Regis Sandgate - Musgrave

Performance Report

60 Wakefield Street   
SANDGATE QLD 4017  
Phone number: 07 3869 6000

**Commission ID:** 5175

**Provider name:** Regis Group Pty Ltd

**Site Audit date:** 22 August 2022 to 25 August 2022

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

# Performance report prepared by

Sandy de Jarlais, 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

Consumers said they are treated with dignity and respect, can maintain their identity, make informed choices about the care and services they receive, and live the life they choose. Consumers felt their personal beliefs are supported and that care and services are undertaken in a way that respects their personal privacy.

Consumers said the service knows their background and understands their cultural preferences and that they are treated with respect. Consumers said they are provided with information that allows them to make decisions about their care options, lifestyle choices, meal selections and activities. Consumers said they are informed when changes occurred to activities and the outings schedule.

Consumers spoke of being provided information relating to their care that is timely, easy to understand and clear and accurate. Examples were provided by consumers of ways they chose to take risks to enable them to live the best life they can, and their care documentation reflected how they are supported by staff to maintain their choice. Consumers said staff consistently respect their privacy and confidentiality that is demonstrated in how they communicate and interact with them.

Staff spoke about consumers in a way that indicated respect and an understanding of consumers’ personal circumstances, identity and life journey. Staff were familiar with the various activities that individual consumers enjoy including religious services and significant events.

The Assessment Team observed staff interacting with consumers in a friendly and supportive manner and respecting consumer’s privacy by knocking on their door and announcing themselves before entering.

Daily menu choices were posted outside each servery and activity schedules were noted in communal areas, on noticeboards and in consumers’ rooms.

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

Consumers/representatives expressed satisfaction with the assessment and care planning process and the care and services received. Consumers/representatives reported they are engaged in the care process and are contacted following an incident.

Consumers/representatives spoke of assessment and care planning processes included consideration of consumer’s current needs, goals and preferences, including advanced care planning. Consumers/representatives confirmed they are involved in the development of the consumers’ assessments and care plans in partnership with the service.

Consumers/representatives said staff involve them in discussion about consumers’ preferences and care needs and documented this information in care and service plans. Consumers/representatives said while they do not have a copy of their care plan, they feel comfortable requesting a copy from staff if they wanted one.

Consumers said their care needs are discussed regularly with staff and when their health care needs change. Consumers provided an example of wound care reviews occurring regularly.

Staff demonstrated an awareness of providing a copy of a care plan to consumers/representatives following review or upon request. Staff said consumer care plans are available at point of care and contain guidance for the safe provision of consumer care. Staff advised the service reviews consumer care and service plans every 3 months, or when there is a change in consumers’ health and/or wellbeing such as, following an incident.

Care documentation identified care and service plans detailed consumer’s individual needs, goals and preferences, and staff interviewed demonstrated awareness of what matters to individual consumers. Care planning documents reflect the consumer and others are involved in assessment and planning, including Medical Officers, allied health staff and external services, such as palliative care, dementia services and acute geriatric services.

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

Consumers/representatives expressed satisfaction with the management of consumers’ personal and clinical care including pain, wounds, diabetes, medications and catheters. Consumers/representatives said care provided is safe and considers consumers’ individual needs, goals and preferences.

Consumers/representatives said staff demonstrate an understanding of the consumer’s care needs, and the service shares information about their care with other organisations if required.

Care documentation reflected high impact or high prevalence risks are identified and interventions are implemented. Consumer referrals demonstrated timeliness and involvement by the Medical officer, allied health providers and staff advised input from other health professionals informs care and services for consumers. Care planning documentation identified needs and preferences of consumers at end of life, to ensure comfort care with dignity. Whilst the service did not have any consumers receiving end of life care at the time of the Site Audit, staff described the palliative care pathway and the resources available to them to support consumers.

The Assessment Team identified from care documentation, the service has effective processes to manage high impact or high prevalence risks associated with consumers’ care such as changed behaviours, diabetes, skin integrity, falls and weight loss. The service demonstrated that deterioration or change in a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.

