Torrens Valley Aged Care

Performance Report

2 Albert Street
GUMERACHA SA 5233
Phone number: 08 8209 9200

**Commission ID:** 6138

**Provider name:** Barossa Hills Fleurieu Local Health Network Incorporated

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

**Date of Performance Report:** 25 May 2021

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report received 4 May 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

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

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 and representatives interviewed said staff understood them and respected their wishes and choices.
* Four consumers interviewed confirmed staff understand and value their culture and diversity, which was Australian.
* Consumers sampled confirmed they are supported to take risks and do not feel restricted in their movements or choice of activity.

The service has a recruitment process which involves ensuring staff they display appropriate values and an include an observation of staff practice. The Assessment Team observed staff interactions with consumers to be dignified and respectful.

Each consumer has a care and lifestyle care plan developed in conjunction with the consumer and their authorised representative. These record individual cultural and religious preferences.

The Assessment Team observed consumers making decisions in the way care and services are delivered. Examples included through the entry process where individual preferences are recorded and on a day-to-day basis, such as when asking for their choice of meals and if they would prefer a shower or a bed wash.

Documentation viewed the services is identifying and supporting consumers to take risks. The Assessment Team viewed entry documentation for consumers which included a handbook, newsletters and monthly consumer meetings, demonstrating information is being communicated to consumers.

## 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

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

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 considered that they feel like partners in the ongoing assessment and planning of their care and services. For example:

* Consumers and representatives stated they have had been involved in the assessment and care planning process. One consumer and one representative confirmed end of life planning was discussed with them. Four consumers and one representative said they were involved in the care planning process and were aware they had a care plan. Consumers and representatives confirmed care and services are regularly reviewed or when incidents occur.

Care plans viewed confirmed consumers have a range of assessments completed, including advance care planning and end of life planning, which is recorded on the electronic documentation system. The Assessment Team viewed documentation confirming consumers and others had been part of the assessment and care planning review processes on entry and at three-month reviews. Staff review care and services according to a set schedule and when incidents occur. Documentation viewed showed care and services are regularly reviewed. Staff were able to describe notifying consumers and representatives of outcomes of assessments.

## 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

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

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:

* Consumers and representatives interviewed were satisfied with the provision of care and services. Consumers and representatives confirmed staff are aware of consumer’ individual care needs and they do not need to repeat themselves. Consumers interviewed said they observed staff washing their hands and cleaners clean their room. All consumers interviewed said they were aware and had access to a care and service plan.

The service has a Comprehensive Clinical Care for Aged procedure which has recently been approved and outlines the service’s process in relation to the assessment and provision of clinical care services. The procedures provide further links to inform staff of best practice information. Staff were able to describe using best practice tools to identify care needs of consumers and then developed and deliver care and services in accordance with the plan to optimise consumers’ health and wellbeing.

The Assessment Team viewed care files which demonstrated effective management of high-impact or high-prevalence risks associated with the care of each consumer. The service has an electronic assessment process which informs the care plan. Documentation viewed confirmed staff provided care and services for consumers in accordance with their end-of-life care wishes. The service has a process to recognise and respond to changes which includes clinical monitoring, referral mechanisms and review of care and service plans as required and based on a set schedule.

Documentation viewed confirmed staff provided care and services for consumers in accordance with their end-of-life care wishes. The service has access to a range of service providers and refers consumers where appropriate. The service has a policy in relation to antimicrobial stewardship. Staff were observed undertaking infection control practices. Infections impacting on consumers are identified and addressed.

### 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

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

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 interviewed confirmed staff support them to do the things they like to do and are important to them, for example, maintain independence with daily tasks and attend activities of their choice within and outside the service.
* All consumers interviewed said they were satisfied with the level of emotional and spiritual support provided.
* All consumers and representatives interviewed confirmed consumers have social and personal relationships, have thing of interest to do and are able to participate in the community if they wish.
* All consumers interviewed said they were satisfied with the meals being provided.

Consumers have individual Social and Leisure profiles completed which identify what is important to individual consumers. Consumers and representatives are asked if consumers would like their room cleaned and have their laundry done for them to help them live the life they choose on entry into the service.

