Ridgehaven Residential Care Centre

Performance Report

Gate 3 Hazel Grove
RIDGEHAVEN SA 5097
Phone number: 08 8397 0100

**Commission ID:** 6124

**Provider name:** Allity Pty Ltd

**Site Audit date:** 23 November 2021 to 25 November 2021

**Date of Performance Report:** 27 January 2022

# Performance report prepared by

Janine Renna, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider did not response to the Site Audit report
* Performance Report dated 25 October 2021 in relation to an Assessment Contact conducted on 17 August 2021.

# STANDARD 1 COMPLIANTConsumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The Quality Standard is assessed as compliant as six of the six specific Requirements have been assessed as compliant.

Consumers considered they are treated with dignity and respect, can maintain their identity and live the life they choose. Consumers said they are supported and encouraged to do things for themselves and provided examples of how their privacy is maintained by staff, how their care and services are culturally safe and how they are supported to exercise choice, take risks and maintain relationships.

Staff described the meaning of treating consumers with dignity and respect and demonstrated an awareness of their life history, background and preferences, and provided examples of how they are considered to ensure care and services are culturally safe. Staff explained how they maintain consumers’ privacy and support consumers to maintain independence, exercise choice and take risks. Staff were observed interacting with consumers in a respectful and gentle manner.

Sampled care planning documents were personalised and detailed consumers’ preferences, including cultural and spiritual needs, and provided strategies for staff to support them in taking risks. The service has a ‘Who am I?’ folder, which highlights consumers’ cultural identity and diversity needs.

Documentation, observations and interviews with consumers and staff, demonstrated consumers are provided information to assist in making choices regarding meals, activities and their personal and clinical care.

The organisation has a Lifestyle framework that incorporates eight elements of wellness, including recognising, understanding and meeting the spiritual and cultural needs and preferences of consumers.

Based on this evidence, I find the service compliant with all Requirements in Standard 1 Consumer dignity and choice.

## 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 COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Quality Standard is assessed as compliant as five of the five specific Requirements have been assessed as compliant.

Consumers confirmed they feel like partners in the ongoing assessment and planning of their care and services. Consumers and representatives said consumers have a safe, effective and personalised care plan that includes consideration of risks to their health and well-being, and is influenced by their needs, goals and preferences. Representatives reported they are informed about the outcomes of assessment and planning, and care plans are updated when consumers’ needs, and preferences change.

Staff demonstrated an understanding of assessment and planning processes and described how they approach end of life and advance care planning.

Documentation showed comprehensive assessment and planning that includes consumer needs, goals and preferences, advance care and end of life planning, risks to consumer health and well-being, and risk mitigation strategies. Care plans were reflective of the consumer and inclusive of those involved in the care of the consumer, including relevant health specialists.

Documentation showed care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact the needs, goals and preferences of a consumer.

Based on this evidence, I find the service to be compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

The Quality Standard is assessed as compliant as seven of the seven specific Requirements have been assessed as compliant.

Requirement (3)(a) was found non-compliant following an Assessment Contact conducted on 17 August 2021, as the service was unable to demonstrate each consumer received safe and effective clinical care which was best practice and optimised their health and well-being, specifically in relation to skin and wound care and pain management. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Assessment Contact and have recommended the service meets Requirement (3)(a). I have considered the Assessment Team’s findings and evidence documented in the Assessment Team’s report and find the service compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care. I have provided reasons for my finding under the specific Requirement below.

In relation to all other Requirements in this Standard, consumers consider they receive personal and clinical care that is safe and right for them. Overall, consumers and representatives expressed satisfaction with the way consumers’ health needs are being managed and said their needs and preferences are effectively communicated between and are known by staff.

Staff described management strategies for high impact or high prevalent risks associated with the care of sampled consumers’, which were consistent with those documented in their care plans. Staff explained how they keep informed of changes to consumers’ condition, needs and preferences to ensure appropriate personal and clinical care is provided, and explained how their delivery of care changes when consumers are nearing end of life. Staff demonstrated an understanding of standard and transmission based precautions for infection and minimising the need for, or use of, antibiotics.

