West Wimmera Health Services Community Options

Performance Report

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**Commission ID:** 300163

**Provider name:** West Wimmera Health Service

**Quality Audit date:** 3 May 2021 to 4 May 2021

**Date of Performance Report:** 07 October 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Not assessed** |
| Requirement 5(3)(a) | Not assessed |
| Requirement 5(3)(b) | Not assessed |
| Requirement 5(3)(c) | Not assessed |
| **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 review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Quality Audit report received 1 June 2021.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

The Approved Provider demonstrated each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Consumers/representatives interviewed were satisfied that consumers are treated with dignity and respect.
Consumers said care and services meet their cultural needs, staff know their backgrounds and will adjust care to reflect these needs and preferences.

Documentation reflected individualised preferences and a commitment to cultural safety.

Consumers and representatives described how they make choices about the care and services they receive and who is involved in their care. Consumers are supported to maintain their relationships of choice. Staff demonstrated an understanding of the complexity of consumer and representatives’ relationships and the support they require to make and communicate decisions. Documentation and observations indicate consumers are supported to make decisions.

Consumers are supported to make decisions of the risks they wish to take. Staff ensure safety measures are in place and able to live the best life they can.

Consumers and representatives said they receive information to enable them to make decisions about their home care package. They confirmed information is delivered in a way that is easy to understand. Staff described on how they assist consumers who have difficulty understanding information. Information is current and available when needed.

Staff describe how consumer records are stored electronically and confidentiality is maintained.

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

The service demonstrated 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. Staff described the assessment process when consumers enter the service and care plans that are developed from the assessment.

Care plans reflect consumers’ current goals, needs and preferences. Consumers and representatives said their care and services are planned around what is important to them. Staff know what is important to consumers in terms of how their care is delivered.

Consumers and others, they wish to be involved described their participation in assessment and care planning. Staff describe how consumers, representatives, health professionals and other organisations contribute to the consumer’s care plan. Care planning documents demonstrated consumers, and/or their representatives and others are involved in their care planning.

Consumers and representatives said they have access to care plans as preferred. Care plans reflect the consumer choice and are used as the basis of care delivery and are easy to understand.

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.*

The Assessment Team provided information that care documentation including relevant assessments and identified consumer risks do not always inform the delivery of safe and effective care and services. Risks identified for consumers during the assessment process, including falls risks, are not always included in care plans, service requests or care directives.

The Approved Provider provided a response that included clarifying information to the Assessment Teams report as well as a plan for continuous improvement, clinical records extracts, sample assessments, care plans and service schedules, a copy of a home care agreements, personal care task lists, progress notes, as well as polices and procedures.

In relation to the three names consumers with identified risk, I am satisfied that the Approved Provider had recorded information in relation to the risks and this information was communicated with the brokage provided. Clinical assessments and care planning documents were reviewed and identified the relevant information. I acknowledge that on the day of the audit, staff absent due to illness impacted on this information being demonstrated to the Assessment Team at that time.

I also note the Approved Provider has undertaken a range of improvement activities and has further planned improvements to improve the processes that support this Requirement.

I have considered the Assessment Teams report and the response from the Approved Provider and I am satisfied from the Approved Provider response that 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.

I find this Requirement is compliant.

### 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.*

The Assessment Team provided information that care, and services are not reviewed regularly for effectiveness, when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. Care plans do not always reflect changes in care as a result of reviews. This includes reassessments for consumers who move to higher level home care packages.

The Approved Provider provided a response that included clarifying information to the Assessment Teams report as well as a range of supporting documents. They acknowledge the importance of care plan reviews and understand that these should occur routinely every 12 months and also earlier where warranted in response to any changes in the consumers health status or needs. They acknowledge that in some instances the documentation is inconsistent and needs improvement.

The Approved Provider acknowledge that reviews have not always been adequately documented and that formalised procedures, systems and alerts need to be in place to ensure routine and consistent steps are followed with each consumer.

