HammondCare - The Meadows

Performance Report

9 Judd Avenue
HAMMONDVILLE NSW 2170
Phone number: 02 8788 3501

**Commission ID:** 0380

**Provider name:** HammondCare

**Site Audit date:** 31 May 2022 to 2 June 2022

**Date of Performance Report:** 8 July 2022

# Performance report prepared by

E Woodley, 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 28 June 2022.

# A picture containing text, invertebrate, hydrozoan  Description automatically generatedSTANDARD 1 COMPLIANTConsumer 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The Assessment Team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall, consumers interviewed by the Assessment Team 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. Consumers and representatives interviewed confirmed staff knew what is important to them and support them to do things for themselves. Consumers were satisfied they can make choices about their care and are empowered to decide how their care is delivered. Consumers said staff respect their personal privacy and felt confident their confidentiality and personal information was protected.

Staff demonstrated an understanding of how they support consumers to exercise choice and independence and respect consumer’s privacy. The Assessment Team observed staff interacting respectfully with consumers. Care plans reviewed by the Assessment Team reflected the diversity of the consumers with individual goals and strategies in place that reflect their values and respect their dignity. Care plans have consumer background information that outlines their life before entry to the service and the strategies in place to incorporate that life into their life at the service.

The service demonstrated consumers and representatives have timely and relevant information to make informed choices and decisions about all aspects of their care and services.

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.*

# A picture containing text, invertebrate, hydrozoan  Description automatically generatedSTANDARD 2 COMPLIANTOngoing 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Overall, consumers and representatives interviewed by the Assessment Team considered that they feel like partners in the ongoing assessment and planning of their care and services. Most consumers and representatives interviewed confirmed they are involved in the care planning process, including through the case reviews, face to face discussions and phone conversations with registered nurses or management. Representatives interviewed said they generally have discussions with staff when their consumer’s health needs change or when an incident occurs.

Review of consumer care and service records demonstrate that assessment and planning generally considers risk to the consumer’s health and well-being and informs the delivery of safe and effective care and services. Care and services plans are reviewed and updated after a change in the consumer’s condition or when incidents occur. Review of records for the consumers sampled shows advanced care plans are being completed and reviewed as required.

The outcomes of consumer assessment and planning are communicated to consumers and/or representatives. Consumer care and services plans are accessible to staff and there are processes in place to ensure, on request, the care and services plan is made available to the consumer or their representative.

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.*

# A picture containing text, invertebrate, hydrozoan  Description automatically generatedSTANDARD 3 COMPLIANTPersonal 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The Assessment Team also examined relevant documents.

All consumers and representatives interviewed considered consumers receive personal care and clinical care which is safe and right for them. Care documentation reviewed by the Assessment Team demonstrated consumers receive care that is tailored to their needs and optimises their health and well-being. High impact and high prevalence risks have been effectively managed to ensure the safety and comfort of consumers.

Review of documentation and interviews with consumers, representatives and staff showed information about the condition, needs and preferences of consumers is communicated among staff and with others where responsibility for care is shared. The service demonstrated consumers are referred to appropriate services and specialists in a timely manner and in response to the needs of the consumer.

Staff interviewed were able to describe and provide examples of when they have provided end of life care to consumers and how they maximised the consumer’s comfort and preserved their dignity during this time.

There is organisational policies and procedures in relation to infection prevention and control and some consumers and representatives provided positive feedback about the practice at the service. Staff were able to describe how they use standard and transmission-based precautions to prevent and control infections, including the appropriate use of antibiotics.

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.*

# A picture containing text, invertebrate, hydrozoan  Description automatically generatedSTANDARD 4 COMPLIANTServices and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The Assessment Team also examined relevant documents.

Consumers interviewed by the Assessment Team 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. Consumers and representatives interviewed said the service supports them to maintain personal relationships and to stay connected with people important to them. They said they felt supported to stay connected even during the COVID-19 lockdowns. Consumers and representatives stated the activities provided by the service were adequate and suitable, and adjusted to suit individual consumer functional and cognitive ability.

Most consumers provided positive feedback in relation to the meals and stated the meals served were tasty and varied and were suitable for their dietary needs and they were offered alternatives if they did not like what was provided.

Care documentation details the services and supports for daily living that are important to individual consumers and reflect consumer’s important relationships and things of interest to them. Documentation demonstrated how the service provides support to promote consumer’s emotional and spiritual and psychological well-being.

The service demonstrated where equipment is provided for supports for daily living, it is safe, fit for purpose, clean and well maintained.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# A picture containing text, invertebrate, hydrozoan  Description automatically generatedSTANDARD 5 COMPLIANTOrganisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The Assessment Team also examined relevant documents.

Consumers interviewed by the Assessment Team considered that they feel they belong in the service and feel safe and comfortable in the service environment. Most consumers and representatives interviewed said the service is clean and well maintained.

