ValleyView Residence

Performance Report

3-5 Vernon Street
Collie WA 6225
Phone number: 08 9734 0222

**Commission ID:** 500287

**Provider name:** The Riverview Residence Collie (Inc)

**Quality Audit date:** 2 September 2020 to 3 September 2020

**Date of Performance Report:** 23 December 2020

# 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 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 Quality Audit; the Quality 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 COMPLIANTConsumer 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.

The Assessment Team found overall, sampled consumers interviewed 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. The Assessment Team were provided the following examples by interviewed consumers:

* A consumer’s request for a particular worker was provided.
* A consumer said they were satisfied with the communication received from the service.
* A representative said they were grateful to have received support from the service to navigate the Aged Care system.

Care planning documentation for the consumers sampled reflected their goals, interests and matters of importance to them. Information relating to the consumer’s preferences and how they would like their service to be delivered is recorded. Examples included preference for particular staff to attend, day and time of service.

Staff interviewed provided meaningful examples of how they support consumers to make choices, including giving consumers clear and accurate information and options to inform their choice. Staff demonstrated awareness of the consumers they supported and could provide examples of the choices and preferences the consumer has expressed.

Consumers and representatives interviewed confirmed they are consulted and encouraged to make decisions about the care and services delivered. Care plans sampled reflected choice is to be provided in how involved the consumer will be at each delivery of their service. Where risk is identified staff discuss and agree on how the risk will be managed.

Consumers and representatives confirmed their satisfaction that they are provided communication by the service that is timely and appropriate for their needs. Consumers and representatives sampled confirmed their satisfaction their information is kept private.

The Assessment Team found the organisation has monitoring processes in relation to Standard 1 to ensure a culture of inclusion and respect for consumers; supports for consumers to exercise choice and independence and consumers’ privacy is respected.

## 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 COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

The Assessment Team found overall consumers considered that they felt like partners in the ongoing assessment and planning of their care and services. The Assessment Team was provided the following examples by consumers and representatives interviewed:

* Consumers and representatives said they were satisfied the information they provided to the service was used to develop the care and services delivered.
* Consumers confirmed they discuss their ongoing care needs including when there are changes to their health or circumstances. Consumers confirmed they review and sign the updated care plan following changes to care and services.
* A representative confirmed additional services requested for their consumer while they were away on leave was agreed and provided.
* Consumers confirmed they have access to their care plan in their home.

Initial and ongoing assessments assist the service to identify each consumer’s care needs and preferences. Care plans are developed and those sampled by the Assessment Team sampled showed goals are recorded. Assessments are completed using best practice assessment tools to identify risk for example, for falls risk and cognition. Care documentations showed consumers are consulted on how the care and services will be delivered. As an improvement the service is currently developing a comprehensive consumer profile to provide care staff with a holistic understanding of each consumer.

Consumers confirmed they are involved in assessment and care planning. Consumers and representatives confirmed they participate in regular review or when there is a change in the consumer’s circumstances requiring changes to services.

Staff confirmed they are provided with timely information to provide care and services including when there are changes to service provision. Care staff confirmed there are processes to inform the Coordinator of any observed changes or feedback from the consumer and/or representative which are acted on.

The service has processes where information is shared including to allied health professionals and the consumer’s medical officer. The service demonstrated they include others in the assessment and review of consumers.

The Assessment Team found the organisation has monitoring processes in relation to Standard 2 to ensure initial and ongoing assessment and planning is conducted in partnership with consumers and has a focus on optimising health and well-being in accordance with consumers’ needs, goals and preferences

## 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 COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

The Assessment Team found overall consumers and representatives interviewed considered they receive personal care which is safe and effective. The Assessment Team provided the following examples provided by consumers:

* Consumers confirmed the care they receive is what they ask for and completed how they like it.
* One consumer said they trusted the service would do the right thing by them as they neared the end of their life.
* One representative said the service calls them to discuss care and services when the care worker has reported a change in their consumer.
* Consumers and representatives confirmed care staff are provided with information to provide the service agreed including when there are changes.
* A representative said the service works in conjunction with their consumer’s medical officer to provide appropriate care and services.