Consumers have a Leisure and Lifestyle Assessment completed which identifies individual preferences in relation to cultural, spiritual and emotional needs. Consumers are provided emotional support as required, including when entering the service and when nearing end of life.

Staff were able to describe activity preferences for individual consumers and how they use the assessment process to identify activities of interest, social and personal relationships and support consumers to participate in the environment.

## 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

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

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

* Consumers interviewed said they feel safe living in the service, their family and visitors are made to feel welcome, and they have personalised their rooms to make it more homelike.
* Consumers interviewed confirmed the environment is safe, clean and well maintained. For example:
	+ One consumer stated, “They’re marvellous with the cleaning and maintenance. They come every day to check and clean.”

Staff and management interviewed demonstrated their understanding and application of this Requirement. For example:

* Management said they monitor feedback from consumers, representatives and visitors about the service environment through the Safety Learning System (SLS), Resident and Representative meetings and consumer experience surveys. Results from the December 2020 consumer experience survey show consumers feel safe and at home at the service.
* The Maintenance Officer described how maintenance is managed through the use of preventative and reactive maintenance schedules and explained a range of external service providers assist in the maintenance of plant and equipment.

The Assessment Team observed at both sites:

* Consumers’ rooms have a personal character and feel, including family photos, religious ornaments, football team posters, plants and personal furniture.
* The service environment, furniture, fittings and equipment are clean and well maintained.

## 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

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

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 appropriate action is taken. For example:

* All consumers and representatives interviewed confirmed they were able to provide feedback without retribution and engage in the feedback process. For example:
	+ One consumers said, “I tell my complaints to my daughter and she tells them and it gets fixed up.”
	+ One consumer said, “Of course I feel comfortable to raise a complaint.” They also went on to explain they attends Resident and Representative meetings and has the opportunity to provide feedback.

Management said consumers are encouraged to give feedback through monthly Resident and Representative meetings, food focus groups, care planning focus groups and consumer engagement surveys.

## 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

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

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:

* All consumers and representatives interviewed said staff are kind, caring and gentle when providing care. For example,
	+ Representative said they found the staff wonderful, very efficient, loving and caring.
	+ One consumer said, “Staff are good here, they try everything to help you no question about it.”
* All consumers and representatives interviewed were satisfied staff have the necessary skills to meet consumer needs.
	+ Representative of a consumer was very satisfied with the competency of staff providing palliative care stating, “They are on the ball, rang us whenever there was a situation, kept us up-to-date with everything.”
* Four consumers interviewed said they feel there is enough staff.

Management demonstrated the service has an initial onboarding and recruitment process in addition to a training schedule to ensure staff have the have the relevant knowledge and qualifications to perform their role.

Management said the nurse unit manager does the rostering for clinical and care staff and the hotel services supervisor manages service staff.

The Assessment Team observed staff interactions were kind, and care is safely delivered by suitably competent members of the workforce, consistent with scope of practice

## 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

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

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

* Two consumers interviewed said the aged care service is well run. Both of these consumers said they attend the Resident and Representative meetings where they are asked for input into the delivery of care and services.

Consumers have input into the service through a number of feedback mechanisms. This includes food focus groups, care planning focus groups, monthly Resident and Representative meetings, surveys and care plan review process.

All Board members have received training on Standard 8 and are aware of their responsibilities. The organisation has a range of reporting mechanisms to ensure the governing body is aware and accountable for the delivery of services.

The service was able to demonstrate organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service was able to demonstrate effective risk management systems and practices, including, but not limited to, managing high impact or high prevalence risks associated with the care of consumers; identifying and responding to abuse and neglect of consumers; and supporting consumers to live the best life they can. The service has policies and procedures in relation to this requirement and management were able to describe how they manage high impact or prevalence risks associated with the care of consumers, including weekly Clinical Risk Management meetings

The service has policies and procedures to support staff which includes antimicrobial stewardship, minimising the use of restraint and open disclosure. The service reports on clinical care through weekly Clinical Risk Management meetings, monthly site meetings and monthly Care of the Older Persons (COOP) committee meetings.

## 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.