Care plans were comprehensive and reflected consumer needs and preferences, with care file documents updated regularly and inclusive of appropriate information for the effective transfer of information to others where responsibility for care is shared. Care plans documented high impact or high prevalence risks associated with the care of each consumer and included prevention strategies to guide staff in delivering safe and effective care. Care plans demonstrated timely and appropriate referrals made to relevant individuals, organisations and providers of other care and services where necessary.

Care planning documentation showed care provided to consumers nearing end of life is in line with their goals and preferences, with their comfort maximised and dignity preserved.

Based on this evidence, I find the service compliant with Requirement (3)(b), (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) in Standard 3 Personal care and clinical care.

### 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.*

The service was found non-compliant following an Assessment Contact conducted on 17 August 2021, where it was found each consumer did not get safe and effective clinical care that is best practice, tailored to their needs and optimises their health and well-being, specifically in relation to skin and wound care and pain management. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* implementation of universal tools for pain assessment and diabetic management,
* audits and/or reviews of opiate administration, pain management and pressure injuries, and
* staff education in relation to complex wound management and pain identification.

The Assessment Team provided the following evidence and information collected through interviews and documents which are relevant to my finding in relation to this Requirement:

* Documentation demonstrated following one consumer’s change in skin integrity, a skin and head to toe assessment was undertaken, pain charting commenced and ongoing monitoring of the consumer’s skin occurred.
* Documentation demonstrated two consumers’ wounds had been consistently measured, dressed and assessed in line with their care plan, and specialist input was sought, with recommendations implemented. For both consumers, pain charting had commenced in line with the service’s policy.
* Documentation demonstrated one consumer with significant weight loss was monitored, and food and fluid charting commenced. An improvement in the consumer’s eating and drinking was documented.
* Documentation demonstrated one consumer’s diabetes was managed in line with her personalised care plan.
* Four consumers and two representatives reported satisfaction with the service’s management of consumers’ complex health issues, including pain, diabetes, pressure area care and weight loss.

Based on the evidence summarised above, I find the service compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

### 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 COMPLIANTServices and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

The Quality Standard is assessed as compliant as seven of the seven specific Requirements have been assessed as compliant.

Consumers and representatives consider the service supports consumers to do the things they want to do, and which are important for their health and well-being. For example:

* Consumers and representatives provided examples of the support consumers receive to keep in touch with people who are important to them, maintain independence and do the things they want to do.
* Consumers stated the service ensures their condition, needs and preferences are communicated within the organisation, and with others where responsibility is shared.
* Consumers provided examples of when they have accessed external providers of care and services.
* Most consumers were satisfied with the quality and variety of meals provided.
* Consumers were satisfied with equipment used to manage their safety and comfort.

Staff provided examples of how services are tailored to consumers’ individual needs, and how consumers are supported to maintain independence and engage in activities to promote their emotional, spiritual and psychological well‑being. Catering staff demonstrated an understanding of consumers’ dietary needs and preferences.

Care plans were found to document information about consumers’ emotional, spiritual and psychological well-being, in addition to their needs and preferences, interests and dietary requirements. Consumer files showed timely and appropriate referrals to individuals, organisations and providers of other care and services for the provision of lifestyle support.

Lifestyle documentation showed group activities are diverse and individualised activity options are available.

Equipment was observed to be suitable, clean and well maintained.

Based on the above evidence, I find the service compliant with all Requirements in Standard 4 Services and supports for daily living.

## 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 COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

The Quality Standard is assessed as compliant as three of the three specific Requirements have been assessed as compliant.

Consumers feel they belong and feel safe and comfortable in the service environment. Consumers reported the environment is clean and well‑maintained, they are free to use communal areas and are encouraged to personalise their rooms. Consumers and representatives also confirmed the furniture and equipment consumers’ use is clean, well-maintained and suitable for their needs.

Staff demonstrated how they ensure the service environment is clean and safe, including the process for actioning and prioritising internal and external maintenance.

