Regis Dandenong North

Performance Report

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**Commission ID:** 3652

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

**Site Audit date:** 21 February 2022 to 24 February 2022

**Date of Performance Report:** 31 March 2022

# Performance report prepared by

David Lee, 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:

* Consumers stated that staff understand their culture, diversity and treat them with dignity and respect. Consumers described how they are encouraged to be independent and are supported to attend lifestyle and social activities that they wish to participate in.
* Consumers and representatives provided positive feedback on staff consumer knowledge describing they know what is important to them, respect their cultural wishes and privacy.
* Consumers and representatives described the support the service provides in their daily activities and maintaining relationships inside and outside the service.
* Representatives are satisfied with the communication they received, including the timeliness of updates to consumers’ health conditions and services.
* Staff demonstrated knowledge and understanding of individual consumers and how they encourage consumers to undertake tasks and activities that are fulfilling.

Care plans reflected comprehensive information about consumers’ individual backgrounds and cultural beliefs, which influenced the way they deliver care.

Care documents reviewed include information that confirms consumers, or their representatives, are aware of the risks and have consented to certain activities.

The Assessment Team observed staff treating consumers respectfully, in a caring manner and respecting their privacy.

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 described how they are regularly involved in care planning with relevant input from health practitioners and are satisfied with the level of communication.
* Consumers and representatives described how staff advise them of any changes to the consumer’s needs or condition and inform them when incidents occur.

Staff understand sampled consumers’ care needs, including end of life care planning. Staff demonstrated knowledge of consumers’ risks and have access to consumers’ electronic care plans describing strategies to ensure safe and effective care.

Care plans sampled showed evidence of regular assessment and planning in accordance with consumers’ individual needs, goals, preferences and risks.

Assessments and care plans included the identification of risks, strategies for the consumer and involved input from other organisations. Interventions are documented on consumers’ care plans and reviewed by clinical staff. End of life planning occurs when it is needed.

The Assessment Team found evidence of regular review of care planning documents and noted input from specialists, when circumstances change to align with the goals and preferences of the consumer.

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:

* Feedback from consumers in managing consumers’ changing needs was positive. Consumers reported staff providing personal and clinical care tailored to their needs.
* Sampled representatives confirmed being consulted or providing consent on the use of chemical restraints, with a view to minimise or ceasing when possible.
* Representatives expressed satisfaction in the end of life approach provided by the service. Care planning documents reflect consumers’ end of life needs and wishes developed in consultation with the consumers, representatives and medical practitioners.

Sampled consumer files demonstrated consumers receive care to meet with individual needs and are aligned with best practices. For example:

* Consumer sampled demonstrated non-pharmacological strategies are first leveraged for behaviour management, before the use of chemical restraints. Representatives and medical practitioners are consulted, providing consent, and informed of risks.
* Sampled consumers requiring wound management are regularly assessed and strategies in place to promote skin integrity and to prevent further injuries or to meet their changing health needs.
* Consumers sampled with high falls risks are regularly assessed. Care plans detail prevention strategies and updated to reflect the consumers’ changing care needs. Medical practitioners and representatives are notified in a timely manner when a fall occurs, with post-falls monitoring, neurological observations, transfers and referrals completed following a fall.
* Pain charting is commenced following an incident or injury. Care plans reviewed demonstrated regular reviews for the effectiveness of pain management, consultation with representatives and medical practitioners.
* Consumers are routinely weighed to identify weight changes.
* Sampled consumers with diabetes have detailed directives to manage blood glucose.

Clinical staff displayed knowledge in identifying and monitoring the deterioration of consumers’ health conditions. Care and clinical staff explained how they would escalate concerns and how these are communicated through verbal and written handovers.

The service has processes to communicate information about changes in consumer needs, health status and preferences. Staff and allied health practitioners confirmed they have access to consumer information. The service was also able to demonstrate timely and appropriate referrals to other organisation and health care service providers.

The service has clinical policies and procedures to guide clinical staff in areas such as skin care, wound assessment and management, pain assessment and management, and restrictive practices.

The Assessment Team reviewed nutrition and hydration staff education attendance records and noted consistency of information with the consumer’s dietary needs and preferences.

The service has infection prevention and control measures in place. Clinical infection documents reflect appropriate responses, monitoring and encourages medical practitioners to minimise antibiotic use. Ongoing clinical training and annual competencies are provided.

