Cyril Jewell House

Performance Report

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**Commission ID:** 4465

**Provider name:** Melbourne Health

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

**Date of Performance Report:** 9 May 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.
* the provider’s response to the Site Audit report received on 27 April 2022.
* other information and intelligence held by the commission in relation to the service.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

Consumers and their representatives felt that consumers were valued, treated with respect, could maintain their identity, and live the life they choose. Consumers provided examples of how their culture was respected, such as when staff use their preferred language and when they are assisted to attend church services. Staff spoke about consumers in a respectful manner and demonstrated they were familiar with consumers' individual backgrounds and preferences, and described how this influenced the delivery of care and services. Staff were observed being kind and having respectful interactions with consumers.

Staff were aware of consumers’ important relationships, and described how they support consumers to make informed decisions through formal consumer meetings, informal discussions with lifestyle staff and receiving information from the service. Consumers said they are supported to exercise choice and independence and maintain relationships.

Consumers were supported to take risks and live the life they choose, and staff described how they assess risks in consultation with consumers, representatives and health professionals to support informed decision-making by consumers.

Consumers and their representatives said they received regular communication from the service through consumer meetings and its minutes, verbal updates, posters around the service and emails. Representatives spoke positively about how the service kept them informed on any changes to consumer’s condition.

Consumers said staff respect their privacy when providing care and services. Staff were observed knocking and seeking consent prior to entering a consumer’s room. The service had processes to maintain confidentiality through secure storage of information, training on privacy and confidentiality and through care planning documentation, this information was observed to be securely stored.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

Consumers and their representatives confirmed they were involved in care planning processes and felt they received the care and services they needed. Staff described how they use assessment and planning to inform the delivery of safe and effective care, including when consumers enter the service. Care planning documentation identified the risks to consumers’ health and well-being, such as mobility and blood glucose monitoring required in response to specific health conditions.

Consumers said that assessment and planning processes identified and addressed their current preferences and end of life wishes. Care documentation was reviewed monthly or when circumstances changed. Staff described consumer preferences regarding personal and clinical care, and end of life planning.

Care documentation identified that external providers were involved in caring for consumers, such as dieticians and physiotherapists. Recommendations made by external health professionals were reflected in care documents such as progress notes and nutrition and hydration plans.

Consumers said that outcomes of assessment and planning were communicated to them and they were able to access their care plans. Outcomes of assessment and planning were documented in a format that consumers could understand and staff described how outcomes of care planning were communicated to consumers.

## 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

Consumers and their representatives said they felt confident and were satisfied they were receiving care that was safe and right for them and that met their needs and preferences. Care documentation reflected individualised care that was safe, effective and tailored to the specific needs and preferences of consumers.

Care documentation showed that high-impact and high-prevalence risks such as falls were identified, and appropriate interventions were documented for each consumer. Staff had a shared understanding of the clinical risks for individual consumers and described to the Assessment Team strategies they employed to minimise and manage those risks. A monthly clinical indicator report, discussion at staff meetings and monthly forums, and inclusion in the education schedule ensured risk trends were identified and managed across the service.

Staff, representatives, and care documentation described how consumers who were nearing the end of their life had their comfort maximised and dignity preserved. Care documents demonstrated that care was provided in accordance with consumers’ needs and preferences. The service had policies, systems and processes to support best practice personal and clinical care, including to manage and minimise the use of restrictive practices, and manage pain.

Care planning documentation demonstrated that deterioration or changes to consumers’ condition were identified and responded to in a timely manner. Staff provided examples of how changes in consumers’ condition were responded to, such as communicating and referring to appropriate providers and reviewing care plans as needed.

Care documentation evidenced that information about consumers’ condition, needs and preferences was communicated effectively both within the service and with external providers. This included through clinical handover notes, care plans, assessments, diaries and verbal updates. Care documentation showed timely and appropriate referrals of consumers to other individuals, organisations and health providers such as speech pathologists, dieticians, medical officers and physiotherapists.

The service had policies, procedures, and other resources to prevent and manage infections and infection-related risks. Staff described how the service minimises the use of antibiotics and ensures they are used appropriately.

The Assessment Team brought forward evidence in relation to the services’ general management of consumer behaviour in relation to restrictive practices and management of risks, in neither case did the Assessment Team consider the evidence impacted consumer care, nor was either issue was found to be a demonstration of Non-Compliance by the Assessment Team.

In its written response dated 27 April 2022, the Approved Provider submitted further explanation of the issues raised by the Assessment Team and provided additional evidence in relation to the systems and processes in place to manage restrictive practices and risks within the service.

Based on the information brought forward by the Assessment Team and the additional evidence provided by the Approved Provider I am satisfied that that the Approved Provider is complaint with all Requirements under this Standard.

### 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

Consumers felt supported to pursue activities of interest to them inside and outside the service. Care planning processes included consumers’ personal preferences and guided staff on the services and supports required to meet those preferences. Staff demonstrated a shared knowledge of individual consumers’ interests, which were consistent with care plan records. Lifestyle staff explained to the Assessment Team how the service’s lifestyle program accommodates and modifies activities to cater for consumers’ needs, preferences and varying levels of functional ability.

Consumers considered that their emotional, spiritual, and psychological well-being was supported. Care planning documentation included information about consumers' spiritual beliefs, strategies to support their emotional well-being and identified social supports, such as people that were important to them. Staff described how they monitored and supported changes in consumers’ well-being.

Consumers described how the service supports them to do things of interest, participate in their community and to maintain important relationships. This included attending day outings, welcoming family and friends to visit consumers at the service and maintaining connections through phone and video calls. Staff explained how consumers participated in the community and remain connected with people who are important to them.