Management and staff described the high impact and high prevalence risks to consumers and provided strategies to ensure these risks are minimised for consumers. The service demonstrated a consistent approach to infection control and conducted screening procedures on entry to the service. The service demonstrated appropriate use of antimicrobial and antiviral medications.

Staff demonstrated knowledge and skills in managing the personal and clinical care of consumers.

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

Consumers/representatives said consumers are supported to engage in activities that are of interest to them and are provided with equipment and resources to promote consumers’ well-being, independence and quality of life. Consumers/representatives described how the service provides emotional, spiritual and psychological support when needed that included church services and staff spending one on one time with consumers. Consumers spoke of being supported to take part in community outside of the service by visiting family and attending exercise activities.

Consumers said staff and other organisations involved in their care and services know their preferences and expressed satisfaction with how their needs and requirements are communicated. Consumers said the equipment is safe and they know how to report any concerns or issues to maintenance. Meals were described by consumers as satisfying, varied and of suitable quality and quantity with alternative meal options available.

The Assessment Team reviewed documentation containing specific dietary requirements for consumers communicated to catering staff. Dietary lists are provided to staff from the catering staff, to ensure individual consumers are provided their correct meal choice. Catering staff said they communicate with consumers/representatives about the meal service and have regular food focus meetings to raise menu changes and identify preferred food choices by consumers.

The service has processes in place for the purchasing of equipment that includes, servicing and replacement. A review of shared equipment throughout the service was identified to be fit for purpose, clean and well-maintained. Lifestyle staff said the service proactively maintains equipment to ensure equipment is available and suitable for consumers’ use.

Care planning documentation identifies persons the consumer has a relationship with and want involved in their decision making and planning. Staff were able to describe consumers who have personal relationships and who have developed a close friendship with others. Lifestyle staff spoke of consumers enjoying musical concerts performed by consumer musicians from the service. Lifestyle staff said they speak with consumers one on one when providing well-being support and communicate with the registered staff. Registered staff said they liaises with the Medical officer should further assistance be required.

Staff spoke of being updated during handover, through communication books and message alerts from the service’s electronic care system regarding individual consumer’s daily living requirements. Consumer’s needs, goals and preferences are documented and made available to staff to inform the type of services and support to be provided to the consumer, and the way they are to be provided.

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

Consumers/representatives were satisfied with the service environment and said that consumers felt they belonged in the service and were safe and comfortable.

Consumers said they were satisfied with their room as they can decorate it the way they choose and that the service’s equipment, furnishings, maintenance and cleaning is of a high standard.

Consumers also said they were able to come and go as they please and move freely around the service and go on outings of their choosing.

The Assessment Team observed the service’s external and internal environment to be safe, comfortable and well maintained. The external environment was easily accessible and inviting to consumers. The service’s equipment, fittings and furnishings was well maintained, clean and safe for consumers’ and their guests. Cleaning and maintenance tasks are scheduled and monitored daily and staff have processes in place to promptly attend to identified maintenance or hazards.

The Assessment Team reviewed the preventative and reactive maintenance schedules and found that regular maintenance is completed and that maintenance requests are attended to in a timely manner.

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

Consumers said they are encouraged and supported to provide feedback, suggestions and make complaints verbally to access feedback forms, attend consumer meetings or by using a representative or advocacy service. Consumers/representatives were familiar with internal and external complaints mechanisms available to them and said information is available in the handbook and that posters are displayed throughout the service. They said management acknowledge their concerns when raised and that appropriate action is taken in response to the issues they bring forward and their feedback is used to improve care and service delivery.

Staff were able to demonstrate the service’s feedback and complaints process and spoke of what open disclosure means in relation to the feedback and complaints process.

Management said all complaints are logged and managed using the service’s plan for continuous improvement and are closed once resolved.

