Avonlea

Performance Report

68-72 Macpherson Street   
NHILL VIC 3418  
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**Commission ID:** 3002

**Provider name:** Respect Group Limited

**Site Audit date:** 12 July 2022 to 15 July 2022

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

# Performance report prepared by

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# 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.

# 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

Overall sampled 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 and representatives felt staff valued their culture, identity and diversity.
* Consumers and representatives stated the services supports consumers to take risks of their choice to enable them to live the best life they can.
* Consumers felt that the service supports them to maintain relationships of choice and encourages them to make decisions about their care and services; and who is involved in decision making around care and services.

Staff were able to provide examples of how they provide care in line with cultural preferences and could identify consumers who came from diverse cultural backgrounds and consumers who had specific religious preferences.

The service has a suite of policies and procedures to govern staff practice that enables staff to deliver care and services in line with the requirements of this standard.

Observations were made throughout the site visit of staff treating consumers with dignity and respect through maintaining privacy when performing personal care duties, knocking on consumer doors and asking for permission before entering.

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

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

* Consumers and their representatives said they feel they have been listened to and their care and services are planned around what is important to them.
* Consumers and their representatives are satisfied with the level of involvement in the planning of the consumer’s care and services.
* Consumers and their representatives were satisfied their care is reviewed regularly and following a change in circumstances or after an incident.
* Consumers and representatives said they have a regular opportunity to review and update their care plan with clinical staff.
* Consumers and their representatives indicated they were provided information about advance care planning and care planning is occurring according to consumers’ wishes.

Clinical staff described how initial and ongoing assessment, in partnership with consumers and representatives, informs care plan development and reviews. Staff demonstrated knowledge of the assessment and care planning processes and how risk is assessed and minimised in collaboration with consumers to ensure safe and effective care. Care staff described how they report incidents and any changes to a consumer’s condition, needs and preferences to a registered nurse who reviews the consumer’s care needs in consultation with the consumer, representative and other health professionals as appropriate

Assessment and care planning documents identified consumers’ current assessed needs and reflected consumers’ goals and preferences. Care plans were electronically generated from the assessment data, and personalised strategies were documented in the care plan as appropriate.

The Assessment Team observed each consumer’s electronic page profile which outlines the ‘Risk to be aware of’ for each consumer including risks related to falls, nutrition, skin integrity, choking, changed behaviour, restrictive practices and allergies. The Assessment Team observed consumer assessments, care plans and charts available in digital records for staff to access via computer terminals .The Assessment Team observed a consultation between clinical staff and an external diabetic specialist occurring about planned interventions for specific consumers.

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

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

* Overall consumers and their representatives expressed satisfaction with the safe and effective personal and clinical care they receive including skin care, wounds, falls, pain management and behaviour management.
* Consumers and their representatives expressed satisfaction with the access and referral to their medical practitioner, allied health professionals and other external specialists and consultants when they need it.
* Consumers and their representatives interviewed said they are always notified in a timely manner of any changes in the consumer’s condition and consumers’ needs and preferences are effectively communicated in a timely manner.

Staff described ways they provide tailored personal and clinical care to consumers to optimise their health and well-being. Care staff said they know care is safe as the care plans are developed by clinical staff with individual consumers or representatives and handover effectively informs them of changes. Clinical and care staff were able to describe and demonstrate effective management, in line with organisational policies and procedures, of high impact or high prevalence risks associated with the care of each consumer.

The service has a suite of clinical policies and procedures that guide staff practice in the care and management of consumer risks including management of falls, changed behaviours, nutrition and hydration, diabetes and weight loss. The service demonstrated regular review of the use of psychotropic medications with appropriate de-escalation or cessation of medication where applicable. The Assessment Team sighted guidance materials regarding clinical deterioration to guide staff in recognising clinical deterioration in residential aged care.

The Assessment Team observed the clinical handover process where key changes to consumers’ needs, preferences and health status are communicated amongst staff. The Assessment Team observed clinical and care staff referring to the handover folder and staff updating consumer information on the handover sheet at the nurses’ station.

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:

* Most consumers and representatives were satisfied with the services and supports consumers receive at the service which enables them to engage in daily activities and exercise their independence.
* Consumers interviewed felt they were supported to do things they want to do and that services provided by the service met their needs, goals and preferences.
* All consumers and representatives provided positive feedback in relation to the quality and quantity of food.

Hospitality staff advised, and consumers corroborated that alternative meal choices on request, and that feedback about the menu is sought from consumers via different means. Lifestyle staff provided examples of supports provided at the service to assist consumers with daily living. Staff said that they support consumers with cognitive impairments to participate in activities, or complete activities on their own. Care staff advised ways in which they can identify changes to a consumer’s emotional wellbeing. Staff advised when consumers become less engaged in activities or start to socially isolate, they check up on their emotional wellbeing and refer to registered nursing staff if any concerns are identified.

Management advised that on entry to the service, consumers are asked about their dietary requirements, dining preferences, likes and dislikes. Additionally, kitchen staff attend to consumers to go through menu options with them on a semi-regular basis. Any changes to preferences, likes and dislikes through this process are updated in the consumers’ care plans.

The Assessment team reviewed hard copy ‘resident life story forms’ where information about a consumer’s history is obtained when they enter the service. Information on supports consumers require to assist their daily living activities such as eating, drinking or participating in activities are contained in the social information section of electronic care plans. The Assessment Team reviewed different menus, noting that choices were provided to consumers should they not wish to have the main meal being served.

