Arcare Pimpama

Performance Report

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**Commission ID:** 5761

**Provider name:** Arcare Pty Ltd

**Site Audit date:** 5 May 2021 to 7 May 2021

**Date of Performance Report:** 25 June 2021

# 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 Commission’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
* other intelligence and information held by the Commission in relation to the service.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

To understand the consumer’s experience and if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers, asked them about the requirements, reviewed their care planning documentation (for alignment with the feedback from consumers) and tested staff understanding and application of the requirements under this Standard. The Assessment Team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Consumers/representatives said that management and staff treated them with dignity and respect and that their background preferences were accepted and valued. They said that they were provided with information to support their decision making and that consumers were encouraged to do things for themselves.

Consumers/representatives said that consumers’ personal privacy was respected. They talked about the areas throughout the service where they could spend time alone or with others.

Consumers/representatives spoke highly of staff and said staff spoke to them in a kind and respectful manner, take time to find out what matters to them, and addressed them by their preferred name. A number of consumers/representatives said that staff are like family to them and that management listens to their needs and address their concerns.

The Assessment Team observed noticeboards and information displayed regarding lifestyle activities, the daily menu and feedback mechanisms. Information and updates were provided to the consumers’ representatives via emails, telephone calls and during case conferencing arranged with them.

Staff spoke about consumers in a way that indicated respect and an understanding of their personal circumstances. Staff said they are satisfied with the way their colleagues treat consumers and that they would notify the registered nurse if they had concerns about staff interactions with consumers.

For those consumers who choose to take risks, staff could describe how they discuss the risk with the consumer and implement strategies to minimise harm to the consumer; this included the completion of risk assessments with detailed care directives included in care planning documentation.

Care documentation provided guidance to staff and detailed those people who are important to the consumer and the consumer’s individual preferences in relation to care and services including gender preference for personal care and religious/cultural preferences and strategies for ensuring these are met. Staff described religious and personal preferences for consumers and demonstrated a knowledge of what matters to them.

A suite of organisational policies were available to staff and address areas relevant to this standard including client choice, decision making and risk, diversity and inclusion. These policies outline the organisation’s commitment to ensuring each consumer is treated with dignity and respect, their identity, culture and diversity valued.

The staff education program includes topics that support staff to deliver care that respects the consumers’ identity, culture and diversity.

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 if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewed their care planning documents in detail, asked consumers about how they were involved in care planning, and interviewed staff about how they used care planning documents and reviewed them on an ongoing basis.

Consumers felt like partners in the ongoing assessment and planning of their care and services. Initial assessments were completed to identify consumers’ goals needs and preferences. Risks to consumers’ health and well-being were identified as part of the assessment and care planning process. Consumers’ end of life care preferences were documented and reviewed during the care plan review process.

Care planning reflected consumers and others nominated by the consumer were involved in assessment and planning and care plan review process and were notified of the outcome of the assessment and planning process. While not all consumers had a copy of their care plan, they felt confident they could access their care plan should they want to. Care and service provision was regularly reviewed to ensure effectiveness and also when circumstances changed for the consumer including following incidents.

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 if the organisation understood and applied 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 ensured the delivery of safe and effective care for consumers. The Assessment Team also examined relevant documents.

Consumers received personal care and clinical care that was safe and in accordance to their needs and preferences. Care provided was in line with best practice guidelines and was tailored to the needs of the consumer. Consumers had access to a Medical officer or other health professionals when required. Consumers identified as having high-impact of high-prevalence risks associated with their care were effectively managed. Consumers nearing the end of life received safe and appropriate care which maintained their comfort and dignity.

Care documentation supported the timely and appropriate action was taken when consumers experienced a deterioration of change in their condition. Registered staff described the process of escalation of care for consumers who experience physical and cognitive deterioration.

Communication regarding consumers’ condition, needs and preferences were effectively documented and shared within the organisation and with others where responsibility was shared. Staff described how changes in consumers’ care and services were communicated via verbal and written handover and in updated care plans.

The service had effective procedures for making referrals to health professionals outside of the service. Staff confirmed changes were made to care and services following referral to the Medical officer or other health professional, changed care needs were documented in the care planning system and shared at handover to ensure changes in care and services were implemented to meet consumers’ needs.

Infection-related risks were minimised through the implementation of standard and transmission-based precautions and effective infection control processes. The service was prepared for a potential COVID 19 outbreak and had an outbreak management plan. Staff had received recent training in relation to infection control including COVID 19 preparedness. Screening procedures were in place for staff and visitors to ensure the safety of consumers at the service.

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 support 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 if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they liked to do and how these things were enabled or supported by the service and staff were asked about their understanding and application of the requirements. The Assessment Team also examined relevant documents.

