Rose Lodge

Performance Report

225 Graham Street
WONTHAGGI VIC 3995
Phone number: 03 5672 1716

**Commission ID:** 3016

**Provider name:** Wonthaggi & District Elderly Citizens Homes Inc

**Site Audit date:** 10 March 2021 to 12 March 2021

**Date of Performance Report:** 4 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** | **Non-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) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **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 on 10 April 2021

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Overall, sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. For example:

* Consumers interviewed confirmed in various ways that they are treated with respect, that they are encouraged to do things for themselves, and that staff know what is important to them. Consumers confirmed that their personal privacy is respected and care and services are culturally safe.
* Consumers stated staff understand their background and assist them to maintain contact with people who are important to them.
* Overall, consumers felt valued as individuals, and that staff understood their care preferences.

Consumers have access to various documents to enable them to exercise choice, including menus, a lifestyle calendar, notices and meeting minutes.

Staff consistently spoke of consumers in a respectful way and demonstrated they understood the personal circumstances of individual consumers. Care staff interviewed confirmed they had completed training in relation privacy and dignity.

Care planning documentation sampled detailed each consumer’s preferences regarding how care and services are provided, including others they wish to be involved in their care.

Care plans reflect risks and strategies to support consumers have been considered.

The Assessment Team observed that personal consumer information is stored securely.

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 NON-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

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

Overall, sampled consumers and their representatives confirmed that they feel like partners in the ongoing assessment and planning of their care and services. For example:

* Most consumers and representatives sampled confirmed they are satisfied they are involved in planning care and services.
* Consumers and representatives expressed satisfaction with the level of communication provided regarding care, reporting of incidents, and general well‑being. However, two representatives could not recall being offered a copy of the care plan.

Clinical staff described the process to complete initial care plans when consumers enter the service. A suite of assessment tools are completed based on clinical needs, including individual risks and medical practitioner directives.

Sampled consumer care planning documents reflect regular review of care, ongoing partnership with the consumer, others whom the consumer wishes to be involved in their care, and advanced care planning considerations.

Sampled care planning documents included interventions that reflected consumer needs and preferences.

Regular and as needed review of care plans was evident, however documenting review and evaluation of care does not always reflect specific care interventions to manage deterioration or change in consumer condition.

The Quality Standard is assessed as non-compliant as one of the five specific requirements have been assessed as non-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) Non-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.*

A review of sampled consumer files demonstrated care plans are reviewed at least quarterly, or when consumer preferences change, or following incidents. However, review entries in progress notes were brief and lacked detail in the review of care provided and evaluation processes in relation to behaviour management including psychotropic medication use. For example, the Assessment Team observed staff effectively manage challenging behaviour from a consumer, however the effective of this intervention was not captured in the consumer’s care documentation.

Documentation for the management of consumers prescribed psychotropic medications did not demonstrate regular medical review of prescribed medications.

Based on the evidence above, the Assessment Team made a recommendation of non‑compliance in relation to this requirement.

Management’s response to the Assessment Team report described actions taken by the service since the audit including:

* a full audit of psychotropic medication use
* review of psychotropic medication use is a standing agenda item for clinical committee meetings
* enhanced internal communication protocols and information management

While the responsiveness of management in taking remedial action is noted, these actions, while substantial, have been implemented only recently. Taking the above into consideration, and the fact the service was non-compliant at the time of the audit, this requirement has been assessed as non-compliant.

# STANDARD 3 NON-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

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

Overall sampled consumers considered that they receive personal care and clinical care that is safe and right for them. For example:

* Most consumers stated they usually get the care they need and provided positive feedback about the manner in which staff provide care.
* Consumers stated care provided by nursing and care staff is of a high standard and in line with their individual preferences.
* Consumers and representatives stated consumers have access to visiting medical practitioners, allied health staff and other specialists.

Staff described care needs and preferences for individual consumers. Staff demonstrated an understanding of the risks associated with individual consumers, and the care and monitoring processes in place to manage those risks.

The Assessment Team observed staff providing care in accordance with consumer care plans.

Sampled consumer progress notes reviewed indicate staff are recognising and responding to changes in consumer function, capacity or condition. Sampled documents including progress notes, handover notes, and referrals reflect information regarding consumer health, and that their preferences and needs are communicated to those involved in care provision, including external health providers.

The service has reviewed advanced care directive paperwork and all consumers have advanced care directive documentation completed.

The service has written policies on infection control, outbreak management and antimicrobial stewardship and staff understanding of these is supported through education.

Care documentation for consumers living with identified skin integrity risks, such as wounds, did not demonstrate comprehensive wound review, and documentation did not support best practice principles.

Documentation for the management of consumers prescribed psychotropic medications did not demonstrate regular review of the effectiveness of non‑pharmacological measures or regular medical review of the prescribed medications.

The Quality Standard is assessed as non-compliant as one of the seven specific requirements have been assessed as non-compliant.