In relation to reassessment of consumers who transition to a higher-level home care package, the Approved Provider was able to demonstrate that the assessments were generally occurring and stored in hard copy, however the assessments were not consistently uploaded into the care system.

In relation to assessment of a named consumers with a bed pole, the Approved Provider demonstrated that the Occupational Therapist had conducted an assessment for the use of the bed poles.

In relation to a named consumers with falls risks, the Approved Provider demonstrated that falls risks assessments had been conducted for the named consumers.

The Approved Provider has undertaken a range of additional improvement activities related to this Requirement including increased monitoring for annual reviews, additional training for staff and uploading paper-based records into the care system. The Approved Provider is also recruiting to a Clinical Lead position to support improved clinical and quality oversight of service delivery.

I have considered the Assessment Teams report and the Approved Providers response and whilst I acknowledge there have been deficits in the documentation to support this requirement, I am satisfied from the Approved Providers response that there are processes to ensure 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.

I find this requirement is compliant.

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

The service demonstrated management of high impact or high prevalence risks associated with the care of each consumer is effective.

Consumers and representatives are satisfied that the consumers will be provided with support, comfort and care at the end of their life.

Consumers, representatives and staff described how changes in consumers’ health are identified and responded to. Care staff described how they review daily and escalate and communicate information about a change or deterioration in a consumer’s condition either via an application on their mobile telephone, electronic device or verbally via telephone.

The service demonstrated that 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.

Consumers and representatives are satisfied referrals occur to health professionals and other services when needed and in a timely manner. Consent from consumers is obtained during the initial assessment process.

The service demonstrated that it had outbreak management processes to ensure consumers and staff are safe and infection related risked are minimised.

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.*

The Assessment Team provided information that the service was unable to demonstrate consumers receive safe personal care and clinical care that is best practice and tailored to their needs. This included in relation to falls risk assessments, continence and pain for named consumers.

The Approved Provider provided a response that included clarifying information to the Assessment Teams report as well as a plan for continuous improvement, clinical records extracts, sample assessments, care plans and service schedules, a copy of a home care agreements, personal care task lists, progress notes, as well as policies and procedures.

In relation to the named consumers the Approved Provider has demonstrated in their response and supported by clinical records extracts that the consumers have been assessed for their care needs and the consumers have contributed to the development of the care plans. I acknowledge that some staff on the day of the audit were not clear in relation to care provision.

Clinical assessments and care planning documents were reviewed and identified the relevant information. I also acknowledge that on the day of the audit, staff absent due to illness impacted on this information being demonstrated to the Assessment Team at that time.

I also note the Approved Provider has undertaken a range of improvement activities and has further planned improvements to improve the processes that support this Requirement.

I have considered the Assessment Teams report and the response from the Approved Provider and I am satisfied from the Approved Provider response that they have processes to demonstrate compliance with this requirement.

I find this Requirement is 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

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

Consumers and representatives interviewed confirmed that consumers are supported by the service to do the things they like to do, such as support to access leisure activities - fishing, socialisation and medical appointments.

Staff interviewed described how they deliver services and supports to consumers that promotes their wellbeing.

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 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

This Standard was not assessed, as such no rating of compliance is provided.

# 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

Consumers and representatives demonstrated an awareness of how to raise concerns with management. Information is available to inform and support the provision of feedback confidentially both internally and externally.

Consumers and representatives interviewed demonstrated an awareness of external avenues and supports available for them to access and raise concerns. Management described when support such as advocacy services and interpreters is used.

The service has processes to review feedback and identify improvements. As a result of feedback from consumers improvements have been implemented in the organisation.

Staff advised they have received training in open disclosure and understood the meaning of open disclosure.

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 provided information that consumers and representatives expressed dissatisfaction with action taken in relation to complaints. Staff and management do not consistently acknowledge feedback and complaints if things go wrong. Complaints and feedback are not consistently documented in the organisations feedback risk register.

The Approved Provider provided a response that included clarifying information as well as supporting documentation including polices and newsletters.

