James Barker House

Performance Report

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**Commission ID:** 3513

**Provider name:** The Salvation Army (Victoria) Property Trust

**Site Audit date:** 26 July 2022 to 29 July 2022

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

# Performance report prepared by

Vanessa Stephens, 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.

# 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

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 team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall, sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. For example:

* Most consumers were satisfied that staff encourage them to make decisions about the way their care and services are delivered.
* Consumers stated they are provided with opportunities to communicate their preferences and decisions to maintain meaningful relationships.
* Consumers said they were supported to take risks and live the best life they can.
* Consumers expressed satisfaction that the information they receive is current, accurate, timely, communicated clearly and is easy to understand.
* Consumers were satisfied that their privacy is respected by staff, and that their information remains confidential.

Staff interviewed had a good understanding of the care needs, preferences, cultural backgrounds, and interests of consumers in their care. Staff could also describe practical ways in which they ensure consumer privacy is respected.

Care planning documentation reviewed reflected the cultural needs and preferences of consumers. Risk assessments and care plans are completed and are up-to-date and identify potential consumer risks. Care planning and assessment documentation reflect consumer wishes regarding activities which involve risk.

The Assessment Team consistently observed staff interacting with consumers in a relaxed, kind and respectful manner.

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

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

* Consumers and representatives were satisfied with assessment and care planning processes and that risks are considered and inform the delivery of safe and effective care.
* Consumers described the participation of those they wish to be involved in assessment and care planning.
* Consumers and their representatives expressed satisfaction with the level of communication from staff. Representatives confirmed the service offers a copy of the consumer’s care plan following quarterly care plan consultation.

Staff demonstrated knowledge of what is important to consumers in terms of how their care is delivered and described how they provide consumers the opportunity to contribute to how their care is delivered. Clinical management said the formal three‑monthly care plan review and care conferences provide an opportunity for consumers and their representatives to give feedback relating to care strategies.

Sample care plans contained comprehensive multi-disciplinary assessments which considered risks. Where risks were identified, risk assessments and management plans are completed utilising a range of validated risk assessment tools. Care plans reflect the current goals, needs and preferences of consumers, include advance care wishes and reflect input from consumers and others participating in assessment and planning processes. Care plans also reflect changes in care following review.

The Assessment Team observed equipment for risk minimisation, such as pressure relieving mattresses on beds, specialised cushions in chairs, bed alarms and floor sensor mats and crash mats.

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

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 team also examined relevant documents.

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

* Consumers provided positive feedback about the care and services they receive which reflects their individual needs and preferences.
* Consumers expressed satisfaction with access and referral to their medical practitioner and other health professionals as needed.
* Consumers, representatives and staff described how changes in consumer health are identified, responded to and communicated with monitoring occurring.
* Consumers and representatives are satisfied referrals occur to health professionals when needed and are actioned in a timely manner.

Staff could identify high impact or high prevalence risks for consumers and related strategies to manage those risks. Staff described how information is shared when changes occur and how changes are documented and communicated.

For sampled consumers, documentation including assessments, care plans, progress notes, clinical care charts and medication charts reflect information regarding the consumer’s health status. Care plans also reflect information about end-of-life wishes and this was noted as implemented in the care documentation reviewed for those consumers nearing the end-of-life or commencing a palliative pathway. Care documentation indicates timely identification, monitoring and communication when changes occur.

The Assessment Team observed the clinical handover during the Site Audit and noted relevant information was communicated to staff.

The service’s infection control and antimicrobial stewardship policies include appropriate information and procedures to minimise the use of antibiotics and are linked to best practice principles. The service’s documented infection control procedure includes a focus on COVID-19, gastroenteritis and influenza prevention, and assessment, management and monitoring requirements.

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

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 team also examined relevant documents.

Overall, sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. For example:

* Consumers said they were satisfied with the services and supports provided. The majority of consumers said there are at least one or two activities they are interested in each day.
* The majority of consumers described how they are supported to keep in touch with people who are important to them and participate in activities both within, and outside the service.
* Consumers said they are satisfied with how staff support their spiritual and emotional well-being needs and preferences.
* The majority of consumers provided positive feedback regarding meals and snacks provided by the service.
* Consumers said they are satisfied with how staff support their spiritual and emotional well-being.
* Consumers are satisfied they have access to suitable and well‑maintained equipment.

