Aurrum Brunswick

Performance Report

17 Egginton Street
BRUNSWICK WEST VIC 3055
Phone number: 03 8378 5400

**Commission ID:** 3975

**Provider name:** Aurrum Pty Limited

**Site Audit date:** 21 February 2022 to 23 February 2022

**Date of Performance Report: 22 April 2022**

# Performance report prepared by

Meritt Nasiff 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 Approved Provider’s acknowledgement of receiving the Site Audit report and advising on 23 February 2022 that they would not be providing a response.
* other information and intelligence held by the Commission in relation to the service, including referrals received internally.

# 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

Consumers considered that they were treated with dignity and respect. Consumers and representatives considered that consumers were supported by staff when needed and were encouraged to do things by themselves, received information that helped them make decisions in a timely manner and consumers were supported to include the people they wanted in decision-making processes if needed. Consumers and representatives were comfortable with the way staff respected consumer’s privacy.

Staff consistently considered the consumers personal preferences, maintained their privacy and used respectful language. Staff were fully aware of consumer’s cultural backgrounds. They were also able to demonstrate some examples of respectful behaviour practiced across the organisation for example knocking on door always, speaking into the good ear, and listening to consumers when they were providing feedback.

Management and care staff knew the consumers cultural preferences and provided consistent information that the consumers and their representatives shared. They also demonstrated compassion for consumers feelings and its impact on their life since moving to a residential care facility. Staff were able to describe how consumers were supported to make informed decisions about their care and services and take risks that enabled them to live the best life they could. Staff and management demonstrated a good understanding of dignity of risk, with relevant practices and robust risk mitigation and management strategies in place. Staff provided examples of how information is provided to consumers and/ or their representative in a timely manner.

Care planning documents reviewed were consistent with staff, consumer and representative interviews and used respectful language and included relevant information about consumers such as their cultural background.

Staff were observed to be speaking to consumers in a respectful manner, maintain consumers privacy by knocking on consumer’s door, closing curtains, and safely storing documents. The service had predominantly Italian speaking consumers, and many staff spoke Italian. Consumers from other backgrounds such as Arabic, Greek, and Anglo were also well recognised and supported at the service. Staff confirmed that notices emailed to consumers was often translated in different languages, and food choices and selection process was well developed to accommodate all cultural backgrounds and consumer needs.

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

Representatives confirmed they were involved in assessment and care planning through various practices implemented by the service and that the assessment and planning process considered health and well-being factors, including risk assessment. Representatives expressed satisfaction with the assessment and care planning processes at the service, saying they had ready access to the consumers care and service plan when requested. Representatives advised care planning documents were updated monthly and they were happy with the way care and services were reviewed.

Care planning documents detailed comprehensive information on the risk assessment and planning for delivery of safe and effective care and services for consumers. They also included Advance care planning for consumers who wished to have one in place. Consumers’ care plans detailed ongoing partnerships, outcomes of assessments, communication on assessment planning, and indicated timely reviews. Care plans were noted to be highly detailed and recorded on the services electronic care management system, with a summary available that included diagnosis, leisure, likes and personal goals, skin integrity issues, pressure injury risks, falls risk, mobility and transfers.

Staff demonstrated how assessments were undertaken to ensure they consider consumer’s health, well-being and relevant risks. History of consumers was compiled with help from family members or a hospital discharge summary, along with their likes, dislikes and preferences, during the admission process. The services electronic care management system generated reports for pain, sleep, continence, behaviour, dental care, pharmacy, skin, integrity, sensory, mobility and transfer, personal care practices, and risk assessments. These were all completed by the care manager. Staff demonstrated an awareness of the advanced care planning needs of consumers and how the plans were reviewed. Staff also demonstrated processes to include relevant outside organisations and service providers to care for consumers, such as residential-in-reach support provided by a hospital to reduce risks of avoidable hospital visits, or Occupational Therapists visits for falls prevention, amongst many other. Staff demonstrated when and how care planning documents were reviewed and how outcomes of assessment and planning were communicated to consumers and representatives.

