Uniting Caroona Marima Goonellabah

Performance Report

101 Rous Road
GOONELLABAH NSW 2480
Phone number: 02 6624 8356 / 0400 469 925

**Commission ID:** 2535

**Provider name:** The Uniting Church in Australia Property Trust (NSW)

**Site Audit date:** 20 April 2021 to 22 April 2021

**Date of Performance Report:** 31 May 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.
* the provider’s response to the Site Audit report received 21 May 2021.
* other information and intelligence held by the Commission regarding the service.

# 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

Consumers and representatives confirmed that consumers were treated respectfully, their personal privacy was respected and their private information was kept confidential. They said that staff know the consumers as individuals, including what is important to them, encouraging and supporting consumers to maintain their independence.

Consumers and representatives expressed satisfaction with how the service supports consumers to express their individuality including respecting their cultural needs. They provided examples of how the service supports consumers to take risk to live the life they chose such as if consumers wish to smoke.

Staff demonstrated and understanding of things of importance to consumers, and provided examples of how they ensure consumer preferences are supported and respected. For example, supporting consumers to choose what time they get up in the mornings, when they wish to have personal cares delivered and individual meal choices.

Management advised discussions in relation to supporting consumers who wish to take risk is included as part of the entry assessment process. Clinical staff confirmed that any risks identified through the assessment process are discussed with consumer and representative to support informed decisions.

Care documentation included information specific to the individual consumers including their religious, spiritual, cultural needs and personal preferences for care needs.

Review of documentation provided to the Assessment Team demonstrated the service supports consumer choice and independence through regular surveys, and changes are implemented in response to consumer feedback.

The organisation has a risk management policy that outlines the risk identification process as well as assessment, planning, monitoring and review processes. Policies are available to guide staff including consumer’s right to take risks which includes examples of risk-taking activities, risk identification and management processes. Staff have been provided with education on ‘consumer dignity and 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

Consumers and representatives said they feel like partners in ongoing assessment and planning of consumers care and services, and are involved in the assessment and care planning process from the time of entry. Consumers and representatives expressed satisfaction that the assessment and care planning processes delivered safe and effective care and services. Most consumers and representatives said that they had been involved in discussions with the service about advanced care and end of life care planning.

Consumers and representatives said staff talk to them and provide information about consumers care and services. Not all consumers and representatives said they had received a copy of the consumer’s care plan, however, were confident this could be accessed if they wished.

Staff demonstrated an understanding of the service’s assessment, care planning and evaluation process including consumer assessment on entry to the service and three monthly care plan review. Registered Nurses described how they involve consumers, representatives and other health professionals in the assessment, care planning and review process including at care plan reviews and annual consumer reassessments.

Care staff confirmed they have access to consumers’ care plans and said they would consult the Registered Nurse and review the care plan if they were concerned about consumer’s personal or clinical care. Staff described their responsibility in relation to the incident reporting including the escalation of incidents and reporting any change in the consumer’s condition, needs or preferences which may prompt reassessment.

Care planning documentation reflected individualised needs, goals and preferences and included specific risks to each consumers’ health and well-being such as skin integrity, falls and risk of weight loss. Care plans were readily available to all staff, including visiting health professionals.

The service had policies and procedures to guide staff in the assessment and planning process, advanced care planning and assessing consumer care at the end of life. Clinical assessment tools and consumer care plans were available on the service’s computerised system.

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

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

### Consumers and representatives considered consumers received personal care and clinical care they needed, and consumers expressed feeling safe. They said the consumers’ needs and preferences are effectively communicated between staff and expressed satisfaction with access to other health professionals as required.

Staff demonstrated an understanding of consumer’s individual needs and preferences and how they ensure these are met. For example, for one named consumer who is a risk of falling staff explained strategies implemented to minimise this risk such as frequent monitoring and falls prevention equipment. Staff said the communication of changes in consumers’ needs and preferences is communicated at handover. Registered Nurses are available on site 24 hours a day, seven days per week to support in consumer care delivery.

Care planning documentation included evidence of how staff had supported consumers including those with complex clinical are needs. For example, falls risks, consumers at risk of weight loss and management of diabetes. Documentation demonstrated referrals to other health professionals and the identification of, and response to consumer deterioration or a change in consumer’s condition and/or health status.

The service has policies, procedures and guidelines to support the delivery of care provided including in relation to restraint, wound management, pain, palliative and end of life care, and escalation of changes in consumers’ condition. The service monitored care delivery through the analysis of clinical incident data, clinical audits and the monitoring of care delivery by registered staff.

The service has implemented policies and procedures to guide staff in minimisation of infection related risks. Staff confirmed they have received training in COVID-19, infection control principles, anti-microbial stewardship and outbreak management. Practices were in place that demonstrated that the service has planned and is prepared for a potential outbreak.

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

### Assessment of Standard 3 Requirements

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

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

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

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

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

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

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

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

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Consumers and representatives said consumers receive the service and supports for daily living that are important for their health and wellbeing and that enables them to do the things they want to do. They advised the service supports consumers to optimise their independence, including participating in activities of interest both through the lifestyle program or spending time doing independent activities of their choosing. Consumers and representatives confirmed that consumers are supported by the service to maintain social and emotional connections with those that are important to them. They said that information about consumers’ daily living needs and preferences is shared with others where responsibility for care is shared.

Consumers and representatives provided positive feedback in relation to food and confirmed that it was of adequate quantity, quality and variety. One named consumer said that if they did not like what was on the menu, staff would order a favourite takeaway meal. They expressed satisfaction with this process.