Overall, sample staff interviewed were knowledgeable about consumer interests, needs and preferences for activities of daily living. The majority of staff were able to provide information that aligned with care documentation and interview responses from sampled consumers. Lifestyle staff described how they work with external organisations to help supplement lifestyle activities offered within the service.

Care plans reviewed demonstrated information about individual consumer supports and needs. Care plans are reviewed and updated following reviews by health professionals and during care plan reviews.

The Assessment Team observed the current activity program displayed on noticeboards throughout the service. On most weekdays, 4 to 5 activity sessions are planned. The Assessment Team also observed the dining experience to be relaxed, consumers were not rushed, and staff provided assistance according to consumer needs.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 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

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 team also examined relevant documents.

Overall, most sampled consumers considered that they feel they belong in the service, and feel safe and comfortable in the service environment. For example:

* The majority of consumers said they feel safe at the service and provided positive feedback regarding the service environment.
* The majority of the consumers expressed satisfaction with the cleanliness and maintenance of the service environment.
* Consumers described being able to move freely throughout the service, both indoors and outdoors.

Staff were able to identify maintenance processes, and maintenance staff demonstrated robust records evidencing both preventative and reactive maintenance was scheduled, completed and monitored.

Consumers were observed using communal areas such as the chapel, gardens and numerous lounge areas. The service was observed to be clean and uncluttered enabling easy access and movement for consumers. Fittings and equipment were observed to be clean and well‑maintained.

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

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 team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

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

* Most consumers interviewed said that they were comfortable making complaints and providing both positive and negative feedback.
* Consumers and representatives were mostly satisfied with the process management followed to resolve complaints, although some consumers stated management is sometimes slow in addressing and resolving issues.
* Feedback from consumers and representatives indicated the service reviews their feedback and complaints to improve the quality of care and services.

Staff interviewed understood their role to support consumers to raise any concerns about their care and services. Staff said they understood how to assist consumers who have difficulty communicating or are cognitively impaired, by completing a feedback form on their behalf. Management and staff described using open disclosure principles when handling complaints, including working collaboratively with consumers and representatives and apologising when necessary.

A review of recent complaint information indicated that the service is generally proactive in addressing complaints and using consumer feedback to improve care and services. Meeting minutes reflect complaints discussed, and where trends are identified, intended actions are documented.

Advocacy and language service information is displayed in communal areas of the service.

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

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

* The majority of consumers and representatives expressed satisfaction with staff numbers at the service.
* Consumers and representatives stated the workforce is competent and staff have the knowledge to effectively perform their roles.

Staff expressed satisfaction with the quality of training provided and are satisfied with opportunities to undertake further education.Staff were also satisfied with the support they receive from management and senior clinical staff. The service demonstrated a system for staff appraisal and performance management processes.

The Assessment Team reviewed education documentation which identified staff have the knowledge and skills to meet consumer needs.

The Assessment Team reviewed staff rosters and allocation sheets for the period 27 June 2022 to 10 July 2022 and identified the majority of shifts are filled, there are consistent levels of staff allocated across the service, and a registered nurse is available 24 hours a day 7 days a week.

Throughout the site audit the Assessment Team observed staff interactions with consumers to be kind, caring and respectful.

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

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).

Overall, sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. For example:

* Consumers expressed satisfaction with their involvement in broader service improvement.
* Consumers reported living in an inclusive environment which provides quality care and services.

Management described how consumers and representatives are involved in the development, delivery and evaluation of care and services. Management seek input from consumers and representatives through participation in consumer surveys, consumer and representative meetings, and resident of the day meetings. Management described changes made in the last six months, driven by the board, as a result of consumer feedback, experience and incidents.

Management described the clinical governance framework in place which provides an overarching monitoring system for clinical care. Management were able to describe and provide policies and procedures in relation to antimicrobial stewardship, minimising the use of restraint and open disclosure.

The service demonstrated effective organisation wide governance systems are in place and their application in promoting consumer outcomes. The board monitors and reviews routine reporting and analysis of data related to consumer experience. The board then satisfies itself that systems and processes are in place to ensure the right care is provided.

The service demonstrated a risk framework which identified and managed high impact and high prevalence risks and abuse or neglect of consumers. The governance of incidents ensures that incident investigation is effective to reflect potential contributing factors. The organisation has an incident management system that prompts the escalation of high impact risks. There are processes to ensure action is taken and consumers are supported to live the best life they can.

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.