The service had a resident of the day policy and procedure, which was well documented and provided enough guidance on a multitude of areas such as weight, toiletries, hearing aids, glasses, mobility aids and wardrobe items.

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

Consumer representatives considered the personal and clinical care that consumers received was safe, right, and tailored to their individual needs. They were kept informed of changes verbally, or by the monthly review process and this was reflected in care planning documentation. One consumer representative felt very thankful and praised the service’s infection control practices demonstrated during the COVID-19 outbreak.

Care planning documents such as progress notes and charting reports confirmed what the consumer representatives said, that the care is tailored to the individual needs of the consumers, based on best practice, and optimal for supporting positive health and well-being of the consumers. The best practice protocols were followed for wound and pain management. Review of care planning documents showed that the service appropriately managed and mitigated high impact risks to consumers health and well-being. The service did not have any consumers at the time, receiving palliative care, but all six consumers care plans had end of life planning according to the consumer’s needs, goals, and preferences. Care planning documents demonstrated that deterioration and changes in consumers conditions was recognised and responded to in a timely manner and referrals to other organisations were also made in a timely manner.

Staff were able to provide information on consumers personal and clinical care needs and demonstrated knowledge of the most significant risks to consumers and steps taken for high impact risk conditions for consumers. Staff were also able to describe the palliative care procedures and how care is more focused on comfort.

Best practices were followed when delivering care for consumers like if the alarm went off for consumers with mobility aids, and cushion sensors, the staff responded promptly. All policies, procedures and manuals associated with best practice care delivery for clinical care were reviewed on a regular basis.

The Quality Standard is assessed as Compliant 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 COMPLIANTServices 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

Consumers considered that they got the services and supports for daily living that were important for their health and well-being and that enabled them to do the things they wanted to do. Most consumers and representatives felt that services were safe, considered consumer’s needs and preferences and felt confident in the service and its staff. The service supported consumers to attend family functions and decorate and maintain their rooms according to their cultural preferences.

Consumers spiritual and psychological well-being was also supported, by enabling them to participate in their community and have social and personal relationships. Most consumers were satisfied with the quality and quantity of the food available and although one consumer, through their representative, said they would like more generous serving portions, the representative said the consumer would probably only eat a small amount. Consumers said the equipment was safe, clean and well maintained.

Care planning documents included information on consumer needs, preferences, as well as relevant health information required for daily living support including dietary needs. The information noted which activities each consumer liked and how they preferred to participate (participate actively or watch others doing the activity). Consumer files demonstrated assessment processes captured what and who was important to the individual consumer and care plans included information about the consumer’s emotional, spiritual or psychological well-being; this information informed care plans to guide staff. Documentation contained detailed information on family contacts and about how the consumer participated in social activities and events; adequate information was provided to support effective and safe sharing of the consumer’s care.

A weekly activities calendar and menu were displayed throughout the service and activities were being undertaken at the service and staff were observed to be providing emotional support to consumers.

Staff described how the monthly activity calendar was developed with information from the activities suggested by consumers, those where participation and enjoyment was high and from information in the consumer social/leisure tab in the care planning documents. Consumers reviewed next month’s activity calendar and made comments on it at the consumer and representatives meeting each month. Staff knew when a consumer was feeling low and actions were taken to provide them support and comfort.

The care staff member, management and the lifestyle staff all reported that family was very important to the sampled consumers and that family members were frequently visiting their loved ones in the service and took them on outings when possible. Staff said they referred to the care plans of consumers to understand what their needs and preferences were and what changes were influencing their well-being. Kitchen staff outlined how consumer’s preferences and dietary needs were considered when creating seasonal menus. Staff said there was no shortage of equipment and any maintenance required was attended to in a timely manner.

The organisation has relevant processes and practices to support consumers with their daily living needs.

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 COMPLIANTOrganisation’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

Consumers said they were able to personalise their room and felt the service environment was kept clean and tidy. Consumers also reported that they were able to move freely both indoor and outdoor of the service and that furniture, fittings and equipment was well maintained and safe.