The service is not currently providing clinical care but has the capacity to do so when identified. The service is providing personal care services to consumers including medication prompts.

Sampling of consumer care plans show personal care has been developed individual to the consumer which was demonstrated by staff interviewed.

The service has policy and processes to guide staff to understand consumer’s risk and where there may be complexity in the care provided. The service demonstrated awareness through examples including medication prompt and where a consumer is at risk of weight loss. Staff demonstrated awareness to report any consumer changes observed or reported to them, which are then acted on.

The service demonstrated it refers consumers for other services including allied health and other community supports. Consumers are consulted and made aware of the costs of the services. The service works with the consumer’s medical officer to ensure ongoing review and monitoring is completed.

Staff demonstrated how they receive information on changes and updates to consumers.

The service demonstrated there are processes to guide staff to identify deterioration in consumers and what to do including contacting emergency services.

Staff demonstrated understanding of standard infection control processes to follow and have completed training as directed by the service.

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 3 to ensure delivery of safe and effective personal and clinical care, in accordance with consumers’ needs, goals and preferences to optimise health and well-being.

### 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 COMPLIANTServices 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.

The Assessment Team found that overall consumers and representatives sampled considered they get services and supports for daily living that are important for their well-being and enable them to do the things they want to do. The Assessment Team provided the following examples from consumers interviewed:

* Consumers confirmed they are encouraged and prompted to work with the care staff during their service as identified through care planning and recorded in the care plan.
* A consumer said they had received wonderful emotional support from staff following diagnosis of a terminal illness.
* Consumers provided examples of how they do things of interest to them and staff encourage this.
* Consumers confirmed they are provided meals appropriate for them and where required alternatives are discussed and provided.

The service has assessment and review processes which identify each consumer’s goals and preferences which guides service delivery. Staff demonstrated an understanding of the sampled consumers’ needs, preferences, experiences and interests in line with documented care and service plans.

Sampling of consumer care plans showed there is information in care plans specific to the consumers’ preferences, needs and interests. Examples provided included where there is consumer’s preference to be prompted to actively participate in the service and where an interest is to be encouraged.

Where identified sampled consumers are supported to maintain community contact through social support services.

Consumers confirmed staff know them and where appropriate provide emotional support to them or discuss others who can be involved.

Where meals are provided via the service’s residential facility consumers said the meals were satisfactory. When the Assessment Team identified one consumer’s dissatisfaction follow up showed, the service was aware and were discussing alternatives with the consumer. Information in sampled consumers’ care plans showed when discussed the consumer’s preference was provided by the care worker. This was exampled by a consumer who prefers a smaller meal and there is agreement with the consumer the lunch meal will be divided to a suitable size of meal and the remaining meal provided in the evening as part of the medication prompt service.

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 4 to ensure safe and effective services and supports for daily living are provided that optimise consumers’ independence, health, well-being and quality of life.

## 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 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

Standard 5 Organisation’s service environment was not assessed as part of the Quality Audit as the service only provides its services to consumers in their home or in the community.

# STANDARD 6 COMPLIANTFeedback 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.

The Assessment Team found that overall consumers and representatives consider they are encouraged and supported to provide feedback and make complaints, and appropriate action is taken. The following examples were provided to the Assessment Team by consumers and representatives during interviews:

* Consumers and representatives confirmed they are able to provide feedback and make a complaint to the service.
* Where consumers have provided feedback verbally documentation showed the feedback has been registered on the service’s documentation.
* Where feedback or a complaint has been provided action has been taken to address the feedback or complaint.

The service is currently providing services to three consumers and the Assessment Team found there is not a centralised system to capture, action, analyse and monitor feedback and complaints received. However, the management team demonstrated due to the low number of consumers’ feedback and complaints received have been documented, investigated, actioned and monitored. The management team acknowledged and demonstrated an improvement as consumer numbers rise a centralised system will be implemented.

Staff demonstrated awareness of encouraging consumers and their representatives to provide feedback and complaints including awareness of external complaint agencies.