The Assessment Team observed consumers attending different activities throughout the site visit. The Assessment Team also observed consumers completing individualised activities in their rooms and in common areas of the service. The Assessment Team attended a staff handover where staff members were observed to be sharing information about changes to consumers’ needs and preferences. The Assessment Team observed meal service over three days of the site visit. On all three days, food provided to consumers was observed to be a reasonable portion size. Consumers were observed enjoying their meals and were provided with more food upon request.

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 they feel they belong in the service and feel safe and comfortable in the service environment. For example:

* Consumers and their representatives felt the service is welcoming and clean; and that they are able to frequent different parts of the service environment, indoors and outdoors, as they please.
* Consumers considered they feel they belong in the service and feel safe and comfortable in the service environment.
* All consumers and their representatives interviewed stated that the service is always clean, and that cleaning staff do a good job.

Staff advised consumers are encouraged to personalise their rooms and observations found that consumers bring their own furniture and belongings to their rooms to make their rooms more home-like. All care staff interviewed advised that they have undertaken manual handling training and know how to use different pieces of equipment to assist consumers in a confident and safe manner.

The service has processes in place to ensure as required and preventative maintenance is completed in a timely and appropriate manner. Maintenance staff prioritise maintenance jobs according to urgency to ensure risks to consumers health and safety are minimised. The service environment was observed to be safe, clean, well maintained and comfortable. The service was able to demonstrate its furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

The Assessment Team observed that the service has a large common area where consumers participate in activities. The Common area was observed to be clean and free of clutter, with consumers frequenting the area on a regular basis throughout the visit. The Assessment Team observed consumers moving freely indoors and outdoors, and all doors within the service environment to secure outdoors areas were observed to be unlocked. Consumers and their representatives have access to the code for the front door and are able to leave the service as they please.

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

* Consumers and/or their representatives said they were satisfied they can raise issues with staff or make complaints directly to management.
* Consumers and/or representatives who had raised issues were generally satisfied with the action taken to resolve their respective issues and that it occurs in a timely manner.

Staff interviewed could describe how they support consumers to provide feedback and make complaints. Staff described how they assist consumers when they raise any issues or concerns by attending to the problem immediately or speaking with management if the concerns need to be escalated. Staff described the feedback process and how complaints and feedback are discussed at staff meetings and consumer and representative meetings. Management demonstrated how complaint data is reviewed and action is taken to improve the quality of care and services. Staff were able to describe the process of open disclosure and demonstrated this approach is used when handling feedback or complaints.

Documents reviewed by the Assessment Team further demonstrated complaints, compliments, and other feedback were logged within the service’s ‘feedback and complaints register’ and used to drive continuous improvement. Information on the internal and external complaints systems available to consumers is on display and available in languages other than English.

The Assessment Team found the complaints and feedback system was accessible and appositely used to improve the quality of care and services. The Assessment Team observed advocacy and feedback information displayed throughout the service.

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

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

* Consumers and/or their representatives described how staff were kind, caring and gentle when providing care.
* All consumers and/or their representatives interviewed considered the staff knew about their personal care needs and were appropriately trained.
* Consumers and/or their representatives were generally satisfied that staffing levels at the service were adequate.

Staff expressed general satisfaction with the number and mix of staff at the service. Staff explained that the current numbers of staff across each shift at the service supported the provision of safe and quality care and how they relied on teamwork to support each other when unexpected leave arose. Staff described how they undertake regular mandatory education sessions and online e-learning. Staff interviewed confirmed completing annual mandatory manual handling training, PPE use and hand hygiene competencies amongst others.

The Assessment Team reviewed the master roster and allocation sheets with management showing consistent levels of registered and enrolled nurses across the roster. The service has a staff performance framework that involves the assessment of staff competencies and professional goals, a review of education completed, and the identification of further education needs as appropriate.

The Assessment Team observed staff addressing consumers by name, proactively engaging with them and providing information in a manner that they could understand. Staff spoke in a respectful manner about consumers during interviews and illustrated an in-depth understanding of each consumer’s needs and preferences.

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 sampled 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 their representatives said the service was run well.
* Consumers and their representatives provided examples of how they can be involved in the development, delivery, and evaluation of care and services through ‘resident of the day’ meetings, providing feedback to staff, surveys, and ‘resident meetings’.
* Consumers and their representatives expressed feeling safe at the service and living in an inclusive environment with the provision of quality care and services.

The service demonstrated the governance systems that are in place and their application in considering the best outcomes for consumers. The Board monitors and reviews routine reporting and analysis of data related to the consumer experience. The Board has established processes in place to satisfy itself that appropriate care is being provided in accordance with the Aged Care Quality Standards.

The service conducts scheduled auditing of key performance data including incident data, quality indicators, clinical records, and feedback amongst others to identify and analyse trends. Management described the various ways in which the organisation communicates with consumers, representatives and staff regarding updates on policies, procedures or changes to legislation.

The service demonstrated the organisation’s risk management framework. Risks are reported, escalated and reviewed by management at the service level and the organisation’s executive management including the board. The service demonstrated components of the risk management system including incident reports, audits, and meetings with consumers, representatives and staff. Feedback is communicated through service and organisation meetings leading to improvements to care and services for consumers.

The Assessment Team observed a variety of organisation policies and procedures and documents that support and guide management and staff to provide a safe and inclusive culture for consumers and stakeholders. These include but are not limited to clinical governance framework, clinical care policy, risk policy and key performance indicator documents.

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.