service was unable to demonstrate effective management and monitoring of environmentally restrained consumers and consumers with high-impact and high-prevalence risks including wound care.

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.*

Consumers did not receive safe and effective care in relation to wound management. Monitoring processes were ineffective to identify consumers unable to freely exit the service and therefore be subjected to physical restraint.

For one named consumer the Assessment Team identified wound care had not been delivered in accordance with directives, the deterioration of the wound was not identified as measurements and photographs were not consistently taken, and the consumer’s statements of pain during wound care were not escalated in a timely manner. The named consumer required antibiotic therapy and the involvement of a wound specialist.

The Approved provider in its written response to the Assessment Team’ findings has stated all staff have attended compulsory meetings and education sessions in relation to best practice wound management, and this has resulted in improved documentation and communication regarding the consumer’s wound care. I note wound care documentation following the involvement of a wound care specialist supports the named consumer is receiving the appropriate wound care.

While I acknowledge the Approved provider has sought expert knowledge and services to support the consumer’s wound care, it is my decision that wound care delivery and monitoring prior to the implementation of the wound care specialist was inadequate and did not identify or escalate the deterioration and the associated pain of the wound to support best practice in relation to wound care delivery.

Consumers at the service were subject to physical restraint as assessment and authorisation processes had not been considered in relation to consumers’ independent ability to exit the service. Consumers were required to activate a button to exit the service and also enter a code to exit the carpark. Consideration has not been given to consumers who are unable to activate the exit button or enter the carpark code independently and therefore are subject to physical restraint.

The Approved Provider in its response has refuted securing the perimeter of the service is a form of restraint. The Approved provider considers the exit button at the front entrance demonstrates the consumers’ ability to freely exit the service, however, has not considered if all consumers have the ability to use this exit independently. I have considered the Approved provider’s in relation to the pedestrian gates and I am satisfied these gates are for the use of staff and not required by consumers.

While I acknowledge the Approved provider’s response to their commitment to providing a safe environment for its consumers, it is my decision consideration has not been given to the ability of all consumers to exit the service independently, and therefore consumers with impaired mobility or cognition may be restrained by their environment without consent.

The Assessment Team identified deficits in relation to medication management for one named consumer, in considering the Approved provider’s response it is my decision the consumer received medication as prescribed by their medical officer. For another named consumer, the Assessment Team identified wound care documentation had not consistently been completed. I acknowledge the Approved provider’s response relating to the consumer’s refusal of care and strategies in place through behaviour management processes to assist staff to provide care to the consumer including wound care.

In summary of the above information, it is my decision wound care delivery to consumers was not best practice and the consideration of physical restraints had not been considered for all consumers. Therefore, it is my decision 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 identified deficits in relation to diabetes management and nutritional intake. I have considered the Approved provider’s response in relation to three named consumers and it is my opinion blood glucose monitoring was occurring for one named consumer and considerations were given to the consumer’s lifestyle choices and their absence at times from the service. For another named consumer the Assessment Team identified a lack of documentation to demonstrate the consumer’s oral intake. It is my opinion the urinary output for the consumer was monitored and their nutritional intake was monitored through the input of a dietitian and the provision of supplement drinks. The consumer’s weight was stable since entry to the service. For a third named consumer, a delay was noted by the Assessment Team in recording monthly weights. I have considered the Approved provider’s response in relation to the prognosis of the consumer and weight charts supplied indicated a weight gain for the consumer.

It is my decision, consumers with high impact or high prevalence risks were effectively managed and therefore 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 if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they liked to do and how these things were enabled or supported by the service and staff were asked about their understanding and application of the requirements. The Assessment Team also examined relevant documents.

Consumers considered they received 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 wanted to do. Consumers stated they were supported by the service and were able to participate in individual and group activities of interest to them. Consumers described individual activities they enjoyed and the friendships they had made within the service. During COVID-19 lockdown the service used a variety of electronic communication to keep consumers and representatives in touch.

