Rockingham Nursing Home

Performance Report

14 Langley Street   
ROCKINGHAM WA 6168  
Phone number: 08 9527 1757

**Commission ID:** 7842

**Provider name:** Fresh Fields Management (NSW) Pty Ltd

**Site Audit date:** 2 June 2021 to 4 June 2021

**Date of Performance Report:** 23 July 2021

# 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 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 considered in developing this performance report:

* the Assessment Team’s report for the Site Audit conducted 2 to 4 June 2021; 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 submit a response to the Site Audit report.

# 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

Sampled consumers said they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and are supported to take risks to enable them to live the life they choose. Consumers said staff make them feel accepted and valued and they are encouraged to participate in activities within the service.

Consumers said care and services are delivered demonstrating respect of their culture and diversity. They said staff discuss risks associated with their choices and gave examples of how they are supported to participate in a manner as safe as possible. Consumers and representatives said they are kept informed of changes to care and services and information to enable consumers to make informed decisions.

The Assessment Team observed staff affording consumers’ privacy in aspects of their life, including when cares are being delivered and respectfully interacting with consumers. Care staff described consumers’ personal life history and culture and how these aspects are considered when providing care and services.

Registered staff gave examples of supporting consumers to make informed choices relating to their care through engagement and consultation during assessment and care and services planning processes. Staff gave examples of maintaining consumers’ confidentiality and privacy when providing care and services and communicating with others.

Documentation details the organisation’s mission, vision and values statements are included in consumer and staff handbooks and displayed throughout the service. There is an organisation diversity and inclusivity plan which outlines the approach to delivering care in a personalised manner, taking into consideration cultural diversity and linguistic needs and perspectives.

Care and services planning consider religious affiliations, personal beliefs, cultural and ethnic needs specific to each consumer and indicates discussion of mitigation strategies relating to risk. Hard copy files are stored in a confidential manner and electronic records are password protected.

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

Sampled consumers interviewed said they are involved in initial and ongoing planning of their care and services, including end of life planning needs. Consumers and representatives (where consumers choose) said staff involve them in the assessment and planning of consumers’ care through conversations and meetings upon entry, on a regular ongoing basis, and/or when consumers’ needs change. They said staff talk to them, explaining risks relating to individual choices and discuss their end of life wishes.

Consumers and representatives confirm they are included and informed in the outcomes of assessment and care and services planning, they have access to care plan documentation, medical officers, and other external health professionals are included in this process.

Clinical and care staff described the assessment, care and services planning and review processes and how staff involve each consumer and others where required. Clinical risk assessments are completed. Analysis of clinical data occurs at a service and organisational level; results are used to drive improvement opportunities.

The organisation has a documented process to guide staff practice in undertaking assessment, care planning and ongoing reassessment processes. Staff demonstrated knowledge of their responsibilities in this process and gave examples of care and services planning outcomes for consumers.

The Assessment Team reviewed assessment, care and services planning documentation and identified reviews and case conferencing meetings are completed regularly with input from consumers and others they wish to be involved; including the service’s multidisciplinary team. Most care planning documents are individualised although the Assessment Team identified some are generic in nature; clinical management described process to be implemented to ensure individualised care and services planning is achieved. Care and services plans contain information relative to risks to each consumer’s health and well-being and detailed agreed strategies to mitigate risk. This documentation reflects involvement by consumers, their representatives, medical and other allied health professionals. Representatives and appropriate medical or allied health professionals are involved when circumstances changes and/or when incidents occur.

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 interviewed consider they receive personal and clinical care that is safe and right for them, provided in a timely manner as per their needs and optimises their health and well-being. Consumers and representatives stated they are involved in advance care planning discussions and planned outcomes upon entry to the service and/or when consumers’ needs change. Consumers and representatives expressed satisfaction with information provided to them relating to clinical and personal care needs.

