Regis Sandgate - Griffith

Performance Report

60 Wakefield Street
Sandgate QLD 4017
Phone number: 07 3869 6054

**Commission ID:** 5775

**Provider name:** Regis Group Pty Ltd

**Site Audit date:** 22 March 2021 to 24 March 2021

**Date of Performance Report:** 27 May 2021

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the 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 21 April 2021
* other intelligence and information held by the Commission regarding the service.

# 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

Consumers and their representatives considered that consumers 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/representatives confirmed that consumers were treated with respect, they were encouraged to do things for themselves and that staff knew what was important to them. Consumers described how they were supported to exercise choiceand independence and to maintain relationships of choice. Consumers said they had personal privacy and private areas to meet with friends and family as they wished.

The organisation had policies in place which detailed expectations of staff in relation to communication with consumers and representatives and ensured the consumer’s privacy was maintained and protected.

Care planning documentation reflected assessment processes captured individual consumers’ identity, culture and individual preferences that influenced how consumers liked their care and services to be delivered; consumers choices and personal goals were identified on entry to the service and reviewed regularly. Care plans and other documentation demonstrated risks and possible strategies to minimise and/or manage risk were discussed with consumers/representatives to achieve a positive outcome for consumers.

Staff spoke about consumers in a way that signified respect and demonstrated in depth knowledge of consumers backgrounds and preferences in their day-to-day delivery of care. Staff described how they assisted consumers to make choices within their capabilities; registered nurses assessed and documented the significant people in consumers’ lives on entry to the service.

Staff were observed to treat consumers with respect, preserving their dignity, ensuring their privacy, and demonstrating in their communication with consumers their knowledge of who they were.

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

Consumers and their representatives considered that they felt like partners in the ongoing assessment and planning of the consumer’s care and services.

Consumers/representatives reported staff consulted them through completion of initial assessment and planning to develop a plan of care that was delivered to meet the consumer’s needs. Consumer/representative advised they were informed about the outcomes of assessment and planning and had ready access to the consumer’s care and services plan if they wished.

The service had a suite of evidence-based clinical and personal assessment tools available for staff to use; this included a palliative care policy and guidance available on advance care planning.

Reviewed care planning documentation identified consumers/representatives were involved in assessment and planning; this included other providers of care and services such as medical officers and allied health specialists. Care documentation detailed the consumers’ individual current needs, goals and preferences, and included advance care planning and end of life preferences. Identified risks for consumers were also documented to inform the delivery of safe and effective care. Care plan reviews, or wellness checks, were completed regularly with the consumers/representatives.

Registered staff described how they involved consumers/representatives and appropriate health professionals in assessment, planning and review processes. Care staff advised consumers’ informed care preferences were recorded in care plans and communicated to staff via shift handover. Clinical staff regularly communicated with consumers/representatives about consumers’ changing and ongoing care needs to determine their satisfaction with care delivery and planning. Staff were aware of their responsibility in relation to the service’s incident reporting process, escalation of incidents and the requirement to report any change in consumers’ condition, needs or preferences which might prompt a reassessment.

Care documentation was observed to be readily available to staff delivering care and allied health professionals had access to consumers’ documentation relevant to their role.

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

Consumers and their representatives considered that consumers received personal and clinical care that was safe and right for them.

Consumers/representatives advised consumers received the care they needed and had access to a medical officer and other health professionals, when they needed it. Consumers/representatives explained that staff informed them about the care consumers were provided with and felt staff personalised consumers’ care to meet their needs and preferences.

Organisational policies for assessment, reassessment and escalation of changes in consumers’ condition were accessible to staff. Policies and procedures for key areas of care, including restraint, skin integrity and pain management in line with best practice were also made available. The service had practices in place to minimise the risk of infections and resources relating to the appropriate use of antimicrobials.

Care planning documentation for consumers was individualised and evidenced care provided that was safe, effective and tailored to the specific needs of the consumer. The service identified risks associated with the care of the consumer and actions to remove or minimise the risk were implemented; risks and actions were documented in care plans and communicated to staff. Clinical documents reflected the identification of, and response to, deterioration or changes in the consumer’s condition and health status; referrals and input from medical officers, a range of allied health and other medical professionals was evidenced. Where restraint was provided, authorisations were current for all consumers.

Staff were able to describe the handover process for sharing information regarding consumers’ needs and preferences, which included during handover and through documentation in care plans and progress notes. Registered staff were able to describe the process for referral to other health professionals. Staff described how they supported consumers nearing end of life and gave examples of interventions they delivered to maximise comfort and dignity. Staff described their responsibility to report, address and monitor any changes or deterioration in a consumer's condition.

The service conducted clinical audits and analyses risks; monthly clinical indicator data was completed at a service level, discussed at meetings and reported at an organisational level.

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

Consumers and their representatives considered consumers got the services and supports for daily living that were important for their health, well-being and that enabled them to do the things they want to do.

Consumers/representatives advised consumers were supported by the service to undertake lifestyle activities of interest to them within the service, outside in the community and to maintain contact with those people who were important to them. Consumers interviewed advised they enjoyed the food offered, it was varied and of suitable quality and quantity.

Reviewed care planning documentation demonstrated assessment processes captured consumers’ lifestyle and activity likes and dislikes, and the people important to them. Care plans included information about how the consumer participated in social activities and events, the consumer’s spiritual beliefs, information on family contacts and reflected any dietary needs or preferences.

Lifestyle staff advised the service’s lifestyle program accommodated and modified activities to cater for consumers’ needs and preferences, including those consumers who chose not to participate in group activities. Staff were able to explain how consumers participated in the community and keep in touch with people who are important to them. Staff said that when a consumer was feeling sad or low they would spend time and talk to them to offer any support they require; consumer/representatives had access to a confidential counselling service.

