Churches of Christ Moonah Park Aged Care Service

Performance Report

28 Blaker Road
MITCHELTON QLD 4053
Phone number: 07 3513 9014

**Commission ID:** 5061

**Provider name:** Churches of Christ in Queensland

**Site Audit date:** 26 July 2022 to 28 July 2022

**Date of Performance Report:** 23 August 2022

# Performance report prepared by

Jodie Earnshaw, 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 23 August 2022
* other relevant information held by the Commission including internal referrals received.

# 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 and representatives considered that consumers are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. Consumers and representatives interviewed described how consumers are encouraged to do things for themselves, supported to take risks and that staff know what is important to the consumers. Consumers described the way their social connections are supported both inside and outside the service. They said that the service protects their privacy and confidentiality of their information, and they are satisfied that care and services are undertaken in a way that affords them dignity and respects their privacy.

Staff interviewed were aware of consumers’ preferences, culture, values and beliefs and were able to explain how those preferences influence how care is delivered, including support consumers to make choices which may involve risks. Staff were observed to interact with consumers respectfully and could identify consumers’ individual preferences and interests.

Care documentation includes consumer profiles and lifestyle planning, which reflect consumer cultural background, social information and preferences for activities. Access to electronic and hard copy documents are protected to preserve confidentiality of consumer information, consistent with policies and procedures.

The organisation’s policies and procedures outline what it means to treat consumers with respect and dignity which guide staff practice relating to consumer choice, decision-making and risk management. Staff training records indicate staff receive annual training in privacy and personal information management.

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

Consumers and representatives considered consumers are partners in the ongoing assessment and planning of consumers care and services, including consideration of consumer’s wishes for end of life care and how other health care providers are involved in the consumers’ care. Consumers and representatives are informed about the outcomes of assessment and care planning by staff at the service and with external health care providers. Consumers and representatives sampled said the care delivered meets the consumer’s needs.

Staff demonstrated an understanding of the service’s assessment and care planning processes, and the organisation had policies, procedures and guidelines in regard to assessment and planning to guide staff practice, including a suite of evidence-based assessment tools, policies and work instructions available to guide staff in their practice. Staff demonstrated a shared understanding of consumers’ needs and preferences.

The service had an electronic care management system. Review of consumers care planning documentation identified assessment and planning included the consideration of risk and reflected the consumer’s current needs, goals and preferences, including advance care planning and consideration of individual consumers’ risks. Consumers’ care and services were reviewed regularly for effectiveness, including when circumstances changed or when incidents occurred.

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

Consumers and representatives considered that consumers received personal care and clinical care that is safe, right for them and in accordance with the consumers’ individual needs and preferences. Consumers and representatives said they had access to a Medical Officer and other health professionals as needed; and reported staff recognise and respond to changes in the consumers health and wellbeing in a timely manner.

Consumers and representatives expressed satisfaction that consumers’ needs, and preferences were effectively communicated between staff.

Staff demonstrated an understanding of consumer’s individual needs and preferences and how they ensure these are met; including consideration of individual consumers risks. Staff said the communication of changes in consumers’ needs and preferences is communicated at shift handover and via the service’s electronic care documentation system.

Consumer care planning documentation informs the provision of safe and effective personal and clinical care, and the sharing and communication of information to support consumers’ health and well-being and demonstrated appropriate referrals are made in a timely manner. Recommendations from specialist and other health care services are implemented and followed by staff in the delivery of consumers’ care and services.

Staff have access to policies, procedures and guidelines to support the delivery of personal and clinical care including in relation to restrictive practice, falls management, promoting skin integrity, wound management, chronic and complex wound management, and pain management.

The organisation had a risk management framework that guided how risk is identified, assessed, managed and recorded. Clinical incidents are recorded on the service’s risk management system and contribute to the monthly clinical indicators report.

The service has implemented policies and procedures to guide staff related to antimicrobial stewardship and infection control management. Additionally; in relation to COVID-19; the service has a documented infection prevention and control procedure, including an Outbreak Management Plan, education and training for staff and the appointment of a dedicated Infection Prevention Control Lead.

There are no consumers at the service who are environmentally restrained, the service memory support unit was flooded in February 2022 , and is currently being restored and upgraded with an expected completion date of November 2022. Consumers affected were relocated to other aged care facilities. The service continues to monitor these consumers remotely and provide updates to senior management the consumers representatives.

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

Consumers and representatives reported consumers were supported to do the things they like to do to optimise their independence, health, wellbeing and quality of life.

Consumers and representatives described ways that staff at the service provide emotional, psychological and spiritual support to consumers. The service demonstrated activities are facilitated within and outside of the service, consumers are supported to undertake lifestyle activities of interest to them and supported to maintain personal and social connections.

Consumers’ condition, needs and preferences was communicated within the organisation and where care was shared, timely and appropriate referrals were made for consumers to other organisations and providers of other care and services. Staff described how they work with external organisations to help supplement the lifestyle activities offered within the service.

Consumers expressed satisfaction in relation to the food service and reported having input into the menu. Care planning documentation reflected consumers’ individual dietary needs and preferences. The kitchen was observed to be clean and tidy and staff were observed to be following food safety protocols.

The Service has policies and procedures to guide staff practise in relation to staff handover and for making referrals to individuals and providers outside the service.

Equipment provided by the Service to support lifestyle services and to assist consumers with their independence was suitable, clean, well maintained and fit for purpose and meets the needs of consumers.