While consumers provided mixed feedback about the food quality and quantity at the service, the Approved provider had commenced action relating to the feedback including individual conversations with consumers and weekly menu choices.

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 if the organisation understood and applied 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 Assessment Team also examined relevant documents.

Consumers felt they belonged in the service and feel safe, secure and comfortable in the service environment. Consumers could find their way around the service and staff were available if they needed assistance. Consumers stated the service was clean and well maintained.

The environment was observed to be welcoming, well-lit and appropriately accessible for consumers within the environment. Equipment was observed to be clean, well maintained and appropriate to consumer needs.

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 NON-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 if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – asked them about how they raised complaints and the organisation’s response. The Assessment Team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

While consumers and representatives stated they felt safe in making complaints and did not express concern about retribution if they were to provide feedback, consumers were not satisfied that appropriate or timely action had been taken in response to their complaints. The service was unable to demonstrate an open disclosure process was established when responding to complaints.

While some consumers were not aware of changes or improvements made to the quality of care and services following feedback or complaints, the services plan for continuous improvement demonstrates that improvements have occurred in relation to complaints or feedback.

Consumers were aware and had access to advocates, language services and other methods for raising and resolving complaints.

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

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

Consumers were not satisfied with processes to action complaints and the service was unable to demonstrate open disclosure processes were utilised when things went wrong.

The Approved provider in its response has committed to continual work with all levels of staff to ensure a comprehensive understanding of open disclosure.

While the Approved provider was able to demonstrate recent examples of the use of open disclosure, at the time of the site audit consumers were not satisfied with the responses to their complaints or feedback, and open disclosure processes were not effectively established to meet this requirement. It is therefore my decision this Requirement is Non-compliant.

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

While some consumers were not aware of changes or improvements at the service following feedback and complaints, the Approved provider was able to demonstrate actions taken following feedback or complaints which have improved the quality of care and services.

The service’s plan for continuous improvement provided examples of improvements following feedback from several sources including consumers, staff and representatives.

While I have noted consumers were not satisfied with the actioning or timely response to their complaints, I have considered this information to be relevant to Requirement 6 (3) (c) and therefore it is my decision this Requirement is Compliant.

# 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 if the organisation understood and applied 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.

Consumers received quality care and services when they needed them and from people who were knowledgeable, capable and caring. Consumers and representatives stated there were adequate staff numbers to provide the care and assistance consumers required. Consumers and representatives provided positive feedback that staff engaged with consumers in a respectful, kind and caring manner.

Consumers and representatives expressed confidence in the ability, competency and skills of staff. Consumers stated staff were aware of their individual needs and preferences and that service delivery was timely and safe.

Staff reported they had enough time to provide consumers with the assistance and care to meet their individual needs and preferences. Position descriptions were maintained for all staff and staff employment documents contained information including qualifications and experience, a summary of the position specific capabilities, duties of the position and how it supports the Quality Standards.

Where deficiencies in staff knowledge or opportunities for increased education were identified the service was proactive in ensuring staff were supported with further education.

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

## Assessment of Standard 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 if the organisation understood and applied 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).

Consumers considered the organisation and service was well run and that they could partner in improving the delivery of care and services. Consumers and representatives confirmed they had input into how care and services were delivered through providing feedback relating to their clinical care, meal service and the lifestyle programs.

Review of the organisation’s governance and quality framework demonstrated a leadership structure which incorporates the Board, executive leadership and clinical governance roles. This framework included a shared responsibility and accountability for maintaining standards of quality. Review of the Clinical governance quality framework identified the roles and responsibilities to support the workforce and to provide safe, quality clinical care.

The organisation has effective organisation wide governance systems and a clinical governance framework. While it is my decision there is Non-compliance in relation to clinical care and feedback and complaints, it is my decision these deficits exist at a service level rather than organisationally. The organisation also had effective risk management systems and practices.

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

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.

* The service is required to provide effective wound care delivery.
* Consumers are required to be assessed in relation to physical restraint authorisations.
* Timely and appropriate actioning of complaints is required by the service.
* An open disclosure process is required when things go wrong.