Monthly consumer meetings discussed activities and consumers and their representatives were consulted for ideas and feedback on current or new activities they would like. The service had policies and a system for making referrals to individuals and providers outside the service.

The Assessment Team observed staff assisting and engaging with consumers and visitors. The Assessment Team observed consumers being served well presented meals of varying textures, and the availability of sandwiches, biscuits and drinks that staff could access for consumers between meals.

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

Consumers and their representatives considered that they felt they belong in the service and felt safe and comfortable in the service environment.

Consumers/representatives said they were satisfied with the living environment; they reported the service was clean, well maintained and easy to navigate. Consumers/representatives advised visitors were welcome in the service and they have various communal and more private areas where they can sit comfortably. Consumers/representatives said they could raise maintenance requests with staff when required and these were attended to in a prompt manner.

The Assessment Team observed the service environment was welcoming, and the building design was accessible and easy to navigate for consumers; it supported consumers’ sense of belonging, their independence and engagement with others. Consumers’ rooms were identified by name and number and were personalised; display boxes and photographs were used to assist consumers to identify their rooms. The service environment was observed to be safe, clean, well maintained and enabled free movement.

Cleaning staff could discuss the cleaning processes, which included management of infection control and prevention. Consumers’ rooms were cleaned daily and any requests for further cleaning were attended to in a timely manner. Maintenance staff described both reactive and proactive processes to ensure the service environment was safe and well-maintained. These processes included undertaking maintenance as reported by staff or consumers/representatives and ensuring that work reported was monitored until completion.

Reviewed maintenance logs demonstrated that maintenance issues reported were resolved in a timely manner. The service’s preventative maintenance schedule evidenced regular review of the environment was occurring and updating of equipment and furniture was happening via scheduled room audits, equipment servicing and furniture checks.

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

Consumers and their representatives considered they are encouraged and supported to give feedback and make complaints, and that appropriate action was taken.

Representatives were aware of various avenues to raise concerns should they need to, including at organisational level and external options, and advised they felt comfortable providing feedback and safe to do so. Representatives who had raised complaints or concerns said their feedback was acknowledged and changes were implemented in response to their feedback; they said management and relevant staff had apologised and that care and/or services had improved following their feedback.

The organisation had an open disclosure policy which referred to complaints management. Written communication regarding internal and external complaints mechanisms, including details for advocates and language services, was available to consumers and representatives at the service.

Care staff reported any feedback they received is documented and passed on to management. Registered staff and management said that on receipt of a complaint they discussed it with the complainant to gain further information prior to commencing investigation and/or providing a solution. Staff described the advocacy and language services available at the service.

All feedback was captured and reported on in the service’s monthly quality audit report. Where site improvements were identified these were added to the service’s continuous improvement plan for actioning. The Assessment Team reviewed the feedback and complaints register and noted consumer suggestions and complaints were recorded along with actions taken to address the complaint. The service’s plan for continuous improvement reflected improvements which were made as a result of feedback received.

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

Consumers and their representatives considered that they got quality care and services when they needed them and from people who were knowledgeable, capable and caring.

Consumers/representatives advised staff at the service were kind, caring and staff were considerate of consumer’s needs when providing care to them. Consumers/representatives said staff knew what they were doing and were suitably skilled to provide appropriate care needs to be delivered to them. Consumers/representatives were satisfied with the adequacy of staff numbers.

Management reported the service reviewed the adequacy of staffing levels via staff and consumer feedback, analysis of incidents and observations; staffing levels were adjusted as needed if required. Staff described how they received training, support and professional development that enabled them to carry out their roles and responsibilities. Staff were encouraged to attend training in addition to compulsory training and could request education topics.

Credential and reference checks were conducted prior to staff commencing in their roles and expiry dates for registrations and police checks were tracked by the centralised human resources team. Duty lists were available for all roles and were updated when shift times/duties were reviewed. Staff performance appraisals were conducted annually by management.

Reviewed documentation identified staff absences were filled and the behaviour shift was adjusted according to need. The Assessment Team observed staff interactions to be kind, caring and respectful across all types of staff.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

Consumers and their representatives considered that the organisation was well run and that they could partner in improving the delivery of care and services.

Consumers/representatives advised they felt the service was well run and provided examples of how they felt engaged in the service. Consumers/representatives of the service were engaged in discussion about the service at the monthly consumer meetings. In response to opinions expressed at these meetings activities had been modified and/or added and meals have been changed. Representatives advised they felt engaged in the delivery and evaluation of services and that they could make any suggestions at any time.

The Board met regularly, set clear expectations for the organisation and regularly reviewed risks from an organisational and consumer perspective. The Board satisfied itself that the Quality Standards were being met within the service, through the monthly reporting processes via governance committees to the Board. Organisational governance systems supported effective information management, the workforce, compliance and regulation, complaints management, open disclosure and clinical care. The clinical governance framework addressed anti-microbial stewardship, best practice and minimising the use of restraint. Staff interviewed understood these concepts and could explain how they were applied in practice.

Management described the multiple sources of verbal and written information they had to support them in their roles. Monthly reporting, based on clinical indicators and quality and safety requirements, occurred as well as more immediate reporting of incidents and complaints based on criteria. Staff advised they received current information to direct them in their roles. They had meetings, handover and written information to refer to.

Staff and management interviewed, and reviewed documentation demonstrated, regular improvements occurred at the service and these were generated from staff or consumer suggestions and complaints, as well as learnings from incidents and/or concerns identified elsewhere within the organisation. The organisation monitored changes to various legislative requirements and communicated these changes to the service.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

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

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

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

### 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.