Staff gave examples of how the organisation supports them in delivering personal and clinical care that is best practice and tailored to consumer’s specific needs. Staff described the process for reporting and documenting incidents to ensure consumers’ needs are addressed. Staff expressed an understanding of how to recognise and respond to consumers’ decline in health condition and when palliative care is appropriate.

The service demonstrated processes for involvement with consumers to identify individuals, organisations and other providers such as medical officers, allied health professionals and specialists to deliver care, services and appropriate supports to meet consumers’ needs, services and preferences. The service demonstrated application of appropriate precautions to minimise and prevent transmission of infections and appropriate use of antibiotics.

Clinical staff gave examples of care provided resulting in improved outcomes for consumers, such as a reduction in medication, improved mobility and skin integrity, reduction in falls and stabilisation and/or improvement in unplanned weight loss. Clinical staff demonstrated an understanding of individual and organisational risks for consumers and strategies utilised to minimise risk.

Changes to consumers’ clinical needs involve medical and allied health professionals, consumers and their nominated representatives to determine the most appropriate ongoing care. Documentation detailed regular assessment by a multidisciplinary team leads to care and services planning relative to consumers’ needs.

The organisation utilises best practice tools to conduct assessments utilise policies and procedures that support and guide delivery of care to meet consumers’ needs, goals and preferences. The organisation trends, analyses and responds to high impact and high prevalence risks resulting in management and implementation of improvement opportunities.

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 sampled consider they get the services and supports to daily living that are important for their health and well-being and enable them to do things they want to do. The service has a range of methods for ensuring consumers provide input into the services and supports they choose, and which are important to their needs, goals and preferences.

Consumers expressed positive feedback in relation to staff supporting them to keep in touch with those of importance; they are supported to attend activities of choice within and external to the service; spiritual services are available as per their choice; there is a variety and sufficiency of foods they like plus staff have an awareness of their food preferences and dietary needs; satisfaction with laundry services and the cleanliness of well-maintained equipment to support them in optimising independence, health, well-being and their quality of life.

Staff interviewed demonstrated knowledge of consumers’ individual preferences/needs and described services and supports to assist consumers’ independence in activities of daily living. Staff gave examples of supporting consumers to participate in leisure and lifestyle activities within and external to the service. Staff described services and supports to promote emotional, spiritual and psychological well-being. There are processes to seek consumer feedback and input into the lifestyle program and meal preferences. The lifestyle program caters via a variety of methods to include consumers with reduced functional, visual or cognitive deficits and for consumers who prefer not to participate in group settings.

Management and staff described emotional, spiritual and psychological supports available for consumers, including access to pastoral care teams from local communities, attendance at church services, and spending individual time with consumers who prefer not to participate in communal activities.

Care planning documentation for sampled consumers detailed information relevant to each consumer’s needs and included information about life history, spiritual, emotional and psychological needs and preferences, family and social connections and days of significance to each. Care planning documentation detailed dietary preferences and needs. Policies and procedures are available to guide staff in relation to safe and effective services and supports that optimises consumer’s independence, health, well-being and quality of life.

The Assessment Team observed consumers, with varying levels of mobility, moving throughout the service and staff providing support as needed. Consumers were observed to be engaged in activities and partaking of meals. The Assessment Team observed the service environment to be clean and furniture/fittings observed to be clean, well maintained and suitable for consumer use.

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

Sampled consumers consider they belong and feel safe and comfortable within the service environment. Consumers reported a range of feedback including they feel safe and at home, visitors are made to feel welcome, there are several areas available to interact with others plus areas for quiet reflection; satisfaction with cleaning of equipment and the environment; the design of furniture and fittings assists with independence and adds to the comfort of the environment; they find the environment easy to navigate and can access outside areas of choice.

Staff described the process for ensuring equipment is cleaned and maintained and said training is provided to them regarding the use of equipment. The service environment maximises support for consumer’s independence via navigational aids and directories, mobility aids and seating areas, lighting and contrasting colours, signage and decorative assistance for corridors and hallways. Pictures, room identification and objects are strategically located for improved wayfinding in each section of the environment.