Care planning documents included appropriate information about consumers’ needs and preferences, and key information was shared within the organisation to ensure the provision of safe and effective care. Consumers said they were satisfied with communication amongst staff regarding their needs and preferences. Staff were made aware of changes to consumers’ needs during documented handover processes, and dietary information communicated to hospitality staff and available in the kitchen area.

Care planning documentation reflected the involvement of other providers of lifestyle support. The service provides brochures and other resources to support referals to external organisations.

Consumers and representatives provided predominantly positive feedback regarding the quality and quantity of the food. Care planning documentation demonstrated that consumer dietary requirments and preferences were accurately recorded and that external providers were consulted when required.

Equipment supporting lifestyle activities was observed to be suitable, clean and well-maintained and staff further confirmed they have access to appropriate equipment and suitable maintenance occurs.

## 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

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

Consumers felt they belonged in the service and felt safe, at home and comfortable in the service environment. Consumers were supported to personalise their rooms with photographs and items of importance. The service environment was observed to be welcoming and easy to navigate with functional areas consumers can use independently or with others.

The service reflected dementia enabling principles of design and provided signage and handrails to support consumers mobility. The service had well maintained courtyards and outdoor gardens that were observed to be used independently by consumers, or with staff and visitors. The environment was observed to be safe, clean, and well maintained.

Consumers expressed satisfaction with the furniture, fittings, and equipment at the service. Staff described how shared equipment is cleaned, stored, and maintained. Maintenance documentation evidenced that timely and regular maintenance occurs.

## 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

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

Consumers and representatives felt comfortable and encouraged to raise complaints and provide feedback through established complaints processes. Consumers described ways they could provide feedback on the care they received, including directly with management, using feedback forms, through consumer meeting forums and in writing. Staff explained how they encouraged and supported consumers to provide feedback. Staff explained that there were confidential mailboxes located at the reception, and feedback is an agenda item at consumer meetings.

Consumers received relevant information upon entry to the service and were aware of alternative methods for making a complaint. Staff receive training on providing culturally safe care and services and described ways they could support consumers to access advocacy, language and interpreter services if needed. A poster was observed at the service that invited consumers and their representatives to attend a presentation on elder rights advocacy. Management explained that it makes improvements based on feedback received from consumers and their families.

Consumers and their representatives said they were generally satisfied that appropriate action is taken in response to complaints made. Staff described how they practice open disclosure. The service’s feedback and complaints register showed that complaints are acknowledged and actioned, which includes communicating outcomes and updating the continuous improvement plan.

In its written response of 27 April 2022, the Approved Provider gave additional explanation of the systems and processes in place to respond to feedback and complaints and further detailed steps it had taken to upgrade the external phone system in response to feedback.

Based on the information brought forward by the Assessment Team and the additional evidence provided by the Approved Provider I am satisfied that that the Approved Provider is meeting its obligation in relation to this Standard.

## 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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

Consumers received quality care and services when required, from appropriately skilled staff in a kind, caring and gentle manner. Some consumers reported a reduction in the number of staff at the service, however stated that this does not negatively impact the care they receive. Staff were observed interacting with consumers in a respectful manner.

The organisation had policies and procedures relating to human resource management which outlined processes to be implemented by the service to ensure staff were equipped, trained, and supported to meet the needs and preferences of consumers across all areas of service delivery. There were defined position descriptions for all positions at the service, and an orientation and an onboarding program that included mandatory training and a buddying system with more experienced staff. The service had an Education Officer who manages training schedules and monitors the completion of mandatory training and annual refresher modules. Annual performance appraisals and staff surveys captured knowledge deficiencies and informed future training needs. Training records showed that all staff have completed mandatory training.

Staff performance was regularly assessed, monitored, and reviewed. The service had a performance framework that included probationary performance reviews, annual performance appraisals, informal monitoring and review, and professional development opportunities. Management described the service’s processes of reflective practice through self-assessments to support staff in monitoring and reviewing their own practice and identify opportunities for development. Staff indicated they have regular retention conversations with management and staff demonstrated an awareness of the service’s performance development processes.

## 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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

Consumers considered the organisation well run and said they can partner in improving the development, delivery and evaluation of care and services. Staff said that consumers and representatives informed the planning of care and services through feedback forms, surveys, participation in consumer and representative meetings and verbal feedback.

The organisation’s governing body was accountable for the delivery of safe, inclusive, and quality care and services, and was comprised of medically, clinically, and legally trained members. Management described to the Assessment Team how the board met regularly to discuss trends and incidents to improve the quality of care. The board received monthly clinical and quality reports from management about quality and safety, legislative changes, policies and procedures, complaint trends and staffing.

The service had effective governance systems in place, including for information management and feedback and complaints. Opportunities for continuous improvement were identified through several mechanisms, including audits, clinical indicator trend analysis, consumer feedback, review of critical incidents and regular meetings. Financial governance systems such as budgets and expenditure are appropriately managed. The service demonstrated effective systems for workforce governance and planning. Regulatory compliance was addressed through regular management meetings, communication from the board and regular staff communication.

The service had a documented risk management framework, which included policies on high-impact or high-prevalence risks, identifying and responding to the abuse and neglect of consumers and supporting consumers to live their best life. Staff demonstrated an understanding of these policies, and the Serious Incident Response Scheme, including how to report and escalate issues. The service had an incident reporting and investigation procedure that promotes an open approach towards quality and improvement.

The organisation had a clinical governance framework that included policies relating to antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff had received training on these policies and demonstrated a shared understanding of how they were applied.

In its written response of 27 April 2022, the Approved Provider gave further evidence and explanation of the policies and frameworks in place to support he delivery of care and staff knowledge and development.

## 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.