The Assessment Team observed information about internal and external complaints processes is displayed and feedback forms are available throughout the service. Information is provided in the consumer handbook regarding external complaints processes that includes the Aged Care Quality and Safety Commission, and advocacy and translation services.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# 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

Consumers said they receive quality care and services when they need them and from people who are capable and caring. For example:

* Consumers confirmed staff are available when they need assistance and that they receive assistance in a timely manner.
* Consumers stated staff are kind, caring and treat consumers well.
* Consumers/representatives said the service has qualified staff with the knowledge and skills to provide safe, quality care and services that meets the consumers’ needs and preferences.

Staff said there are adequate staff rostered to provide care and services in accordance with the consumers’ needs and preferences and they have sufficient time to undertake allocated tasks.

Staff spoke of receiving training, support, professional development and supervision and said they raise requests for further training and education with management. Staff said they had undergone regular performance appraisals with their manager.

Management advised the service employs registered and care staff and recruitment is ongoing with strategies in place to cover both planned and unplanned leave.

Management advised call bell records are generated monthly and checked regularly by management. Management said staff competency is determined through skills assessments and discussed during performance assessments, consumer/representative feedback, audits, surveys and reviews of clinical records and care delivery. Management described the service’s processes for monitoring criminal record checks and Australian Health Practitioner qualifications for staff.

Management advised new staff probationary appraisals occur at 3 months and are completed annually thereafter for all staff. Management advised staff performance is monitored through observations, analysis of clinical data and consumer/representative feedback. They advised any issues with staff performance are addressed immediately.

The Assessment Team reviewed call bell reports for the previous 3 months and identified the majority of calls were responded to under 5 minutes.

Care planning documentation identified staff used respectful language when describing consumers’ care needs and staff were observed interacting respectfully and in a kind and caring manner with consumers.

The service’s position description templates identified responsibilities, knowledge, skills and qualifications for each role and training records noted staffs’ completion of mandatory training.

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

Consumers said the service is well-run and that they can partner in improving the delivery of care and services. Consumers/representatives said they engage with management and staff on a day to day basis, with some saying they attend a consumer advisory meeting with the Board to improve processes for consumers entering the service. Consumers were satisfied with the way information about care and services is managed and how the information is provided to them.

Management advised the governing body is actively involved in the day to day running of the service. The Board meets monthly with management to review information relating to clinical and incident data and to undertake trend analysis, operational and financial information, results of internal audits, surveys and complaints trends.

The Board uses information from meetings to identify the service’s compliance with the Quality Standards, enhance performance and mitigate risks, and monitors and takes accountability for care and service delivery.

Management described the various ways in which the organisation communicates with consumers/representatives and staff regarding updates on policies, procedures or changes to legislation. These are generally communicated via staff meetings and memorandums, emails, newsletters, and training. Management conduct regular staff meetings and minutes are available.

Management advised opportunities for improvement are identified through a range of sources including but not limited to consumer/representative feedback, audit and survey results, clinical indicator trends and critical incident data. Management said industry standards and guidelines are monitored through subscriptions to various legislative services and peak bodies. Management advised the service has implemented mandatory Serious Incident Response Scheme (SIRS) training for all staff via its online training system. Staff sampled demonstrated a shared understanding regarding SIRS. Management advised all incidents are recorded within the service’s electronic information care system. Review of the service’s incident documentation identified the service has reported incidents falling within the scope of SIRS correctly and as per required timeframes.

Staff said information is readily accessible within the organisation’s information management system to support them to undertake their role. Staff said they are able to access policies, procedures and training via the service’s electronic systems and registered staff provide handover to other registered and care staff verbally at the beginning of each shift.

The Assessment Team reviewed the service’s plan for continuous improvement which identifies planned and completed improvement actions in relation to various areas of care and service delivery.

The organisation has policies describing how to manage high impact and high prevalence risks that include:

* Responding to abuse and neglect
* Supporting consumer choice
* Decision-making
* SIRS incidents
* Clinical governance
* Antimicrobial stewardship
* Restrictive practices
* Open disclosure.

Staff interviewed were aware of these policies and able to describe what they meant for them in a practical way. The service provides mandatory education on restrictive practices to all staff.

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.