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Description automatically generatedSeymour District Nursing Home

Performance Report

4 Bretonneux Street   
SEYMOUR VIC 3660  
Phone number: 03 5793 6100

**Commission ID:** 3489

**Provider name:** Seymour Health

**Site Audit date:** 4 July 2022 to 7 July 2022

**Date of Performance** Report: 5 August 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.

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 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. Consumers confirmed they receive timely information from the service to make informed choices about their care and services and live the life they choose.

Consumers and representatives described how consumers are treated with dignity and respect and their culture and diversity are valued. Consumers confirmed the service provides them with culturally safe care that respects their individual needs.

Consumers stated they can make decisions about the way their care and services are delivered and are encouraged to take risks, for example using a motorised scooter.

Consumers and representatives confirmed staff respect their privacy and provided examples of staff knocking on consumers’ doors prior to entering rooms and respecting their private space.

Staff demonstrated an awareness of individual consumers and described how they support each consumer to live their best lives. Staff could describe instances of supporting consumers to take risks, while generally ensuring consumers and representatives understood the risks and benefits of specific activities.

Care plans contain information about consumer diversity and culture. The service displays relevant information including lifestyle activities, menus and information about ways to provide feedback and suggestions.

The Assessment Team observed the activities schedule displayed in public areas 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.*

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

Consumers and representatives confirmed they are partners in consumers’ care planning. Consumer’s assessments and care plans inform the delivery of safe and effective care for wounds, pain and mechanical, environmental and chemical restrictive practices.

Consumers and representatives confirm staff provide feedback and updates on consumers’ care plans.

Consumer’s advance care plan reflects care is tailored around the consumer’s personal preferences and how care is to be delivered. This includes end of life planning discussions with consumers and their representatives and monthly resident of the day reviews.

Consumers and representatives described how they are involved in regular consumer assessments, planning and reviews. Consumers’ care plans and reviews involve consultations with physiotherapists, occupational therapists, dietitians, speech pathologists, and medical practitioners.

The Assessment Team found that the service initiates care and service reviews for consumers who experience changes in their clinical and personal care such as changes in pain, weight and medication needs.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### Requirement 2(3)(e) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 3 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. This includes tailored care that meets best practice for pain management, skin integrity and restrictive practice.

Consumers and representatives reported how the service effectively manages consumers’ high impact risks for pressure injuries, falls, fluid restrictions, diabetes and unplanned weight loss.

Consumers’ care plans demonstrated advanced care directives, describing the consumers’ end-of-life wishes and preferences. The service respects the consumer’s wishes and ensures ongoing comfort care is available to the consumer.

Care documents include electronic progress notes, handover documents, and notifications. The service’s electronic care system provides alerts and contains adequate information about the consumer’s current conditions and when to escalate clinical reviews as a result of a consumer’s deteriorating health. The outcome of consumer referrals are documented in progress notes and include a range of health professionals such as dementia specialist services, dieticians, speech therapists and medical officers.

The service demonstrated that each consumer receives care that is best practice and optimises their health and well-being. Care planning documentation reflects the early identification and management of changes and deterioration in physical function, capacity or health such as falls, blood sugar levels or pressure injuries.

The service participates in infection surveillance and the aged care national antibiotic prescribing scheme, to minimise the inappropriate prescribing of antibiotics. Infection prevention and control (IPC) policies and practices and the outbreak management plan guide staff in managing and preventing infections.

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

### Assessment of Standard 3 Requirements

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

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

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

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

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

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

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

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 4 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 service and support that are important for their health and well-being and that enable them to do the things they want to do.

Consumers confirmed they get safe and effective services and support for daily living that meets their needs, goals and preferences to optimise their independence and quality of life. Consumers described how staff assist them with their daily dressing needs enabling consumers to spend time outdoors, and pursuing activities of their choice.

Consumers confirmed staff are kind to them, listen and provide emotional support when it is needed.

Overall, consumers expressed satisfaction with the meals and snacks provided at the service and stated they are of suitable quality, enjoyable and of sufficient quantity. Consumers described how meals are fresh and delivered to them in hot boxes.

Staff described the support provided to assist consumers to maintain relationships and participate in activities of interest. Staff demonstrated knowledge of consumers’ social and family circumstances, their life history and how they support consumers to spend time with family and friends both within and external to the service.