Staff described what is important to individual consumers and how they support the consumers’ needs, goals and preferences. For example, one named consumer was previously a table tennis champion and still enjoys playing at the local community club; a second named consumer enjoys eating their lunch while watching movies of their choosing.

Staff interviewed said they had access to the equipment they needed and described the process of documenting and reporting when equipment is faulty. Equipment was observed to be safe, clean and well maintained.

Care planning documentation included information about consumers’ lifestyle preferences and things of importance to the consumer. Care plans included information and strategies to support the emotional, spiritual and psychological wellbeing of consumers. Strategies outlined in care documentation included engaging consumers in one to one conversation, referral to counselling when necessary and ensuring consumers are supported to attend activities of interest. Care planning documentation included information about external services and individuals and community groups who supported consumers to maintain their interests and participate in the community outside the service.

The Assessment Team reviewed the service’s plan for continuous improvement and consumer meeting minutes which demonstrated consumers have input into the lifestyle program and the service responds to these requests.

## 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

Consumers and representatives said the service environment is welcoming and visitors are encouraged to participate in the activities at the service. Consumers said they feel safe, the service is clean and well maintained and they can move freely indoors and outdoors. Consumers confirmed they can decorate their rooms with personal belongings and items of importance which supports them to feel more at home.

The service environment was observed to be welcoming, including a staff member always available to greet visitors on arrival. Consumers rooms were observed to be decorated with personal items such home-like furnishings. Communal areas included outdoor gardens and seating areas, an onsite café and other quiet sitting areas. Consumers were observed together participating in activities and having morning tea.

The Asset Manager described the process for staff reporting and documenting maintenance requests. Staff confirmed the service maintenance reporting processes and said maintenance issues are attended in a timely manner. Review of the services maintenance register identified there were no outstanding reactive maintenance issues at the service.

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

Consumers and representatives said they are encouraged and supported to give feedback and make complaints, and one named consumer advised they were supported by staff to make a complaint. Consumers and representatives said they feel comfortable raising concerns through the service’s confidential feedback form and that appropriate action is taken in response to their concerns.

One named consumer described actions taken by the service when they had made a complaint in relation to staff, which included discussions with management, an apology offered and explanation of the actions the service had taken to minimise reoccurrence. The named consumer expressed satisfaction with the outcome of the complaint process.

Staff said that if they received a complaint, they would assist the consumer if requested. Staff demonstrated an understanding of open disclosure and the importance of informing and apologising after something has gone wrong.

Management said consumers are provided information about the services complaints and feedback processes in various ways, such as documents, posters and discussions at consumer forums. The Assessment Team confirmed information about the organisation’s feedback and complaints process, advocacy and language services are provided to consumers.

The service was guided by policies and procedures in complaints management and open disclosure; and staff have been trained in open disclosure. The service had a documented plan for continuous improvement which demonstrated improvements have been made as a result of consumer feedback.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Consumers and representatives said staff were kind and caring. They considered that consumers get quality care and services that meets consumers’ needs and preference; and from staff who are knowledgeable, capable and caring. Consumers expressed satisfaction with staffing numbers and said their requests for assistance were responded to in a timely manner.

Most staff said they have sufficient time to meet consumers’ care and service needs. However, six household staff considered they did not have enough time to get all care and services completed, such as cleaning and activities. Management confirmed they were aware of these issues and described the actions taken by the service including the employment of contracted cleaner hours. Review of the service’s plan for continuous improvement and meeting minutes confirmed action has been taken by the service. Management said the Household Model implemented by the service was under review.

Management said staff recruitment is managed by a dedicated team who are responsible for completing mandatory pre-employment checks. They said the organisation utilises a capability matrix that documents the skills, abilities and attributes for each role; and confirmed all staff undertake mandatory training on commencement at the service. Management were able to describe the training, support, professional development and supervision provided to staff during orientation and on an ongoing basis, such as a continuous conversations approach to the performance of staff.

The service had implemented improvements in relation to workforce planning including the recruitment of additional clinical staff and a performance appraisal process to ensure staff performance appraisals are up to date.

Staff were observed assisting consumers in a way which was respectful and did not rush consumers through the process.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Consumers and representatives considered that the organisation was well run and that they can partner in improving the delivery of care and services. For example, when consumers provided feedback to staff about care that did not meet their expectations, staff responded to their concerns and consumers expressed satisfaction with actions taken.

Management advised the organisation has an Engagement Framework that outlines the processes for engaging consumers in the development, delivery and evaluation of care and services.

The governing body promotes a culture of safe, inclusive and quality care and services through the organisation’s strategic objectives which reflect safe, quality and compassionate service that respects individual consumer needs. The service’s governing body, the Care and Safety Committee met regularly to set clear expectations and review risks from an organisational and consumer perspective. The Care and Safety Committee report to the Board. The service monitors it’s performance though the analysis of quality and clinical data and through auditing that is reported to the Care and Safety Committee.

Governance systems are in place in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Consumers and staff reported satisfaction with the information that was available to them. The service was able to demonstrate continuous improvement activities that have been driven by consumers and staff and the organisation has mechanisms to track and communicate changes in aged care law including for example legislation relating to reportable assaults.

The organisation has a documented risk management framework, including policies describing how high impact or high prevalence risks associated with the care of consumers are managed; abuse and neglect of consumers is identified and responded to; and consumers are supported to live the best life they can. Staff said they had received mandatory training in risk management policies and provided examples of their relevance to their work.

The organisation demonstrated it had a clinical governance framework that supported clinical care practice. The service demonstrated how clinical care practice was governed by organisational policies relating to antimicrobial stewardship, restraint minimisation 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

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.