Consumers received services and supports for daily living that were important for their health and well-being to enable them to optimise their independence, health, well-being and quality of life. Consumers were supported to exercise choice including sleeping and rising times, activities, community visits and visits with family and friends. Consumers were supported by the service to keep in touch with people who were important to them and were supported in their emotional and spiritual care interests and social and personal relationships. Consumers confirmed where responsibility for services and supports were shared, information about the consumer’s condition, needs and preferences were effectively communicated. Consumers expressed satisfaction with the meals and confirmed they had input into the menu and improvements to the quality, quantity and variety of meals, which had occurred as a result of their feedback.

Care documentation, referrals and other communications reflected the involvement of others in provision of lifestyle supports. Appropriate referrals were actioned in a timely manner. The activities calendar and discussions with staff demonstrated a wide variety of activities were offered to meet the different needs and preferences of consumers. For consumers who required or requested additional emotional or spiritual support, referrals to appropriate services were made and visits organised. Equipment used to provide, and support lifestyle services was observed to be safe, suitable, clean and well maintained. Equipment to assist consumers with their independence and mobility was observed to be accessible, clean and fit for purpose to meet consumers’ needs. Equipment used to provide laundry, cleaning and catering was observed to be clean and in sound working order.

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 if the organisation understood and applied the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The Assessment Team also examined relevant documents.

Consumers felt they belonged in the service and felt safe and comfortable in the service environment. Consumers confirmed the service environment was welcoming and their visitors felt welcomed. Consumers could navigate their way around the service with staff assistance if required. Consumers had access to indoor and outdoor areas such as internal courtyards, lounge areas, café and undercover areas and staff were available if they required assistance to access these areas.

The environment and equipment was observed to be welcoming, clean, well-maintained and easy to navigate and appropriate to consumer needs. Maintenance staff monitor the environment to ensure it was safe and well maintained. Any maintenance issues were reported and actioned 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

To understand the consumer’s experience and if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – asked them about how they raised complaints and the organisation’s response. The Assessment Team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Consumers were encouraged and supported to give feedback and make complaints, and appropriate action was taken in response to their feedback or complaints. Consumers confirmed positive changes were made at the service in response to their complaints and feedback. Feedback to concerns or suggestions was provided in a timely manner. Consumers described a variety of ways they could raise any concerns including feedback forms, speaking directly to staff and via surveys. Consumers were aware the service had a range of information brochures providing the contact details of advocacy, language and external support services.

The organisation routinely applied open disclosure in response to events or incidents and ensured the service response and any actions taken were openly discussed with the consumer or representative alongside relevant personnel.

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 if the organisation understood and applied 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.

Consumers received quality care and services when required from people who were kind, knowledgeable, capable and caring. Consumers confirmed they received care in line with their needs and preferences to support their identity, culture and diversity. Consumers expressed satisfaction with the timely response to their requests for assistance and were confident in staffs’ training, competency and skills.

Management monitored consumers’ satisfaction through surveys, feedback forms and face to face discussions. Staff rosters and allocation records were reviewed which demonstrated there was sufficient staff to meet the care and service needs of consumers. Staff provided examples of the regular training they received including areas such as clinical care, manual handling and infection control. Staff were provided with the organisation’s code of conduct on commencement of employment and ongoing training was provided to ensure organisational expectations that staff were respectful towards others and understood inclusivity and diversity. Management advised whilst staff are provided with orientation processes as part of the organisation’s commencement process, staff are also provided with individual support as required.

Care staff confirmed they had sufficient time to provide consumers with care and services in line with their preferences. Staff were observed engaging with consumers and their family members in a respectful, kind and gentle manner. Staff were observed knocking on consumer’s doors prior to entering their room and confirming the consumer required assistance.

The organisation had human resource management policies in its governance framework to guide the management of service personnel, the selection and recruitment of new staff, orientation and probationary processes, monitoring of staff performance and the management of performance issues when identified. The organisation had a staff performance framework that includes staff completing a self-assessment to identify opportunities for professional development.

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 if the organisation understood and applied 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).

Consumers confirmed the organisation was well run and they could partner in improving the delivery of care and services. Consumers and representatives were invited to provide feedback on the care and services through surveys, feedback forms and face to face discussion with staff and management. Consumers and representatives participated in decisions about care and consumers were supported to make informed decisions about undertaking activities which were meaningful to them. Representatives confirmed the service communicated with them regularly and they were kept informed of any changes that may impact on the delivery of care and services, including COVID-19 visitor restrictions and the implementation of the Serious incident response scheme.

Management communicated effectively with the Board through an executive team and Chief Executive Officer to ensure the organisation promoted a culture of safe, inclusive and quality care. There were organisational governance systems to support effective information management, the workforce, compliance and regulation, complaints management and open disclosure and clinical care. Effective risk management systems and practices were in place including an incident management system. The clinical governance framework addressed anti-microbial stewardship, best practice and minimising the use of restraint. Staff understood these concepts and could explain how they were applied in practice.

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.*

### 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.