Visiting allied health professionals and practitioners confirmed that they are provided with timely verbal and written referrals for consumers. The service has referral processes to ensure appropriate information is provided to those who require information regarding a consumer’s health, condition, needs and preferences. Specialist and allied health reports and recommendations are included in plans and contain information on aids to assist consumers to live the best life they can.

The Assessment Team observed a rotating menu and meals served in front of consumers.

The Assessment Team observed all furnishings in the service were clean and fit for purpose. Lifestyle games and equipment were clean.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 5 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 feel they belong in the service and feel safe and comfortable in the service environment. Consumers stated that the environment is welcoming to consumers, family and friends. The service has communal lounge areas for relatives and friends.

Consumers described how the furniture, fittings and equipment in the service are clean and well maintained. There is a variety of equipment available that is suitable for individual consumer needs. All consumers confirmed maintenance staff were prompt and responsive to their requests such as maintenance of lifting machines, wheelchairs and four-wheel walkers.

The Assessment Team observed the service environment to be safe, clean and well maintained. In addition, maintenance requests were being attended to, garden maintenance was in progress and the cleaner was cleaning common areas and consumers’ rooms during the site audit.

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

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

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

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

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

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Most sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Consumers provided examples of when they made complaints and how responsive management was in rectifying issues.

Consumers sampled could describe different methods to raise complaints at the service and felt comfortable talking to staff about their concerns. Consumers would complete a feedback form if they felt uncomfortable raising a complaint.

Most consumers confirm open disclosure was used when something went wrong. One consumer stated they have made many complaints regarding food and staffing. The same consumer explained although the service manager tries to address the feedback, the issues are still ongoing.

The Assessment Team observed on entry to the service, consumers are provided with a welcome to service booklet which includes information on how to provide feedback and make a complaint.

The Assessment Team observed a noticeboard at the service which outlined how consumers could make complaints to the Aged Care Quality and Safety Commission (ACQSC) or the elder persons advocacy service.

The Assessment Team reviewed the service’s complaints, compliments and feedback register. All feedback is acknowledged, reviewed, and consultation on a resolution is documented for each issue. The service analyse trends and reports on the feedback data to the appropriate organisational committees and at consumer meetings.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience with 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.

Most consumer sampled, gave positive feedback about the availability of staff and staff responsiveness to call bells. Consumers and representatives expressed satisfaction staff are competent and knowledgeable.

Staff confirmed they are supported by management and clinical staff to effectively perform their roles. The service has an appointed Infection Prevention and Control (IPC) lead, nurse practitioner and educator who supports staff. Clinical staff interviewed stated that generally there are sufficient staff to complete their roles and when there is unplanned leave they work as a team so that there is no impact on the consumer.

All staff interviewed confirmed completion of mandatory training on manual handling, medication administration and personal protective equipment use, elder abuse and the Serious Incident Response Scheme (SIRS).

Management described the process of identifying staff requiring further training, which includes observations, staff, consumer, or representative feedback. Opportunities for improvement concerning performance are addressed through additional training or through the performance management process.

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

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.*

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 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 consumers and representatives indicated that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers provided feedback on broader service improvement through participating in consumer meetings and surveys. This included consumers’ input into the additional ten bed wing extension including a sensory garden.

Consumers and representatives’ expressed satisfaction with feeling safe living in an inclusive environment with the provision of quality care and services. For example, following an audit of the service, the Board sourced measures to reduce the impact of falls risk. This included the purchase of new mattresses, a new call bell system and the implementation of a permanent allied health professional.

The service demonstrated policies and procedures to support governance systems that are in place to ensure the best outcome for consumers living in the service. The service’s continuous improvement plan outlines improvement ideas, the purpose behind the change, the responsible person, and how the action feeds back into improvements for staff and residents. Action items on the quality plan are identified through feedback, complaints, meetings, key clinical indicators and the internal quality assessment.

The organisation has effective risk management systems in place including risk management policies. Clinical data is reviewed in clinical risk and quality committee meetings to identify any clinical trends occurring in the service. Trends are used to identify how high impact and high prevalence clinical risks are being managed and if there is another area that may require additional attention.

The organisation’s clinical governance frameworks include a policy relating to antimicrobial stewardship which is included in the service infection control policy and procedure. The service maintains a central list of consumers who are currently prescribed psychotropic medication. The organisation has integrated guidance relating to antimicrobial stewardship into its clinical care policy and procedures.

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.