Water Gardens

Performance Report

352 Sydenham Road   
SYDENHAM VIC 3037  
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**Commission ID:** 3961

**Provider name:** Heritage Care Pty Ltd

**Site Audit date:** 2 March 2021 to 3 March 2021

**Date of Performance Report:** 3 May 2021

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* Infection Control Monitoring Checklist
* the provider’s response to the Site Audit report received on 1 April 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.

Overall, sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services, make connections with others, and live the life they choose.

Consumers and representatives sampled indicated the various ways they feel respected, valued and supported to exercise choice and independence regarding their care.

Staff explained how individual consumers are supported to live the best life they can and how they respect the personal privacy of consumers. Staff described how consumers are provided information and services, and how they assist consumers to understand information.

The organisation has procedures regarding protection of personal consumer information, diversity and inclusion, and dignity and choice. The organisation has processes to inform and enable consumers to make choices regarding their care.

Care planning documentation identifies who consumers have chosen to be involved in their care, and when a consumer expresses a choice to take a risk, a risk assessment and management plan is completed.

The Assessment Team observed staff interacting respectfully with consumers.

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.

Most sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services. One consumer confirmed involvement of family in assessment and care planning. One representative confirmed end of life planning occurs.

Management described how consumers and/or representatives are involved in the assessment and care planning process through regular case conferences and care plan reviews. Management also confirmed the process for communicating outcomes of assessment and planning to consumers and/or representatives.

Management said they involve allied health professionals and other organisations in assessment and planning where needed.

Care plan development includes a comprehensive assessment of consumers including the consideration of risks to the consumer's health and well-being. Care plans reflect individual consumer needs, including goals and interventions. All care plans sampled showed evidence of review on a regular basis. Care plans reflect changes and reviews following incidents or changes in circumstances.

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

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Some sampled consumers considered that they receive personal care and clinical care that is safe and right for them.

Representatives confirmed referral to allied health professionals. There are a range of services available and referrals occur as needed.

Staff interviews, and a review of documentation demonstrated management of high impact or high prevalence risks associated with the care of each consumer is generally well managed. The Assessment Team sampled three consumers’ experiences in relation to psychotropic medications to test the service’s assessment, monitoring and review process. For each consumer the service applied their psychotropic consent form. The service was also able to demonstrate monitoring and review of these medications by clinical staff, medical practitioners and geriatricians.

Staff interviews and care documentation reflects care that is safe, effective and tailored to the specific needs and preferences of consumers in relation to skin integrity and pain management.

Care plans reviewed reflect information about end of life wishes and palliative care planning. Sampled care planning documentation and progress notes demonstrate the identification and response to deterioration or changes in function, capacity or health. Care documents including progress notes and handover documents provide adequate information to support effective and safe sharing of consumer care needs.

Despite some lapses in infection control practices, on balance, the service has a program in place to adequately minimise infection related risks. The service has standard and specific precautions in place to prevent and control infection, as well as practices to promote appropriate antibiotic use.

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

### Assessment of Standard 3 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Overall, sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

The majority of consumers interviewed said that they felt safe and supported in the service. They said they felt supported to engage in the activities they are interested in, and spoke of being supported to engage in internal and external activities.

Consumers interviewed are satisfied that the service welcomes visitors. They described how during visitor restrictions the service enabled them to stay connected with important people in their life through telephone and video calls. Where consumers have minimal family contact, consumers advised that staff feel like family.

Consumers and representatives interviewed gave mixed feedback regarding meal satisfaction. Some consumers said the food could be bland and unappetising. The service has systems in place to gather feedback from consumers on the quality, quantity, and variety of food.

Staff described how they are updated on changing conditions, needs and preferences for each consumer through an electronic system, handover meetings, and handover sheets.

The lifestyle manager described how they work with external organisations and volunteers to help supplement the lifestyle activities offered within the service.

Care planning documents provide adequate information to support effective and safe care. For the consumers sampled, care planning documents reflect the involvement of others in the provision of lifestyle supports.

The Assessment Team observed equipment to be clean, well maintained and fit for purpose. Consumers were observed using a variety of mobility equipment, and all equipment was observed to be in good condition.

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, sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment.

Consumers said they felt at home and could move around the service easily. There are a range of communal spaces which are comfortably furnished, providing opportunities for consumers to socialise.

Most consumers said that the furniture, fittings and equipment in the service are clean and well maintained. They expressed confidence in knowing that if repairs are required, maintenance is prompt and responsive. There is a variety of equipment available which is suitable for individual consumer needs.

Consumers provided mixed feedback regarding cleanliness of consumer rooms. Cleaning staff described a system of daily spot cleans for consumer rooms and weekly detailing. Communal areas including the dining room, staff rooms, and nurses stations are cleaned daily. The service has a maintenance schedule in place.