The service demonstrated a welcoming environment that was easy to understand and accessible to consumers and visitors. The service had relevant practices to ensure regular and adequate maintenance was provided.

Management explained how the fenced areas were open for consumers to freely move about, and where necessary access was secured. The service had relevant practises to ensure regular and adequate maintenance was provided. The Assessment Team identified a ‘minor hazard’ during their visit, and this was promptly addressed by the service.

The proactive maintenance plan and maintenance records demonstrated that maintenance of the service environment was attended to in a systematic manner, such as all electrical equipment was duly ‘tagged and tested’, and any malfunctions and failures were attended immediately.

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 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 considered that they were encouraged and supported to give feedback and make complaints, and that appropriate action was taken. Consumers and representatives said they knew the process to lodge feedback and make complaints regarding care or accommodation provided by the service. They described positive experiences when they provided feedback to the service which resulted in outcomes that improved their quality of life and care.

Staff were trained to support consumers and representatives in providing feedback and making complaints. Staff were able to explain the relevant processes for using feedback and complaints to make improvements or service delivery, and they described how they assisted consumers in the process. Staff were aware of the advocacy and language services available and demonstrated an understanding of open disclosure practices at the service. The board actively supported the training for all staff and was advised of all feedback and complaints via the service’s electronic feedback management system reporting tool, and a monthly feedback report summary which included statistics outstanding and recently closed issues.

A range of printed information was openly available to consumers and representatives in English, Greek and Italian that explained the feedback and complaints process. The service had documents, systems, and processes to support and encourage consumer feedbacks and complaints and for the service to use an open disclosure process, like the resident handbook which provided guidance to consumers on the feedback and complaints process and there were a range of brochures available on advocacy services in three languages.

A review of three months of randomly selected feedback and complaint reports extracted from service’s electronic feedback and complaints management system showed that the service used an open disclosure process. A review of the relevant processes and interviews with staff provided clear evidence that consumer feedback and complaints were reviewed, trends analysed, and the results used to improve the quality of care and services consumers receive.

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 COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Consumers considered that they got quality care and services when they needed them and from people who were knowledgeable, capable and caring.

Consumers and representatives advised there were enough staff to meet their needs, and consumers did not experience any adverse impacts due to rostering of staff. Consumers and representatives stated they were satisfied with the kindness, care and respect shown by staff and that staff performed their roles effectively.

A review of rosters, call bell response time data, and observations demonstrated the service had sufficient staff to deliver safe and quality care and services. A review of a suite of documents relating to learning and development of staff at the service indicated that all staff were appropriately qualified, had undertaken the mandatory training required, and were regularly assessed and reviewed for staff performance.

Consistent with consumer and representative interviews and observations made, staff considered the service to have enough staff to provide safe and quality care and services. Management stated that the recruitment process included a check of registration against the Australian Health Practitioner Regulation Agency, a national police check, checks of any industry registrations, qualifications, and professional references.

Staff confirmed they received annual performance appraisals by the management team and newly employed staff received extra performance appraisals during their probation period at the service.

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 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

Evidence demonstrated that consumers were engaged in the development, delivery and evaluation of care and services and were supported in the engagement. Some of these programs at the service involved consumers in the recruitment of new staff, a food tasting program where consumers sampled new menus and feedback was provided to the chef.

The service’s governing body processes ensured the delivery of safe, inclusive, and quality care and services, including reporting mechanisms, monitoring and evaluation of risks, and monitoring of regulatory and legislative changes.

The organisation had appropriate governance structures, policies, procedures, and practices, including information, incident, complaints, risks, and financial management systems, and clinical governance frameworks to support safe and quality care services. The Board reinstated culturally appropriate, home style dining menus and implemented a menu tasting experience to engage consumers, as consumers had indicated they wanted simple home cooked meals.

Staff demonstrated an understanding of the various policies and procedures. Board decisions and relevant information was communicated to staff and consumers through various communication channels (e.g., verbally, emails, management meetings), and the Board’s escalation process, was based on a risk assessment matrix to inform on relevant risks.

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.