The service has an inviting appearance and is divided into three homelike cottages. Consumers and their visitors have spaces where they can interact and spaces for quiet reflection. These include airconditioned communal living areas that include furnished dining and lounge areas, sunroom, and an outdoor courtyard.

The Assessment Team observed the overall service environment to be safe and clean with furnishings, fittings, and equipment well maintained and comfortable. The Assessment Team observed staff assisting consumers to access outdoor areas. While there were some outstanding maintenance requests that had been delayed due to various factors, these were being actioned and monitored for completion.

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.*

# A picture containing text, invertebrate, hydrozoan  Description automatically generatedSTANDARD 6 COMPLIANTFeedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The Assessment Team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

All consumers and representatives interviewed by the Assessment Team considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Consumers and representatives said they felt safe and confident they could make a complaint directly to staff and management, and they were aware they could also complete a form to lodge their complaint. Consumers and representatives who recently made a complaint or suggestion felt the service responded promptly and changes to quality of care and services was made in response to feedback. Consumers and representatives who recently made a complaint or gave feedback said management acknowledged their concerns, openly communicated with them, and involved them in the resolution process.

The service demonstrated consumers are aware of and have access to advocates, language services and other external methods for raising complaints. The service has processes in place to monitor feedback and complaints, to ensure complaints are escalated so that they go to a member of the organisation with authority to make changes and that it uses the feedback to improve the quality of care and services.

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.*

# A picture containing text, invertebrate, hydrozoan  Description automatically generatedSTANDARD 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

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Overall, consumers and representatives interviewed by the Assessment Team considered that they get quality care and services when they need them and from people who are knowledgeable and capable. All consumers and representatives said staff are kind and caring. However, one representative said staff need to remember to include consumers in their conversation.

All consumers and representatives interviewed said there are enough staff deployed at the service. While one representative said they could do with one more staff member each shift, this was not impacting on the delivery of safe and quality care and services for consumers.

The service demonstrated regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. The service was able to demonstrate that annual performance development meetings are up to date.

However, the Assessment Team found that mandatory training and competencies have not been completed by all staff and/or are not up to date for all staff across most modules. The service was unable to demonstrate that staff been provided education or training in areas related to the Quality Standards. The service was unable to demonstrate that the education and training program is responsive to all staff requests for development needs.

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.*

Consumer and representative feedback indicated they are satisfied that staff are competent and have sufficient knowledge to provide effective care and services. However, review of the mandatory training register identified some staff have not completed all required mandatory training and competencies either through onboarding processes or through annual training.

The approved provider’s response includes clarifying information about staff overdue for mandatory training and competencies, including that some staff are on leave, not currently working at the service, or are booked in for this to be completed. The approved provider also clarifies some of the competencies outlined in the Site Audit report are not mandatory, but encouraged to advance staff skill and knowledge. The approved provider’s response outlines an action plan for all staff to complete the required mandatory competencies.

While some staff had not completed the organisation’s mandatory or recommended competencies, overall, the service demonstrated the workforce is competent, have the required qualifications and knowledge, and are effectively performing their roles.

I find this requirement is Compliant.

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

Most consumers and representatives interviewed by the Assessment Team considered staff know what they are doing and do not require any additional training. However, review of the mandatory training register identified some staff have not completed all required mandatory training and competencies either through onboarding processes or through annual training. Not all staff interviewed said they had been provided education or training in areas related to the Quality Standards. The service did not demonstrate that the education and training program is always responsive to all staff requests for development needs.

The approved provider’s response includes clarifying information about staff overdue for mandatory training and competencies, including that some staff are on leave, not currently working at the service, or are booked in for this to be completed. The approved provider also identifies further orientation, training, and support for staff that encompass the outcomes required by the Quality Standards, and avenues to identify staff training needs. The approved provider’s response outlines an action plan for all staff to complete the required training, and additional training planned on areas of related to the Quality Standards.

While there were some gaps in the service’s systems for monitoring mandatory training and delivering requested training, overall, the service demonstrated staff are recruited, trained, and supported to deliver the outcomes required by the Quality Standards.

I find this requirement is Compliant.

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# A picture containing text, invertebrate, hydrozoan  Description automatically generatedSTANDARD 8 COMPLIANTOrganisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Consumers and representatives interviewed by the Assessment Team considered that the organisation is well run and that they can partner in improving the delivery of care and services. Continuous improvement actions are identified through several mechanisms including consumer and/or representative surveys, consumer meetings, one-on-one discussions, staff feedback, audit processes, feedback, and suggestion forms.

The Board promotes a culture of safe, inclusive, quality care, and satisfies itself that the Quality Standards are being met through a number of reporting and audit mechanisms.

The service demonstrated effective organisation wide governance systems, and risk management systems and practices in place. The organisation has a documented clinical governance framework which includes supporting policies relating to antimicrobial stewardship, open disclosure, and minimising the use of restraint.

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.