St Ann's Homes Davey Street

Performance Report

142 Davey Street
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**Commission ID:** 8062

**Provider name:** Respect Group Limited

**Site Audit date:** 27 April 2021 to 29 April 2021

**Date of Performance Report:** 8 June 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 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

# 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 other relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall consumers considered 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 said that staff are respectful towards them and they feel their individuality is valued. Consumers and representatives said the service provides care that is culturally safe and respects their identity and diversity.
* Consumers said they can involve the people they wish in their care and their important relationships are respected.
* Consumers and representatives said they are satisfied with the way information is presented to them, and this enables them to make choices.
* All consumers said staff are respectful of their privacy and they had no concerns regarding the confidentiality of their personal information.

Staff described how they support consumers in their choices by understanding their values, care needs and personal preferences. Staff described how they provide culturally safe care recognising what is culturally safe for each individual consumer. Where a consumer’s choice involves risk, staff said they assess the risk and try to reduce it through appropriate strategies.

Care planning documents were individualised and included who was an important person in each consumer’s care. Care planning documents included detailed information as to each consumer’s cultural, spiritual and language background. Care plans demonstrated the service supports consumers to take risks. Consumer files included completed risk assessments and consent documents.

The service demonstrated it has policies in place to guide staff on inclusion, diversity, respect and privacy. The service has large printed activity calendars, food menus and consumer newsletters to provide information that supports consumer choice.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

To understand the consumer’s experience and 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, consumers considered they feel like partners in the ongoing assessment and planning of their care and services. For example:

* Consumers and/or representatives indicated they have been offered opportunities to participate in care planning, are informed of outcomes from assessments and are supported to participate in regular care review meetings.
* Consumers and representatives said they can access the care plans with staff or have had copies provided to them on their request.
* Consumers and/or representatives discussed how they are able to set individualised goals for care and how these goals are supported.
* Consumers and/or representatives said they are encouraged to complete advance care directives and express preferences for end of life care.

Care planning documents provided evidence of assessment and planning in accordance with consumers’ individual needs, goals and preferences. Where risk(s) to a consumer’s health and well-being are identified, care plans are developed, and strategies implemented to minimise risks. Consumers who wish to participate in, or undertake activities with identified risks have signed ‘dignity of risk’ forms and risk assessments reflect reviews occur regularly.

Advance care directives are completed according to consumer and/or representative wishes. Referral processes are in place and a range of services are accessible in the service or externally. Initial and ongoing reassessment and care planning systems are in place which reflect consumer and representative involvement.

Care documents demonstrated that consumer’s needs, preferences and goals are reviewed as part of the three-monthly care review. Where consumers’ health needs changed outside of this schedule this was reflected in progress notes, assessments and care plans

The service demonstrated it supports a collaborative approach to assessment and care planning, involving the consumer and/or their representatives.

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

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 other relevant documents.

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

* Consumers and/or representatives said they are very satisfied with how nursing staff attend to wound care and manage consumer pain.
* Consumers and/or representatives said they are satisfied with access to medical practitioners, allied health staff and other specialists, and with the care provided.
* Representatives confirmed that, where incidents have occurred, they are notified promptly and are satisfied with the actions taken to minimise reoccurrence.

Staff described how they recognise and respond to changes in consumer health. Staff described how referrals to specialists and health care providers are appropriate and timely. Staff described how they ensure non-pharmacological interventions are tried prior to the administration of psychotropic medications.

#### Consumer care documents and interviews with consumers confirmed that consumers receive safe and effective clinical and personal care that meets their individual needs and optimises their health and well-being. Care documents reflected that care plans are in place and staff confirmed they provide care in line with consumer choices, needs and preferences. Care documents demonstrated non-pharmacological interventions are documented and reviewed for effectiveness.

The service demonstrated it monitors psychotropic medications and is actively working to minimise restraint and identify risks associated with psychotropic and restraint use.

The service demonstrated it identifies potential high impact or high prevalence clinical risks for its consumers such as unintentional weight loss, diabetes, falls, pressure injuries, and anticoagulant use. Individual clinical risks for consumers are documented on specific care plans and include ‘dignity of risk’ forms for consumers who wish to undertake activities with identified risks.

The service has an infection control policy and an COVID-19 safe plan to support the service in practicing transmission-based precautions and preparing for a possible infectious outbreak. The service also has an antimicrobial stewardship policy that guides staff in the appropriate use of antibiotics.