Staff interviewed described how they identify when a consumer is experiencing a low mood and when they need to either provide additional support to the consumer or escalate an emotional need or concern to registered staff. Staff explained how consumers participate in the community and how they keep in touch with the people important to them. Staff interviewed reported they have access to the equipment they need and can access it readily when they need it.

Staff described how changes in consumers’ care and services needs or preferences are communicated through verbal and documented handover processes, review of care documentation and meetings.

The lifestyle team described how they work with external organisations or utilise volunteers to help supplement the lifestyle activities offered within the service. The service activity calendars are reviewed regularly, and activities are adapted or changed depending on consumer feedback and evaluation of attendance.

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

Consumers reported feeling at home in the service and felt safe and comfortable in the service environment. Consumers and representatives expressed satisfaction with the service environment and advised the service is safe, clean and well maintained; and consumers are able to move freely within the service both indoors and outdoors.

Consumers and representatives confirmed visitors are welcome in the service and they have various areas where they can sit comfortably.

Staff described how the service environment supports consumers independence, function and enjoyment such as in the service’s hairdressing salon and café which is under renovation due to recent flooding events.

The service environment was observed to be welcoming, and easy to move around, both inside and outside. Consumers were observed to move freely around the service and the external environment is landscaped with communal gardens, walking paths and areas for sitting or activities.; and consumer rooms were personalised and decorated to reflect their individuality.

The service memory support unit was affected by flooding in February 2022 , several areas of the service flooded, including 3 wings which are temporarily unavailable for use whilst renovations continue. This restoration work has an expected completion date of November 2022. Consumers impacted were relocated to other aged care facilities and are monitored by the service remotely by registered staff, reporting to the service and the representatives.

Staff described the maintenance and cleaning schedules undertaken at the service and review of documentation reflected regular and appropriate cleaning and maintenance of the service environment.

Maintenance staff ensured the environment was safe and well maintained through scheduled preventative maintenance and reactive maintenance. Maintenance issues were reported and actioned promptly.

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 sampled consumers and representatives consider they are encouraged and supported to give feedback and make complaints, and that appropriate action is generally taken by management following concerns raised.

Staff interviewed were able to describe how they support a consumer who raises a complaint or escalate the complaint to management. Management demonstrated an understanding of open disclosure and was able to give examples of how they work with the complainant to resolve the issues to the complainant’s satisfaction and changes that have been made at the service as a result of feedback received.

Feedback, complaints and suggestions from consumers and representatives are sought through written feedback forms, surveys, consumer meetings (including the the newly formed consumer advisory group meeting ) and informal ways including speaking to staff or management. Consumers are provided a handbook on entry to the service which outlines the internal and external complaints mechanisms available to them.

The organisation has a dedicated feedback website available for use by consumers, representatives and staff.

Information of access to external complaints options and/or advocacy services were observed to be available to consumers and representatives.

Review of the service’s complaints register demonstrates complaints, feedback and suggestions made by consumers, representatives, staff and others are consistently recorded, actioned, resolved and used to improve the quality of care and services.

The service is guided by policies in relation to feedback and complaints management and open disclosure, which informs continuous improvement in care and service delivery.

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

Consumers and representatives said there were enough staff at the service to meet consumers’ individual needs and preferences. They reported staff were kind, caring and respectful of consumers’ culture and diversity. Consumers and representatives felt staff knew what they were doing and performed effectively in their roles to support consumers’ needs.

Most staff interviewed considered there were enough staff to provide care and services to meet the needs and preferences of consumers and they were allocated enough time to complete their assigned tasks. The service generally covers unplanned leave by staff from the service, with some shifts covered by agency staff as required.

Staff had a shared understanding in relation to what was important to consumers and how they could support consumers to live the best life they can.

Staff were able to describe the training, support, professional development and supervision they receive during orientation which included buddy shifts with experienced staff members; and on an ongoing basis. Staff confirmed they can raise requests for further training and education which is supported by management.

Staff performance was monitored through appraisal processes, incident analysis and staff, consumer and representative feedback. The service’s staff performance framework included annual performance appraisals and opportunities for professional development.

Call bell response times are monitored and response for assistance was observed to be prompt and consumers confirmed staff are generally responsive to their calls for assistance.

Position descriptions established the responsibilities, knowledge, skills and qualifications required for each role. Mandatory and role specific training was completed and monitored by 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 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

Consumers and representatives considered the organisation was well run and they could partner in improving the delivery of care and services. Consumers and representatives reported they were involved and had opportunities to provide feedback and be involved in the development of care and services through consumer and representative meetings, focus groups, surveys and feedback forms.

The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and was accountable for their delivery. The organisational frameworks, including the quality management and clinical governance frameworks identifies a leadership structure which outlines the roles and responsibilities of the governing body, governance committees, and service and regional management. These frameworks outline a shared responsibility and accountability for maintaining compliance with the Quality Standards, with the governing body having overall accountability for consumer safety, quality care delivery and organisation-wide governance.

The organisation’s documented clinical governance framework and policies in relation to antimicrobial stewardship, minimising the use of restrictive practices, complaints management and open disclosure were applied by staff in the delivery of clinical care. Staff had received training in relation to the framework and policies and provided examples of how they were applied to their practice.

The organisation implemented effective organisation-wide governance and risk management systems and practices to prevent and manage incidents and to identify and respond to abuse and neglect of consumers, including serious incident reporting through the Serious incident response scheme. Policies and procedures were available to all staff and guidelines and resources were available to support effective risk management systems and practices.

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.