Parkdale Aged Care

Performance Report

43-45 Herbert Street
PARKDALE VIC 3195
Phone number: 03 9580 0499

**Commission ID:** 4290

**Provider name:** Aged Care Group Pty Ltd

**Site Audit date:** 15 March 2022 to 17 March 2022

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

# Performance report prepared by

Melissa Frost, 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** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-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 14 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 of the six specific requirements have been assessed as Compliant.

Consumers and their representatives said staff treat consumers with dignity and respect. Consumers said they feel valued as individuals and their culture is respected. Staff demonstrated respect and understanding of consumers’ identity, culture and values. Staff receive training to support delivery of culturally safe care. Care planning documents reflect consumers’ culture, background and preferences. The service coordinates celebrations, recorded on a cultural calendar, with the St Patrick’s Day event occurring during the Site Audit.

Consumers said they are supported to exercise choice and independence, through deciding how they spend their time. Staff said they support consumers to maintain relationships, whether using technology or in person. Staff coordinate activities to facilitate consumers to socialise and engage with their interests.

Consumers are supported to take risks, consistent with their preferences, following a risk assessment process completed with the consumer, representatives and health professionals. Staff described the relevant risk choices of consumers, consistent with care plan information.

Consumers said they receive timely and accurate information, that supports them to make informed choices about care. Care plans reflect consumers’ communication needs, and staff have aids to facilitate communication with consumers with different language or communication needs. Information about activities and meal options is displayed throughout the service.

Staff were observed respecting the personal privacy of consumers, through seeking consent before entering and providing support, and closing doors when providing care. Consumers’ personal information is securely managed electronically.

## 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.

Initial assessments are completed when consumers enter the service, to determine consumers’ needs, goals and preferences. These assessments involve consumers, their representatives, medical officers and any relevant allied health professionals. A comprehensive care plan is completed within 28 days and this is reviewed every 3 months, or as consumers’ needs change.

Care plans reflected consumers’ diagnoses, strategies to manage care, risks, advance care and end of life planning. They showed regular communication with relevant care partners. Care documents are stored electronically, and handover sheets contain information to support staff to deliver care in line with consumers’ wishes. Attendance reports and recommendations from health professionals and other services are recorded in care plans.

Consumers and representatives confirmed they are involved in assessment and care planning, they receive suitable communication from the service and have access to copies of care plans.

The service has processes to monitor completion of assessments and ensure changes in care needs are addressed. Care plans reflected regular reviews occur, including case conferences. Staff described the regular review process, how they escalate any changes or concerns to clinical staff, and how reviews occur after any incidents.

## 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.

Care documents reflected that consumers receive individualised care that is safe, effective and tailored to their needs and preferences. They show consumers receive care consistent with medical officer and allied health professional directives and recommendations, including for falls management, dementia care, skin integrity and pain management. Staff demonstrated a shared understanding of minimising the use of restrictive practices.

Staff described delivering care consistent with care planning information, including how they manage high impact and high prevalence risks. Staff complete handover each shift, which includes identifying consumers’ care needs, preferences and risks. Care documentation reflects interventions to minimise and manage relevant risks.

Representatives said staff provide end of life care consistent with consumers’ wishes, and consumers were observed receiving care in line with their preferences. Staff are guided by the service’s policies and procedures for end of life care, including for pain management and comfort care.

Staff described how they monitor consumers and apply strategies consistent with care planning documents to support consumers, incorporating changes in line with input of other health professionals. They said they escalate any concerns, changes or deterioration to registered staff. The electronic care documentation system notifies staff of changes to consumers’ status, needs and preferences through alerts.

The service has processes for sharing information, including care documentation access for external health professionals. Care plans reflected referrals to relevant providers of care and services, and representatives said they are satisfied with the referrals.

Staff demonstrated an understanding of infection prevention and control practices and completed relevant training. They described the strategies used to minimise the use of antibiotics.