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

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, consumers considered 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 said they are supported to do the things they want to do, and they are provided with care which meets their goals and supports their independence.
* Consumers said they are able to maintain relationships that are important to them with family and friends, and they are supported by the service to do this.
* Consumers and representative were satisfied with the sharing of information regarding health condition and care needs, goals and preferences.

Overall, consumers were satisfied with the quality of food and the choices offered at the service. All consumers said they get enough food and can always ask staff if they are hungry.

Staff described consumers’ interests and important relationships with people within and outside the service. Lifestyle staff said the activity schedule is planned based on consumers preferences and interests.

Care planning documents contained information regarding consumers’ important relationships, interests and community connections. Care planning documents demonstrated information is shared between organisations in line with consumer and representative’s preference. Care planning documents related to lifestyle supports contained evidence of timely referrals to other organisations to support consumer wellbeing.

The service demonstrated it uses a range of community supports to assist with emotional and spiritual well-being of consumers.

Consumers with differing care needs in mobility, cognition and vision were observed being supported by staff to participate in activities.

The assessment team observed a range of safe, suitable, clean and well-maintained equipment to support lifestyle activities.

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

* Consumers said they feel safe, comfortable and welcome.
* Most consumers and representatives said they are satisfied with the cleanliness of the service environment.
* Consumers said they are free to go outside, and explained how much they enjoyed the garden

Maintenance records demonstrated maintenance is completed promptly at the service.

The service environment was observed to be welcoming, easy to understand, well signed and easy to navigate with lots of natural light. The service environment, and furniture and fittings, were observed to be clean and well-maintained.

Consumers and visitors were observed freely accessing outdoor areas walking in the garden, attending to plants on raised beds or sitting together on available furniture and having coffee.

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.

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

* All consumers feel they are able to make complaints and are aware of the processes to do so. Most consumers feel if they have a complaint they can raise it with staff.
* All consumers and representatives were satisfied changes are made to their satisfaction in response to their complaints and feedback.

Staff described how they support consumers to make complaints or raise concerns. Staff and management described the process of responding to feedback and complaints and monitoring the resolution for consumers. Staff described open disclosure and how the service promotes an open and transparent approach.

Complaint documents demonstrated management resolve complaints in a timely manner.

External feedback brochures and boxes were observed throughout the service, and written materials were on display and easily accessible to consumers. Complaints and feedback information is available in alternative languages for consumers if required.

The service has in place a complaints and feedback policy including open disclosure to guide staff practice.

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

* Consumers and representatives described how staff are kind, caring and gentle when providing care to the consumer.
* Consumers and representatives described how staff know what they are doing and did not express any areas where they feel staff require further training.
* Consumers and representatives described how there are enough staff at the service and the consumer does not need to wait for long periods when utilising their call bell.

Management described how they ensure vacant shifts are filled when staff are on unexpected or planned leave. Management explained they have an adequate level of casual staff to fill in shifts as required.

Roster documents showed most shifts were filled. Call bell and sensor mat response times demonstrated staff are responding to consumers within a timely manner.

Staff described how they undertake regular education sessions and are up to date on their mandatory training. Training records demonstrated most staff have completed mandatory training.

The service demonstrated there is an effective workforce in place which is recruited and supported to ensure the provision of safe, high quality and person-centred care.

The service demonstrated it has recruitment processes in place to ensure quality and experienced staff have the qualifications, skills, and knowledge to successfully complete their jobs. The service demonstrated a robust system for staff appraisal and performance management.

Staff interactions were observed to be kind, caring and respectful.

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, consumers consider the organisation is well run and they can partner in improving the delivery of care and services. For example:

* Consumers said the service is well run, the living environment is clean, and their input and suggestions are considered and acted on.
* Consumers are involved in monthly committee meetings if desired, where feedback and concerns regarding their care are provided to management and staff.

The service demonstrated it has systems in place to manage high impact and high prevalence risks associated with the care of consumers. Risks are reported, escalated and reviewed by management at service level and the organisations senior management including the Board. Risk areas are known and addressed in policies and procedures and the workforce operate within these policies and procedures.

The organisation promotes safe and inclusive care through equal opportunity and diversity policies to guide staff practice.

The organisation provided a documented risk management framework supported by policies and procedures documented to manage risk.

The organisation has effective governance systems in relation to information systems, continuous improvement, financial and workforce governance and regulatory compliance.

The organisation provided as clinical governance framework which includes the antimicrobial stewardship, minimising the use of restraint and an open disclosure policy.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.