The Assessment Team observed that some lounge chairs and carpeted areas had stains and water marks. The Assessment Team also observed fresh paint being applied to various areas of 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

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.

Sampled consumers and representatives considered that they are encouraged and supported to give feedback and make complaints.

Staff were able to describe the service’s feedback processes and how they action and/or escalate feedback. Management provided examples of how feedback and complaints are used to improve the quality of care and services.

The general manager said while they apply an open disclosure process to managing complaints they do not necessarily record when an apology has been offered.

While the service has documentation to guide an open disclosure process, documentation sampled did not evidence that an apology was offered.

The service has documents and processes to encourage and support stakeholders to provide feedback and make complaints, and to inform consumers and representatives of advocacy and other methods for raising and resolving complaints. These include posters, pamphlets, meetings, the ‘resident handbook’ and ‘resident agreements’.

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.*

The Assessment Team’s report described examples of consumer dissatisfaction with open disclosure processes.

The approved provider’s response outlined that in one of the instances cited, the investigation into the complaint remained open at the time of the site audit. This investigation has subsequently been closed and an apology provided and recorded. The approved provider acknowledged that in the other instance, an apology had not been recorded in the register. The approved provider’s response also documents the actions taken in relation to the two complaints, demonstrating that the core of each complaint was substantially addressed shortly after the complaint was made, and the consumer and representative were satisfied with the outcome.

While the Assessment Team described two examples of where an apology was not offered, I accept the approved provider’s explanation that in one of the examples it was not recorded at the time of the site audit because the investigation process had not been completed. Appropriate actions have been taken and an apology provided since the investigation closed. The approved provider also acknowledged that the record should have documented an apology for the second example.

I am not persuaded that there is a systemic failure of the open disclosure obligation. The Assessment Team’s report confirms that appropriate actions are taken by the service in response to complaints.

On balance, I find requirement 6(3)c is compliant.

### 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.

Most sampled consumers considered that they get quality care and services when they need them, from people who are knowledgeable and capable. Most consumers and representatives interviewed confirmed that staff are kind and caring. Consumers and representatives interviewed believed that staff know what they are doing, with most also believing that staff are adequately trained.

Most consumers and representatives interviewed did not believe that there are adequate staff at the service.

A clinical staff member stated staff are adequately trained, and that staff have access to additional online training where required.

Management outlined the organisation’s recruitment and selection process, noting that they conduct qualification and registration checks. Position descriptions are also in place to guide recruitment. Staff complete a performance assessment after six months, then once every two years.

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.*

The Assessment Team’s report described how some consumers are dissatisfied with staffing levels at the service.

The Assessment Team also noted that management were aware of complaints regarding staff numbers, had recruited approximately six additional staff members since February 2021, and allocated new staff to areas identified as having higher call bell response times. The Assessment Team also noted management intend to undertake further recruitment.

The Assessment Team noted review of monthly call bell summary reports for November 2020, December 2020, and January 2021 which demonstrated that the average call bell response time was between two and three minutes, lower than the acceptable call bell wait time of seven minutes.

The approved provider’s response stated that prior to the site audit, management took direct action in relation to staffing levels by recruiting an additional five personal care assistants, two registered nurses and a lifestyle officer. The provider’s response also noted staff numbers had not decreased despite a drop in occupancy.

While I have considered consumer feedback, I am satisfied that the Assessment Team described, and the approved provider confirmed, that actions were occurring at the time of the site audit to address this feedback. This includes recruitment actions taken by the service prior to the site audit, and evidence regarding call bell response times. The Assessment Team’s recommendation of compliance against Standard 3 demonstrates there has been no adverse impact for consumers in relation to the delivery of personal and clinical care.

I find requirement 7(3)(a) is compliant.

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

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

Consumers interviewed outlined how they were involved in the monthly ‘resident, relatives and friends meetings’ and food focus groups. Review of food focus group meeting minutes demonstrated changes had been made to the menu in response to consumer feedback.

Management outlined that the service’s governing body are satisfied that the Aged Care Quality Standards are met based on review of feedback and complaint trends, key performance indicator reporting, and weekly compliance reporting. The service also has a quality model in place which includes a program of internal audits. Clinical and non-clinical governance systems are in place to support the care of consumers.

The service regularly reviews, analyses and reports on relevant consumer data, investigating any trends in order to improve the quality of care and services.

The service demonstrated that overall, effective governance systems are in place to support the quality of care and services provided. There are regular monitoring and review processes in place, including both the analysis and reporting of consumer‑related data.

The service demonstrated that there are risk management systems in place to manage high impact or high prevalence risks, abuse and neglect of consumers, and to support consumers to live the best life they can. The service demonstrated this through their reporting systems and data review.

The service demonstrated that there is a clinical governance framework in place which includes antimicrobial stewardship, minimising the use of restraint, and an open disclosure process.

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.