### 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 and their representatives provided generally positive feedback regarding the services and supports for daily living and said the lifestyle program supports them to engage in activities consistent with their interests. Consumers said staff respect their participation preferences. Care plans reflected leisure and lifestyle interests and preferences. Lifestyle staff said they regularly obtain consumer feedback to develop the activity calendars and events. Consumers were observed participating in games and quizzes, and socialising.

Consumers said staff support their emotional well-being through providing reassurance. They said their psychological and spiritual well-being is supported through the service allowing visitors and celebrating events. Staff said consumers are supported to attend religious services and receive pastoral care. Consumers were observed visiting with family throughout the service and staff were observed attending to consumers and providing emotional support.

Consumers said they are supported to maintain relationships and participate in the community, including leaving the service environment. Staff described how they support consumers to contact people important to them, and to engage in activities outside the service. The service also supports consumers through engaging volunteers.

Care planning documents provide details of consumers’ preferences for activities. Dietary requirements are listed in care plans and accessible to kitchen staff. Changes to consumers’ preferences or needs are communicated at handover or in printed form for meals.

Consumers said they are content with the quality variety of meals provided, with some consumers noting they receive generous portions. Kitchen staff described how they cater to consumers’ different dietary needs and how they engage with consumers to obtain feedback about meals. Staff were observed assisting consumers with meals in a way that showed respect and maintained consumers’ dignity. The kitchen environment was observed to be clean and tidy, with staff following safety protocols.

Equipment to support lifestyle activities was observed to be safe, suitable, clean and well-maintained. Consumers, representatives and staff had no concerns regarding cleaning and maintenance.

## 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 NON-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

The Quality Standard is assessed as Non-compliant as one of the three specific requirements have been assessed as Non-compliant.

The non-compliance is in relation to Requirement (3)(b) as the Assessment Team identified concerns regarding an emergency egress route, including observation of some items obstructing the pathway during the Site Audit. I have provided reasons for the finding of non-compliance in the relevant Requirement below.

Consumers said they feel at home at the service, and they are supported to personalise their rooms with belongings and décor. Consumers are supported to move around indoors with wide corridors free from hazards, handrails, signage and sufficient lighting. There are courtyard and balcony areas for consumers to access the outdoor environment. Consumers were observed moving throughout the service and enjoying time with others indoors and outdoors.

Consumers considered the furniture, fittings and equipment were suitable, clean and well maintained, and they felt safe when staff are using mobility or transfer equipment. Consumers were observed using suitable equipment and staff and consumers could access equipment when needed. Maintenance documents evidenced maintenance occurs in a planned and as required manner. Equipment, including shared items, is maintained and cleaned between use.

## 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) Non-compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

The Assessment Team observed most areas of the service to be safe, clean and well maintained. They considered the design features of the service supported consumers to move between areas, which was confirmed by consumer feedback. Equipment was observed as being stored appropriately and when being moved it did not impede free movement. Laundry services were observed to follow consistent and hygienic methods.

However, the Assessment Team brought forward concerns with an emergency egress route, reporting some items were blocking the north side exit path, there were some hazards such as uneven concrete and a sharp fence edge, a water heating system and there was a significant incline. They observed a fire exit sign pointing in an incorrect direction, without a functioning light, and there was a lack of clarity regarding the location of an assembly point and egress route. The Assessment Team said they were unable to clarify these issues when raised with management during the Site Audit. As a result, they recommended the service did not meet this Requirement.

The Approved Provider responded on 14 April 2022. They stated they considered there was insufficient evidence brought forward in the Site Audit Report to reflect non-compliance. They stated some items were inadvertently left in the egress pathway following a delivery and staff were educated regarding this. They said the hazard issues have been referred to maintenance staff and are awaiting further assessment. They said the pathway, and water heating system, was found compliant with fire and evacuation requirements.

