Villaggio Sant Antonio Hostel

Performance Report

35 Burkitt Street   
PAGE ACT 2614  
Phone number: 02 6255 1794

**Commission ID:** 2909

**Provider name:** Villaggio Italiano Ltd

**Site Audit date:** 13 July 2021 to 16 July 2021

**Date of Performance Report:** 12 August 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** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives and others
* the provider’s response to the Site Audit report received 10 August 2021.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

All consumers and representatives interviewed by the Assessment Team considered that consumers are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

Care plans reviewed by the Assessment Team contained information about the consumer’s identity, culture, background, decisions and preferences regarding care and services, and strategies to communicate effectively with the consumer. However, not all care plans had risk assessments recorded to identify and support consumers to take risks to live the life they wish.

Staff interviewed by the Assessment Team were able to describe how they support consumers to make decisions about their care and services and provided examples of how they support consumers to make and maintain relationships of choice, including intimate relationships. The service has a fulltime ‘cultural ambassador’ whose role is to support consumers to engage in spiritual, social and leisure activities. This role is performed by a volunteer.

The Assessment Team observed staff interactions with consumers that were respectful, including of consumer privacy. The Assessment Team observed various methods of communication to ensure consumers have access to current, accurate and timely information that enables them to exercise choice, including for consumers who spoke little or no English or who have communication difficulty.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

Overall, consumer and representatives interviewed by the Assessment Team said they felt satisfied in relation to the ongoing assessment and planning of consumer care and services. Representatives interviewed said they were involved with the assessment and care planning but were not always offered a copy of the care plan following consumer case conference meetings.

Consumers and representatives reported that the care and services of consumers are reviewed when a change in condition occurs. All care plans reviewed by the Assessment Team had been evaluated within the last 12 months.

The Assessment Team found the service has a process for care assessment and planning for consumers including the completion of risk screening tools. Care planning documents reviewed by the Assessment Team included the documentation of goals which refer to the current needs described in care domains and preferences for the consumers sampled. Most consumers at the service had advanced care planning and end of life planning in place.

The service demonstrated it seeks input from various health professionals to ensure consumers receive comprehensive assessment of their needs.

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 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Most consumers and representatives interviewed by the Assessment Team considered that consumers receive personal care and clinical care that is safe and right for them.

Consumer care documents reviewed by the Assessment Team demonstrated effective management of high impact and high prevalence risks including behaviour management, falls and diabetes. Overall, for consumers sampled the Assessment Team found the service is identifying the deterioration or change in condition with appropriate response and escalation in a timely manner. Care documents reviewed demonstrated evidence of regular and appropriate involvement by relevant health professionals, and information about the consumer’s condition, needs and preferences is documented and communicated within the service, and with others where responsibility for care is shared.

However, the Assessment Team found that while the service had a psychotropic register and was documenting chemical restrictive practices for consumers, not all the consents and authorisation forms were up to date and did not contain the name of the medication being prescribed. Consumers in the memory support unit did not have a consent or authorisation form signed for environmental restrictive practice. While pain management did follow best practice guidelines and the provider’s pain management policy, wound management for consumers sampled was not always effectively assessed or reviewed.

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

### Assessment of Standard 3 Requirements

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

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

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

Consumer care documents reviewed by the Assessment Team and interviews with consumers and representatives generally reflected individualised care that is safe, effective, and tailored to consumer’s needs. However, the Assessment Team found gaps in the assessment and monitoring of consumer wounds. Some wounds did not have phots taken regularly, and some photos did not have a wound ruler with the relevant information, including date, consumer name and wound location recorded within the photo. The service had consent and authorisation forms signed and updated for the use of mechanical restrictive practice, however the service was not able to provide consents and authorisations for all the documented chemical restrictive practices. The consent template provided to the Assessment Team did not list the name and type of medication being used. The service reported that there were no consumers with an environmental restrictive practice, however the Assessment Team found there were 18 consumers in the secure memory support unit. The service was unable to provide consents and authorisation forms for those consumers.

Regarding gaps in wound assessment and monitoring, the approved provider’s response identifies that the service sought clarification as to why staff practices were not following the service’s requirements. The approved provider’s response demonstrates that changes were made to the wound management education documents to emphasis and make clear the requirements. Since the Site Audit, most staff have undergone further training on wound management.

The approved provider’s response outlines improvement actions implemented since the Site Audit regarding restrictive practices. This includes the development of a comprehensive review and consent process for chemical restraint that includes the consumer, representative, medical officer, pharmacist, and service staff. As part of this process, the service has developed a new psychotropic medication consent form that includes the name of the medication used, the diagnosis, whether it is deemed a chemical restraint, and documented informed consent. The approved provider’s response includes clarifying information about the secure memory support unit and the cohort of consumers residing in it. Since the Site Audit, the service has reviewed their environmental restrictive practice procedures and demonstrated all consumers in this unit now have written consent for this restrictive practice.

While the service has worked quickly to address the gaps identified by the Assessment Team, at the time of the Site Audit, the service did not demonstrate that wound management and restrictive practice processes were consistently best practice.