The Assessment Team observed information exchanges occurring between staff during handover where consumers were discussed and changes in consumers’ care and conditions are highlighted.

The Assessment Team observed an external wound consultant conducting staff education on the day of the site audit.

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 and representatives stated they are provided with activities that support their well-being and optimise their independence and quality of life.
* Consumers indicated in various ways how their emotional, spiritual and psychological wellbeing is supported.
* Consumers and representatives described how they are supported to participate in activities within the service and the wider community to maintain social and personal relationships.
* Consumers advised that the meals provided were adequate. Consumers described how they are provided with alternative menu items, if the proposed menu is not to their personal preference.

For sampled consumers, staff could explain how they support consumer relationships and assist the consumer to participate in the wider community.

Care plans reviewed inform staff of emotional and social supports services involved in the consumer’s care. Care plans included leisure and lifestyle preferences.

The service demonstrated it has processes to communicate information and update staff and others to reflect changes in the consumers’ needs and preferences. The service has policies that guide consumer referrals to individuals and other services.

The Assessment Team observed, during the audit, the arrival and installation of new outdoor furniture and the removal of old broken furniture.

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 the equipment. The team also examined relevant documents.

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

* Consumers described how they felt safe in the service.
* Consumers described how they can move freely inside and outside of the service.
* Consumers described how they felt at home at the service, with rooms personalised.
* Consumers described how fittings and fixtures in the rooms and bathrooms are well maintained.

The Assessment Team observed the service to be welcoming, bright and clean. The Assessment Team also observed consumers moving freely around indoor and outdoor areas.

The Assessment Team observed the service to be clean and well maintained, free of clutter and tripping hazards.

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.

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

* The service demonstrated they have implemented a variety of ways to encourage and support stakeholders to provide feedback. This includes displaying brochures in multiple languages and posters supporting consumers to raise a complaint.
* Consumers and representatives stated they were comfortable and supported in raising concerns about the care and services with staff or management.
* Consumers sampled described the complaints process and were confident the service would rectify any complaints raised.

Staff interviewed demonstrated an understanding of open disclosure and how it is a requirement for the service to give an apology if there has been poor care delivered.

Staff interviewed described how they communicated openly with consumers as part of the care and services provided, which includes the complaints management processes.

The service has a feedback and complaints procedure that incorporates feedback in the improvement register. Issues from feedback are analysed by the service to improve care and services.

The Assessment Team noted there was evidence that feedback and complaints raised in resident meetings and by staff are captured in the feedback register, with particular reference to improvements in outdoor furniture.

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 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:

* Consumers and representatives confirmed that staff are kind, caring and respectful.
* Consumers and representatives described how they are supported with their independence, physical, emotional and psychological wellbeing.
* Consumers and representatives sampled expressed in various ways that staff were competent and had the knowledge and skills to meet the consumer’s needs.
* Consumers and representatives provided mixed feedback on adequate staffing levels. For consumers and representatives that suggested the service required more staff, they were unable to provide specific examples of how this impacted their care and services.

The majority of care and clinical staff sampled stated the service has adequate staff, with the appropriate skills to ensure consumers’ needs are met. Some staff highlighted staff shortages during the recent COVID-19 outbreak, however, reported improvements in this area.

Sampled staff confirmed they received mandatory training, additional training relevant to their roles and annual performance reviews to identify areas of improvement, professional development and training needs.

The Assessment Team observed staff interactions to be kind and cheerful throughout the service. Core qualifications, competencies and capabilities were documented for different roles.

The Assessment Team reviewed rosters, feedback from staff and call bell response times and confirmed the service provides consumers with timely care and services.

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. Consumers described how they are encouraged to improve activities and the organisation promotes a culture of safe and inclusive care and services.

The service demonstrated systems to involve consumers and representatives in the development, delivery and evaluation of care and services. This includes management seeking improvement ideas from consumers and representatives.

The service demonstrated a risk an incident management system that has not been completely rolled-out. The service has systems in the ongoing monitoring, review and improvement of services through trend reviews, audits, observations and feedback from consumers, representatives and staff.

The service demonstrated a range of governance measures in place. This includes regulatory compliance obligations, such as a policy to reduce high risk injuries and a policy to identify abuse and neglect. The service has a clinical governance framework that includes, antimicrobial stewardship, policy relating to minimising the use of restraint and open disclosure policy statement.

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.