Arcare Waterview

Performance Report

251-259 Waterview Blvd
Craigieburn VIC 3064
Phone number: 03 9219 2100

**Commission ID:** 3970

**Provider name:** Arcare Pty Ltd

**Site Audit date:** 17 May 2022 to 20 May 2022

**Date of Performance Report:** 7 July 2022

# Performance report prepared by

S Byers, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

This performance report details the Commissioner’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 14 June 2022.

# 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

Most consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. For example:

* Consumers described how staff make them feel respected and valued as an individual. Consumers felt supported by staff to engage in activities of cultural importance.
* Consumers and representatives described how the consumer is encouraged to do things for themselves and that staff know what is important to them.
* Consumers and representatives were satisfied the consumer is supported to maintain their independence by making choices about how their care is delivered.
* Consumers were satisfied they are supported to maintain relationships and make new connections within the service.
* Consumers and representatives were satisfied the consumer’s privacy is respected, with personal information being kept confidential. Consumers who live in a shared room with their life partners stated staff are respectful of their privacy.

Staff demonstrated they are familiar with the individual needs and preferences of consumers. Staff described how they deliver culturally safe care and support consumers to exercise choice, independence and to socially interact and maintain relationships. Staff described how they communicate with consumers in a way that is easy to understand and processes are in place to communicate with consumers who are living with a cognitive impairment or speak other languages.

Consumer care plans reviewed included detailed information about the consumer’s background, cultural needs and preferences. Care planning documents included information regarding consumers’ wishes to engage with behaviours of risk. Consumers and representatives had been consulted and risk assessments completed to minimise the risk to the consumer.

Staff interaction with consumers was observed to be respectful and kind. Staff were observed knocking on consumers’ doors and waiting for a response prior to entering the room.

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

All consumers and their representatives considered that they feel like partners in the ongoing assessment and planning of their care and services. For example:

* Consumers and representatives said their care and services are planned around what is important to them and described their participation and others they wish to be involved in assessment and care planning.
* Consumers and representatives were satisfied with the service’s communication regarding consumer care and confirmed they had been offered a copy of the consumers care plan.

Staff demonstrated an understanding of what is important to consumers in terms of how their care is delivered. Staff described individual risks associated with consumers and how this is reflected in assessments. Staff described how consumers, representatives, health professionals and other organisations contribute to the consumers’ care and how they work together to deliver a tailored care and service plan. Staff described the monitoring and review process following incidents or changes in consumers’ health circumstances.

Care documentation reflected consumers’ current goals, needs and preferences including advance care planning and end of life wishes. Consumer files demonstrated risk is considered and individualised interventions to inform effective and safe care. Consumer care files demonstrated care plans were readily accessible to consumers and representatives and documented the outcomes of assessment and care planning. Care planning documents demonstrated consultation with consumers and representatives and regular reviews following incidents or when circumstances change.

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

Most consumers considered that they receive personal care and clinical care that is safe and right for them. For example:

* Most consumers and representatives said care is safe and meets the consumer’s needs.
* Consumers and representatives provided positive feedback in relation to how the service identifies and responds to deterioration and changes in consumer health status.

Staff demonstrated knowledge and understanding of individual consumer clinical and personal care needs. Staff described the high impact and high prevalence risks to consumers and how risk to the consumer is minimised. Clinical staff described how deterioration or changes in a consumer’s health are identified, actioned and communicated

Care planning documents demonstrated consumers’ skin integrity, wounds and pain are managed to meet individual’s needs and aligned with best practice principles. Care planning documents demonstrated high impact or high prevalence risks associated with the care of each consumer are identified and managed. Care documentation demonstrated the identification of, and timely response to, deterioration or changes in consumer health status.

The service demonstrated the use of restrictive practices are assessed, monitored and reviewed in consultation with consumers and representatives. Non-pharmacological interventions are trialled and monitored for effectiveness prior to administration of psychotropic medications.

The service demonstrated end of life needs are met in line with consumer wishes and comfort is maintained

The service demonstrated it has an effective process including verbal and written handover to document and communicate information about a consumer’s condition, needs and preferences. Clinical staff, allied health professionals and care staff confirmed they are provided with and have access to the information they need. Referral processes are in place and appropriate and timely referrals to external specialists, general practitioners and allied health are documented.

The service demonstrated an infection control policy, COVID-19 outbreak management plan and antimicrobial stewardship (AMS) plan are in place, standard and transmission-based precautions have been implemented to support the service to prevent and control infection. Relevant infection control training has been provided to staff.

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 supports 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, 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. For example:

* Consumers said they are supported to do the things they want to do and are provided with care which meets their goals and supports their independence.
* Consumers said they can maintain relationships that are important to them, and they are supported by the service to do this. For example, family and friends.
* All consumers were satisfied with the quality of food and the choices offered at the service. All consumers said they get enough food and can always ask staff for extra if they would like more.

While most consumers and their representatives provided positive feedback about the lifestyle program, some staff raised concerns about the activity program in the memory support unit explaining there was not a wide enough range of appropriate activities or enough support to ensure the activities on the schedule are done. The Approved Provider submitted a response with additional documents including lifestyle calendar, meeting minutes and action plan that demonstrated the actions implemented by the service to improve activities and support in the memory support unit.

Staff demonstrated understanding of individual consumer’s goals and how they provide care that meets their needs and preferences. Staff described consumer’s interests and important relationships with people within and outside the service. Staff demonstrated understanding of individual consumer dietary requirements. Staff described how they monitor and clean equipment and confirmed they have enough, well-maintained equipment, resources and supplies.