I find this requirement is Non-compliant.

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Overall, consumers and representatives interviewed by the Assessment Team considered that the consumer gets 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. Consumers interviewed said they were encouraged by staff to join in the varied activities at the service, and some said they preferred to stay in their rooms and enjoyed their own company. Consumers and representatives interviewed confirmed they are supported by the service keep in touch with the people that are important to them.

While consumer and representative feedback about the food was mixed, consumers said there is enough variety, they never go hungry and the food had improved since the new chef started working at the service.

Consumers interviewed felt staff knew their needs and preferences for supports for daily living. However, most staff interviewed were not aware of consumer’s backgrounds. The leisure and lifestyle coordinator said the service is in the process of completing additional lifestyle assessments for each consumer which would be uploaded to the electronic care planning system and used to increase staff knowledge of consumers.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Overall, consumers and representatives interviewed by the Assessment Team considered that they feel they belong in the service and feel safe and comfortable in the service environment. While one consumer advised the Assessment Team they did not feel safe at the service, this was raised with management who consulted the consumer and reported the incident according to legislative requirements.

All consumers interviewed confirmed they felt at home in the service, it is easy to move around in and visitors feel welcome. Although the layout of the service is not easy to understand, new signage is being installed progressively throughout the service to aid in wayfinding.

All consumers and representatives interviewed confirmed the service is clean and well-maintained. The service demonstrated maintenance systems and cleaning schedules are in place at the service.

The Assessment Team observed the environment to be clean, well-maintained, and welcoming with wide corridors and natural light from glass walls looking out onto outdoor garden and courtyard areas.

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

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

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

Overall, consumers and representatives interviewed by the Assessment Team considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Consumers interviewed generally felt that changes were made at the service in response to complaints and feedback and the continuous improvement plan reviewed by the Assessment Team reflected this. Consumers and representatives were able to describe different ways they could provide feedback and complaints.

The service provided documentation, such as the feedback register, continuous improvement register, monthly quality indicator reports and minutes of consumer meetings that showed consumer feedback and complaints were captured, analysed and resolved. There is a policy on Open Disclosure and Other Principles in Managing Complaints to guide staff practice, and staff interviewed provided examples of when it has been practiced. While most staff interviewed were unfamiliar with the term “open disclosure” they demonstrated how to apply the principles in complaint and incident management.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Overall, consumers and representatives interviewed by the Assessment Team considered that consumers get quality care and services when they need them and from people who are knowledgeable and capable. Most consumers and representatives interviewed felt that staff were skilled to meet the consumer’s care needs.

Most staff, consumers and representatives interviewed considered there were enough staff to deliver the care and services required by consumers. Consumers and representatives interviewed, and observations made by the Assessment Team, demonstrated staff are kind, caring and respectful to consumers.

Management interviewed by the Assessment Team were able to describe processes used to determine if staff are competent and capable in their role. The service has documented core competencies and capabilities for different roles. All staff interviewed considered they are well trained and if they ever wanted additional training, they could request this from management. While not all staff had received face-to-face training in relation to the Serious Incident Response Scheme (SIRS), staff had heard about SIRS and were generally aware of their roles and responsibilities.

All staff interviewed could recall when their last performance review had occurred or were currently going through their first performance review as they had not been employed at the service for more than 12 months. All staff felt supported to continuously improve in their role.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Most consumers and representatives interviewed by the Assessment Team considered that the organisation is well run and that they can partner in improving the delivery of care and services. Management interviewed were able to provide examples of how the service engages consumers in the development, delivery and evaluation of care and services.

Although the Board’s involvement in the service is minimal, they were able to demonstrate how they promote a culture of safe, inclusive and quality care and services and is accountable for their delivery. The service demonstrated effective organisation wide governance systems have been implemented.

Although the Assessment Team found not all staff had received formal training in relation to antimicrobial stewardship, minimising use of restraint and open disclosure, staff knew of their roles and responsibilities and how the policies and procedures apply to their day-to-day work. The Assessment Team reviewed a range of the service’s documents demonstrating its clinical governance framework.

The service provided the Assessment Team with the organisation’s documented risk management framework. However, the service did not have a documented framework for how high-impact and high-prevalence risks are identified and managed. Management acknowledged they use their own process for identifying high-impact and high-prevalence risks which has resulted in inconsistent messaging between members of management and between management and staff.

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*
4. *managing and preventing incidents, including the use of an incident management system.*

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

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

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

# Areas for improvement

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

### Requirement 3(3)(a)

*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.*

The approved provider must demonstrate:

* Consumer clinical and personal care is best practice, tailored to the consumer’s needs and optimises their health and well-being.
* Management of consumer wounds is in line with the organisation’s policies and optimises consumer’s health and well-being. This includes that wounds are appropriately assessed, managed, and monitored.
* Restrictive practice processes are best practice, including used as a last resort, and with informed consent from the consumer and/or representative.
* The service has implemented all continuous improvement actions identified in their response.