In relation to the consumer representative who raised an issues of overcharging for cleaning. The Approved Provider has identified that this consumer does not have a representative. As such they are unsure who provided this information to the Assessment Team. They have previously recorded feedback from the consumer about wanting to cancel cleaning services to save funds for other care needs. The Approved Provider has met with this consumer and is working to resolve any unmet needs.

In relation to the consumer with a complaint of shoulder pain, there is no record of this on file and no staff were aware of the issues being raised. The Approved Provider has met with this consumer and a medical review has occurred with new pain management measures unsuccessfully implemented. The consumer is continuing with the previous regime.

In relation to the consumer representative not satisfied with the level of services provided, it was identified by the Approved Provider that this was recorded in progress notes and had been escalated to senior staff. A discussion was held with the consumers representative and this issue was one of miscommunication with different family members and transporting the consumer to appointments. This issues has been resolved and the service is assisting with all transport requirements for the consumer.

I have considered the Assessment Teams report and the Approved Providers response and I note the explanations for the named consumer in the Assessment Teams report. I also note that complaints were not consistently documented in the electronic records system.

However, I also note that within the Assessment Teams’ report they reported that consumers and representatives demonstrated an awareness of how to raise concerns with management and consumers and representatives interviewed stated they are supported to provide feedback and make complaints. I also note as a result of feedback from consumers improvements have been implemented in the organisation.

I find on balance of the information presented, that the Approved Provider does have systems for complaints management and that generally consumers and representatives are satisfied with the complaints process.

I find this requirement 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

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

Consumers and representatives were satisfied that their choice of staff were available to deliver care and quality services.

There are systems and processes to ensure there are enough staff to deliver safe, quality care and services. Management and staff explained, and documentation confirmed the organisation has processes in place for rostering staff for the service.

Management ensure the recruitment and induction of staff is appropriate to their position. Ongoing recruitment to manage service deliverables takes place.

The organisation provides training upon commencement and as part of a new staff members induction. Training includes ongoing competencies that include hand hygiene, food safety and manual handling. All staff have completed the Department of Health online COVID-19 training modules and refresher courses.

Management monitors in-house staff compliance including staff professional registrations and police checks. Staff performance monitoring and supervision processes are in place.

The Quality Standard is assessed as Non-compliant as five of the five specific requirements have been assessed as Non-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 NON-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

Consumers are encouraged to participate in the development, delivery and evaluation of care and services and in consultation processes within the service and organisation.

The organisation demonstrated that the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

The organisation has effective organisation wide governance systems

There is a risk framework identifying high impact and high prevalence risks. There are processes to ensure action is taken and consumers are supported to live the best life they can. The organisation provided a documented risk management framework, including policies.

The organisation has a clinical governance framework.

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) Non-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.*

The Assessment team recommended that the Approved Provider has effective organisation wide governance systems for information management, continuous improvement, financial matters, and workforce.

The Assessment Team provided information that the organisation did not meet regulatory compliance in the monitoring of sub-contracted providers to ensure care staff providing care to home care consumers meet regulatory requirements. Management monitor subcontracted service agreements however monitoring of sub-contracted staff compliance such as staff training, police checks, driver’s license and insurance is not undertaken.

The Approved Provider provided a response that included clarifying information as well as policies and monitoring documents.

In relation to the management and monitoring of subcontracted services. I note the Assessment Team reported that the Approved Provider has a contracts manager, contracts are issued, and larger providers provide a statutory declaration that they hold the relevant information to demonstrate staff are employed in line with legislation. I note for sole operators that this information is checked on a case by case basis.

The Approved Provider submitted examples of contract management and processes to support the management of contracts.

I have considered the information provided by the Assessment Team and the Approved Provider and I find that the processes the Approved Provider has established for contact management and for monitoring sub contracted staff is sufficient to meet their requirements under the legislation. I am satisfied that the contracts cover the requirements of subcontracted staff and a statutory declaration provided by large providers acknowledging they hold the relevant information about staff, including police clearances is acceptable to monitor contractor compliance.

I find this requirement is compliant.

### 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

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.