Lifestyle care plans reflected the interests and preferences of the consumers and their important social and personal relationships. Consumer documents demonstrated there is adequate information to support effective and safe sharing of the consumer’s care and timely and appropriate referrals are actioned where required. Consumer planning documents contained specific dietary needs and preferences.

The service demonstrated it provides opportunities for consumers to have input into the menu and encourages consumers to raise concerns at regular meetings and directly with the chef at meal times. The menu is planned in consideration of consumer feedback, dietary needs and preferences.

The service demonstrated it utilises a range of community-based organisations to support consumers in lifestyle activities and social participation.

Staff were observed encouraging and supporting consumers to engage in group activities such as a breakfast club and a walking group. Meal times were observed to be calm and pleasant with positive interactions between staff and consumers. Equipment was observed to be safe, suitable and well maintained.

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

Overall, consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. For example:

* Consumers confirmed they feel comfortable, safe and at home at the service.
* Consumers provided positive feedback about the service environment and stated that their rooms, bathrooms and the service are clean and well maintained.
* Consumers were satisfied that maintenance is addressed promptly.
* All consumers said that they feel safe with the equipment provided by the service.

The service environment was welcoming, easy to understand, clean and well maintained. The service offers communal areas of different sizes both inside and outside that optimise consumer interaction and engagement. Consumers bedrooms were observed to be personalised with photographs and furnishings.

Staff described how they report hazards or issues with maintenance, and confirmed matters are followed up in a timely manner. Maintenance staff explained how maintenance is attended throughout the service. Cleaning staff described how equipment, furniture and fittings are cleaned and maintained.

Maintenance records demonstrated both proactive and reactive maintenance, was scheduled, completed and monitored in a timely manner.

Consumers were observed moving freely throughout the service either independently or with the assistance of staff. Furniture, fittings and equipment were observed to be clean and well maintained.

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

Overall, consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. For example:

* Consumers and representatives were aware of feedback and complaint processes and described how they feel safe in raising concerns and are confident that appropriate action would be taken.
* Consumers and representatives were aware of advocacy and language services.
* Consumers and representatives described how the service reviews their feedback and complaints to improve the quality of care and services and provided examples of how changes were made at the service in response to complaints and feedback.

Staff described how they support consumers to provide feedback and make complaints and demonstrated understanding of the services feedback and complaints processes. Staff demonstrated understanding of ‘open disclosure’ and provided examples of the open disclosure process in practice.

Management described how the complaints process feeds into ongoing improvement at the service and provided examples of improvements to care and services informed by complaints and feedback.

Complaints and feedback documents demonstrated complaints and feedback are reviewed, monitored and appropriately addressed by management to support continuous improvement.

The organisation has a feedback, complaints and open disclosure policy to guide staff practice.

Information on internal and external feedback mechanisms including advocacy and language services were observed to be available for consumers to access throughout the service. Complaints brochures were available in different languages.

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

Most consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. For example:

* While mixed feedback was received from consumers and representatives regarding sufficiency of staff, most considered the consumers care needs were being met.
* Consumers and representatives were satisfied that most staff are kind, caring and respectful when providing care.
* Consumers and representatives were satisfied that regular staff have the knowledge and skills to meet their needs; however, some noted that casual and agency staff do not know their individual needs and preferences.

Most staff considered there are enough care and clinical staff at the service, however staff in the memory support unit described a lack of support from lifestyle staff. The Approved Provider submitted information demonstrating that additional lifestyle staff and activities had been rostered to the memory support unit. While unplanned leave increases time pressures, staff confirmed being able to complete tasks and ensure consumers receive the care they need. Management described staff planning and the organisation’s recruitment processes including workforce strategies implemented in response to feedback from consumers and staff.

Management described the systems and processes in place to ensure the workforce is competent including training and support provided to staff. Staff were satisfied with the quality and amount of training provided by the service.

Management described the systems in place to ensure regular staff monitoring and performance review. Staff confirmed they have annual staff appraisals in addition to receiving ongoing informal feedback from their supervisor and/or management.

Roster documents demonstrated most shifts are filled. Call bell reports demonstrated call bells are responded to in a timely manner. Training records demonstrated most staff have completed mandatory training modules.

The organisation demonstrated it has a staff performance framework in place.

The Assessment Team observed staff interactions with consumers to be kind, caring and respectful

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

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

* Consumers and representatives described how they are engaged in the delivery and evaluation of care at the service. For example, through resident advocates, resident/relative meetings, feedback forms and by talking to staff directly.
* Consumers were satisfied that management is responsive to consumer feedback.

Management described and provided examples of how the governing body promotes a culture of safe, inclusive and quality care. Consumers provided feedback that they felt safe and included at the service.

The organisation provided a documented risk management framework supported by policies and procedures documented to manage risk. Staff explained their role in managing risk, and management described how incidents are reviewed at service level and by the Board. The service demonstrated the different components of its risk management system and how it uses incidents to implement improvements for consumers.

The organisation demonstrated it has effective governance systems in relation to information systems, continuous improvement, financial and workforce governance and regulatory compliance.

The organisation demonstrated it has a clinical governance framework which includes antimicrobial stewardship, minimising the use of restraint and an open disclosure policy. Staff were asked about whether these policies had been discussed with them and what it meant for them in a practical way. Staff had been educated about the policies and were able to provide examples of the relevance to their work.

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

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.