There is a preventative and routine maintenance program. A dining/kitchen area is accessible for visitors to prepare refreshments.

The Assessment Team observed the service environment to be clean and welcoming; corridors are equipped with handrails and chairs placed strategically along corridors to enable seating when needed; furniture/fittings were observed to be clean, well maintained and suitable for consumer use. Consumers, family members and staff were observed to be utilising communal areas.

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

Sampled consumers and representatives considered they are encouraged and supported to give feedback and complaints, and appropriate and timely action is taken should they do so. There are several mechanisms available to capture feedback and complaints and to inform improvement within the service.

Consumers provided a range of feedback including, they expressed confidence they could make complaints, felt safe to do so, are familiar with the ways in which to communicate their feedback and complaints, are confident this is used to improve services and gave examples where their concerns were responded to and promptly resolved. Consumers described management and staff as approachable and understanding which encouraged and empowered them to voice their opinions and concerns.

Staff gave examples of how they manage the process when consumers or their representatives approach them with concerns about care and services. The service demonstrated actions taken in response to complaints and provided examples of feedback resulting in improvements for consumers including the open disclosure processes utilised when required.

Documentation detailed policies and procedures to guide management personnel and staff in managing and documenting feedback and complaints which are analysed for trends and outcomes utilised to improve quality of care and services. There is information for consumers and representatives regarding language services, advocates and external modes of complaints management. Information is displayed throughout the service detailing the internal and external complaints mechanisms available.

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 sampled consider they get quality care and services in a timely manner from management and staff who are knowledgeable, capable and caring. Consumers said staff are kind, caring and gentle when providing care, know what they are doing, they feel safe when staff are assisting them, and there is enough staff to provide care and services in a timely manner.

Staff said they are provided with equipment and supports to carry out duties of their roles and receive ongoing support, training, professional development, supervision and feedback to enable them to perform their role and responsibilities. Staff across all designations said the service maintains coverage of shifts and there are enough staff to manage workflows and respond to consumers’ needs.

The Assessment Team observed staff interactions with consumers to be kind, caring and respectful of each consumer’s identify, culture and diversity.

Management personnel demonstrated the service requires a person-centred care approach used to guide staff in the delivery of dignified, respectful and culturally safe care. Education, training, policies and procedures are based on this premise which promotes organisational expectations relating to consumer interactions. Management provided examples of how staff competency and professional registrations are monitored for currency and suitability to the role.

Education and training records demonstrate examples of training provided to staff regarding the Aged Care Quality Standards and relevant competencies for designated roles.

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 representatives consider the organisation is well run, they can partner in improving delivery of care and services through active participation via a variety of mechanisms. The organisational governing body ensures consumers and representatives are engaged in aspect of the business relating to consumer care.

The organisation demonstrated effective governance systems relating to information management, continuous improvement, finance, workforce, feedback and complaints, regulatory compliance and a clear escalation and reporting pathway within the organisation. Governing body involvement in the overarching running of the service was evident as the clinical governance framework is developed to ensure they are informed and accountable. The clinical governance framework includes evidence relating to the management of antimicrobial stewardship, minimising use of restrictive practices and open disclosure.

The Assessment Team observed documentation and management and staff demonstrated opportunities for improvement are identified, critical incidents are used to drive continuous improvement and there is a process for the governing body to ensure the Quality Standards are met.

The service provided examples of consumer and representative engagement in decisions relative to consumer care and services and demonstrated consumer involvement in the implementation of continuous improvement. Examples of improvement include enhancement of the clinical governance team by increasing membership numbers; improvements to the meal service and additional equipment purchases to promote consumer comfort.

Staff demonstrated knowledge of the systems in place, regulatory requirements, feedback and complaints processes, risk management systems and the process for escalating issues of concern.

The Assessment Team observed documentation in relation to the organisation’s clinical governance and risk management frameworks, noting a variety of policies and procedures which support both frameworks, including ensuring effective risk identification and management to support consumers safety and well-being.

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*
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.