Where there have been complaints raised documentation and discussion with management demonstrated they have practised an open disclosure approach. An example provided showed even where after investigation where no fault by the service could be found the service provided the consumer with new equipment. The service also provided direction to staff on the use of the equipment which is kept alongside the consumer’s care plan in the home.

The service demonstrated where applicable there is a process for feedback and complaints to be escalated to the organisational management team and governing body for updates and discussion.

Improvements were sampled which demonstrated the service implemented changes to delivery of service in the form of a checklist in the home file to ensure the representative was aware what tasks had been carried out at each service.

The Assessment Team found that while the organisation does not have a centralised monitoring system for the management of feedback there are processes in relation to Standard 6 to ensure input and feedback from consumers, carers, the workforce and others is sought by the service and used to inform continuous improvements for individual consumers and the organisation.

## 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 COMPLIANTHuman 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.

The Assessment Team found overall consumers and representatives considered they get quality care and services when they need them and from people who are knowledgeable, capable and caring. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Consumers said they are satisfied with the staff who support them.
* Consumers confirmed they can request a preference of care staff for their service and this is acted on.
* Consumers and representatives said they had not had to raise any issues with the staff provided.
* Consumers and representatives confirmed they are consulted and informed about changes to care staff who attend their service.
* Consumers confirmed staff know what they are doing.

The service does not currently provide clinical care services for consumers but stated to the Assessment Team they have capacity and capability to do this when the assessed need of a consumer for clinical care and services is indicated. The service demonstrated there are processes to ensure the workforce and the number of staff deployed enables delivery of quality care and services.

Consumer and representative interviews indicated staff are kind and caring and offer emotional support when observed. Staff have completed training and education about the Aged Care Quality Standards and are guided by the service in the expectations of meeting them.

Staff are recruited through organisational processes and receive induction, training and complete buddy shifts. A three month probationary period is completed with feedback and a formal process completed. Where applicable consumers are visited and encouraged to provide feedback of their experience of the care staff.

The service demonstrated it has monitoring processes in place to ensure staff complete mandatory and other identified training. There is monitoring of police certificates and an alert system when certificates are coming up for renewal.

Staff complete a bi-annual performance appraisal. Management described how it uses feedback from consumers, other staff and the completion of surveys to identify performance and development of staff.

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 7 to ensure the workforce is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## 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 COMPLIANTOrganisational 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.

The Assessment Team found overall consumers and representatives considered the service is well run and they are engaged to partner in their service to improve the delivery of care and services. The following examples were provided to the Assessment Team during interviews with consumers and their representatives:

* Consumers confirmed they are consulted on the care staff delivering their service.
* Consumers and representatives confirmed they are involved in the assessment, planning and review of their care and services.
* Consumers are confirmed they are encouraged to provide feedback to improve their service. This is completed through care conferencing and feedback mechanisms.

The service has a governance structure to support all aspects of the service including information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. There are policies and processes to ensure these areas are monitored and reported at various levels including meetings, organisational management and the Board.

The service demonstrated consumers are engaged and consulted in the development of their care and services and provided opportunities to give feedback and suggestions to improve their experiences with the service. Examples of where care was changed were provided to the Assessment Team showing this is encouraged and acted on.

The service evidenced they are governed by a Board and has an established organisational structure with defined roles and responsibilities. The Board meet regularly and is provided updates through the organisational management team and committees.

Staff are provided with policies and processes which ensure risk is identified, assessed and strategies discussed, agreed and recorded which are monitored. While the service does not currently provide clinical care risks including weight loss and medication administration were evidenced to be identified managed and monitored. Staff demonstrated how they report incidents of observed or reported risks including falls, deterioration of consumer health and other health issues for follow up. Staff have access to processes to guide them to ensure consumer safety, preferences and choice is supported.

While the service is not currently providing clinical care the Assessment Team evidenced the service has access to a clinical governance framework including but not limited to managing complex care, antimicrobial stewardship and open disclosure.

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 8 to ensure the organisation’s governing body is accountable for the delivery of safe and quality care and services.

## 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.