The Approved Provider supplied photographs showing the current status of the pathway, showing it was clear of immediate hazards. The concerns regarding the incline and uneven concrete are not apparent from the photographs, and I am unable to form a conclusion regarding this, noting a formal assessment is planned. They provided an evacuation plan showing four emergency exits, with directions to the assembly area at the front of the service building. They suggested a misunderstanding occurred between the Assessment Team and management regarding the assembly point and egress route. I note the evacuation plan supplied by the Approved Provider is clear. However, I am unable to conclude whether the plans reviewed by the Assessment Team were consistent with the copy supplied by the Approved Provider, in the presence of conflicting feedback.

I am satisfied that the Approved Provider has taken suitable corrective action following the Assessment Team raising the concerns, including by clearing the hazards from the pathways and requesting a replacement for the exit sign without a light. Though there was no identified harm to consumers or staff as no evacuation was required during the Site Audit, there were potential safety impacts. I consider that because these items were not identified and addressed by the service prior to the Assessment Team raising them, they are examples supporting non-compliance with this Requirement.

At the time of the Site Audit, the service demonstrated the environment was generally clean, well maintained and supported free movement of consumers, however they did not demonstrate maintenance of a safe egress route from all potential emergency exits.

Therefore, I find this Requirement is Non-compliant.

### 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 their representatives said they were supported to give feedback or make complaints about the service. They said they know to use feedback forms or email, with feedback form boxes available on each level. Staff said they support consumers to complete feedback forms as needed, and described other means utilised such as monthly meetings, food focus groups and informal discussions. Brochures regarding complaints, feedback, advocacy and language services are displayed at reception, in multiple languages. Consumers are provided with advocacy information on entry.

Consumers and representatives said they were generally satisfied with how the service handles complaints. Staff spoke about using open disclosure when responding to complaints. The service’s feedback log demonstrates timely and appropriate action is generally taken in response to complaints.

Consumers described how feedback has led to improvements at the service. Staff said there were no specific trends identified in the feedback received, and described how they seek regular feedback to support improvements.

## 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 considered there are sufficient staff rostered to provide care, and were satisfied with staff responding promptly to call bells. Consumers said staff are kind and caring. Most staff said they had sufficient time to deliver care. Staff were observed providing assistance in a respectful manner and not rushing. The service’s feedback log reflected representatives provided compliments regarding staff.

The service monitors staff qualifications and registrations to ensure suitability. Staff complete mandatory training prior to commencement and competency is assessed through observations and discussions. Staff said they have additional training available, which is accessible, and are alerted to any new or outstanding items.

Regular performance appraisals are conducted, and informal discussions are held between scheduled appraisals to provide and seek feedback. The service demonstrated it monitors performance trends and delivers additional training to support staff competency as relevant.

## 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 service is well run and they felt supported to raise concerns. Staff confirmed consumers are actively engaged in development, delivery and evaluation of care and services through monthly meetings and regular interactions with staff.

The organisation’s governing body receives regular reports from the service, including risk indicators and incidents, and further analysis occurs regarding any trends to promote quality care and services. Staff said information is communicated regularly from the governing body regarding any legislative or policy changes. Audits occur to assess the service’s performance.

The organisation has effective governance systems in place to support information management, continuous improvement and financial governance. Staff considered they have clear role responsibilities, and confirmed they receive communication and training regarding legislative change to support regulatory compliance. The service demonstrated it captures feedback and complaints, and takes relevant action.

The service has an effective risk management framework, including policies to describe management of high impact and high prevalence risks. Staff could describe how they apply procedures to identify and respond to abuse or neglect, and report incidents. Staff are trained to support consumers to live their best lives.

The service has a clinical governance framework that includes policies relating to antimicrobial stewardship and open disclosure. Staff provided examples of how they minimise the use of restrictive practices, consistent with the policies. Staff described how they apply infection control and antimicrobial stewardship training.

## 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

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 5(3)(b): the Approved Provider ensures the service environment is safe and well maintained, through monitoring suitability and preventing obstructions to egress routes.