The environment was observed to be welcoming, clean and inclusive of shared areas to enable interaction. Communal areas were observed to be well used and inclusive of signage to assist with navigation. Consumers’ rooms were observed to be clean, uncluttered and personalised. Furniture, fittings and equipment appeared to be safe, clean, well maintained and suitable for consumers.

Based on the above evidence, I find the service compliant with all Requirements in Standard 5 Organisation’s service environment.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANTFeedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The Quality Standard is assessed as compliant as four of the four specific Requirements have been assessed as compliant.

Consumers and representatives consider they are encouraged and supported to give feedback and make complaints, and appropriate action is taken to address feedback and complaints. For example:

* they feel supported to provide feedback and complaints regarding consumers’ care and services,
* they are aware of the various channels available to provide feedback and complaints but would initially raise with management who are very approachable,
* they know how to access advocacy services if needed, and
* their feedback and complaints have resulted in satisfactory changes and improvements to care, and they have been offered an apology when appropriate.

Staff demonstrated an awareness of the range of feedback mechanisms and open disclosure principles and described how they assist consumers in making a complaint and providing feedback.

Management reported the Aged Rights Advocacy Service (ARAS) facilitates an annual information session with consumers and information in relation to advocacy and language services are provided to consumers by way of brochures in communal areas.

Documentation shows feedback and complaints are responded to in a timely manner and are recorded and analysed to implement improvements for any trends identified.

The organisation has policies and procedures in relation to complaints resolution and open disclosure to guide staff practice.

Based on the evidence above, I find the service compliant with all Requirements in Standard 6 Feedback and complaints.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

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

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

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

# STANDARD 7 COMPLIANTHuman resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Quality Standard is assessed as compliant as five of the five specific Requirements have been assessed as compliant.

Consumers and representatives consider consumers’ get quality care and services when they need them, from people who are knowledgeable, capable and caring. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* overall, the numbers and mix of staff are satisfactory to support consumers’ care and services in a timely manner,
* staff are kind, respectful, gentle and caring when providing care and attending to consumers’ needs.
* staff know how to deliver care and services according to consumers’ individual preferences and are well trained and competent to perform their roles.

Overall, staff considered they have adequate numbers of staff to provide care and services in accordance with consumers’ needs and preferences. Staff reported they feel supported in their roles and have been provided adequate training, can access a variety of courses relevant to their role when needed, undertake regular competency reviews and are required to participate in performance reviews.

Interviews with staff and management, and documentation showed competencies and training are monitored. Management was able to demonstrate where performance management processes have been used in response to inappropriate staff conduct and gaps in care delivery.

Call bells are monitored to ensure response times are within the 12-minute key performance indicator and where excessive call bell responses are detected, they are investigated and trended. Call bell data demonstrates average response times are under two minutes.

Staff were observed to be patient and attentive when engaging with consumers.

Based on the above evidence, I find the service compliant with all Requirements in Standard 7 Human resources.

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

The Quality Standard is assessed as compliant as five of the five specific Requirements have been assessed as compliant.

Consumers consider the organisation is well run, with the governing body having a presence within the service and their community.

Documentation showed consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement via multiple channels.

Documentation showed the organisation’s governing body is accountable for and promotes a culture of safe, inclusive and quality care and services by overseeing the service’s performance in relation to the Quality Standards, results of internal and external audits and implementing improvements.

Interviews with staff and documentation showed there are effective organisation wide governance systems in place to support information management, continuous improvement, workforce governance, financial governance and feedback and complaints. There are systems and practices are in place to ensure effective management of high-impact or high-prevalence risks, identifying and responding to abuse and neglect, supporting consumers to live the best life they can and managing and preventing incidents.

The organisation’s clinical governance frameworks guide clinical care, which staff could evidence through examples of open disclosure, minimising the use of restraint and antimicrobial stewardship.

Based on the above evidence, I find the service compliant with all Requirements in Standard 8 Organisational governance.

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

# Areas for improvement

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.