### Assessment of Standard 3 Requirements*.*

### Requirement 3(3)(a) Non-compliant

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

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

### Sampled care files reviewed did not reflect best practice for the assessment and care of skin integrity, particularly wound management. In addition, documentation is not available to reflect that prescribed psychotropic medications are reviewed for effectiveness. Sampled consumers who experience challenging behaviours have interventions in place, however review of the effectiveness of these interventions was not always documented.

The service has both restraint and psychotropic medication management policies and procedures. However, regular reviews are not evident from sampled care planning documentation. The service could not provide the current number of consumers prescribed psychotropic medications.

The service has skin integrity and wound management procedures which recommend photographs be taken when a wound is identified, and weekly thereafter. However, most of the wound documentation reviewed did not record the wound size following review.

Management’s response to the Assessment Team report stated that photographs of wounds are taken weekly, however due to information technology issues, photographs have not consistently transferred to electronic consumer care plans.

While there is an explanation for the absence of wound photographs from consumer care documentation, and action has been taken to ensure photographs are consistently transferred to the electronic care plan in future, taking the evidence relating to behaviour management and psychotropic medication use into consideration, this requirement is assessed as non-compliant.

### 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

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

* Consumers and representatives were satisfied with the services and support provided.
* Consumers stated they are assisted to attend events within the service and the wider community and that the service makes visitors feel welcome.
* Overall consumers sampled indicated meals are varied, of suitable quality and quantity, and that the chef accommodates personal preferences.

Clinical staff described the process for making timely referrals to appropriate external health practitioners.

Sampled consumer care plans included information about emotional and psychological needs, and information about the services and supports required to assist consumers to do the things they want to do.

Sampled care plan documentation demonstrated reviews and updates are completed in consultation with consumers and/or their representative.

The Assessment Team observed equipment to provide or support lifestyle services is safe, suitable, clean and well maintained.

The Assessment Team observed a range of lifestyle activities throughout the service, with activities tailored to consumer needs.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

### Requirement 4(3)(d) Compliant

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

### Requirement 4(3)(e) Compliant

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

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

Overall, most sampled consumers considered that they feel they belong in the service, and feel safe and comfortable in the service environment. For example:

* Consumers described how they are able to access different areas of the service and that staff assist them as required.
* Consumers stated that the service makes visitors feel welcome.
* Consumers described in various ways that furniture, fittings and equipment are safe, clean, well maintained and suitable.

Staff described the process for cleaning shared equipment before and after use.

Preventative maintenance schedules and documentation reviewed identified maintenance occurs routinely, and faulty equipment is identified and repaired in a timely manner.

The Assessment Team observed the service to be welcoming with the layout of the service enabling consumers to move around freely both indoors and outdoors. The Assessment Team also observed a range of communal spaces which optimise consumer engagement and interaction. Activities were available in many communal areas of the service.

The Assessment Team observed a range of care and clinical equipment was available and stored safely.

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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Overall, sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. For example:

* All consumers and representatives described how they could provide feedback regarding care and services, and felt confident providing feedback.
* Where consumers and representatives indicated they had raised a complaint or suggestion, they were satisfied with the response from staff and/or management.

Staff described the green feedback form and how they assist consumers to complete this form if requested. Staff were aware that information about advocacy and language services is available at reception.

Staff have received education in relation to open disclosure practices and understood open disclosure principles.

Comments and complaints submitted on the green feedback form are registered, reviewed and monitored to ensure timely resolution. Meeting minutes reflect comments and complaints are discussed, trends identified, and actions to be taken discussed.

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

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Overall, sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. For example:

* Consumers stated that staff are kind, caring, respectful and gentle when providing care.
* Consumers described how staff are knowledgeable in relation to their personal care needs and feel staff are adequately trained.
* Consumers confirmed adequate staff levels throughout the service, and advised they receive timely responses to call bells.

A staff allocation folder is maintained for every shift by the nurse in charge to ensure the right combination and number of staff are rostered to provide safe and effective care.

Staff expressed satisfaction with the training and support provided by the service. Management described how staff can access further education outside mandatory training if requested, and that staff have undertaken training on the Aged Care Quality Standards.

The service has recruitment processes to ensure staff have the qualifications, skills, and knowledge to perform their roles. The service monitors and reviews staff performance.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Overall, most sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers described how they feel the service is well run, the living environment is clean, and they feel comfortable providing feedback which is addressed promptly.

Management described how they involve and support consumers in the design, delivery and evaluation of services by seeking their input via green feedback forms, face to face conversations, and consumer and representative meetings.

Management described how the service evaluates its performance against the Aged Care Quality Standards.

The service demonstrated components of their risk management system. Risks are reported, escalated and reviewed by management and the Board to inform improvements to consumer care and services. The clinical board monitors, identifies and addresses high impact and high prevalence clinical risks.

The service has effective organisation-wide governance systems in place, including a clinical governance framework which incorporates antimicrobial stewardship, minimising the use of restraint, and open disclosure.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* Ensure a best practice approach to behaviour management and psychotropic medication use, including review and currency of information regarding effective interventions and review of psychotropic medication use.