Arthur Blackburn VC Gardens

Performance Report

821 Ocean Drive   
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**Commission ID:** 0537

**Provider name:** RSL LifeCare Limited

**Assessment Contact - Site date:** 1 July 2020 to 2 July 2020

**Date of Performance Report:** 21 August 2020

# Publication of report

This Performance Report **may 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** |  |
| 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** |  |
| 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 |
| **Standard 4 Services and supports for daily living** |  |
| Requirement 4(3)(d) | Compliant |
| **Standard 6 Feedback and complaints** |  |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** |  |
| 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 Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives.
* the provider’s response to the Assessment Contact - Site report received 5 August 2020.

# STANDARD 1 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

Overall sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

The Assessment Team did not assess all requirements. As such no overall rating for the Standard is provided.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

The Assessment Team provided information that evidence drawn from consumer and staff feedback indicates personal privacy is respected for each consumer. Observations made by the Assessment Team provided evidence that interactions are kind and respect individual privacy. Consumers and representatives interviewed ~~all~~ said their privacy is respected by all staff. The staff knock and wait to be invited in before entering and always close the door behind them.

Staff told the Assessment Team they have had training in consumer privacy, dignity and confidentiality. Management are conducting spot checks on how staff are complying and ensuring a consumer’s privacy and dignity is being met and if needed will conduct on the spot training to ensure staff understand the importance of consumer privacy and dignity.

I have considered the information provided by the Assessment Team and I find this Requirement is compliant.

# 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

Overall sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.

The service has system and processes to ensure assessment and planning occurs and includes consideration of risks and advanced care planning in accordance with consumers wishes. Assessment and planning inform the delivery of services, consultation with consumers and their substitute decision maker occurs, and monitoring, review, and evaluation of care services occurs.

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.*

The Assessment Team provided information that the service has system and processes to ensure assessment and planning occurs and includes consideration of risks. Assessment and planning inform the delivery of safe and effective services. Consumers and representatives said they had been involved in assessment and care planning when they first entered the service.

The care manager and registered nurses said there are a standard set of assessments completed whenever a consumer enters the service. They said these assessments are then used to develop a care plan in line with consumers needs goals and preferences. An interim care plan is developed automatically as soon as an assessment is entered into the computer and so during the scheduled assessment period a complete care plan is developed.

I have considered the information provided by the Assessment Team and I find this Requirement is compliant.

### 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.*

The Assessment Team provided information that Assessments and care plans reviewed identify consumers current needs, goals and preferences.

Consumers said they are consulted regarding their preferences and goals and consumers are generally satisfied with the way staff deliver their care needs in line with their preferences.

Representatives and consumers said they had been involved in discussions with staff about advanced care wishes, they said they have been offered forms to complete describing their wishes.

The care manager said advanced care planning and end of life planning information is provided to the consumer on entry to the home. The care manager said completed forms are filed in the statement of wishes and advanced care directives folder and the registered nurses then incorporate the information into the consumers care plan.

I have considered the information provided by the Assessment Team and I find this Requirement is compliant.

### 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.*

The Assessment Team provided information that consumers and representatives participate in care conferencing that is used to develop an initial care plan and on an ongoing basis to update care information. Consumers and representatives have access to their care plan. Allied health and other medical personnel also contribute to the information contained within each consumer care plan. Care conference meetings are held, these are recorded on forms and signed by the consumer or the representative involved.

All consumers interviewed said the staff discuss care with them and their person responsible*.*

The registered nurse said care conferencing meetings with consumers and their representatives are held on entry to establish their preferences and needs. They then develop a care plan and have a second meeting to discuss the care plan.

I have considered the information provided by the Assessment Team and I find this Requirement is compliant.

### 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.*

The Assessment Team provided information that all consumers have a care and services plan that is accessible to staff, consumers also have ready access to their care plan at any time.

The registered nurse said that copies of the care plan are given before the case conferences, so that consumers and representatives can have the opportunity to review them prior to the conferences and changes can be discussed and made during the conference. Care staff said they would refer anyone asking for their care plan to the registered nurse. The registered nurses said they are able to print and discuss care plans with their consumers and representatives at any time.

The care manager and registered nurses said case conferences and other meetings and conversations occur when consumers or families have concerns, when incidents occur or if there have been changes in care and condition.

I have considered the information provided by the Assessment Team and I find this Requirement is compliant.

### 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.*

The Assessment Team provided information that consumers care, and services are monitored and reviewed for effectiveness, when incidents or changes occur. Consumer’s and their representatives said they have been involved in reviewing their care needs when circumstances have changed, or incidents have occurred.

The registered nurses said they review consumers care whenever a change in condition occurs or if there has been an incident. They said they also reassess everyone every two months on their special care day.

I have considered the information provided by the Assessment Team and I find this Requirement is compliant.

# STANDARD 3 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

Overall sampled consumers considered that they receive personal care and clinical care that is safe and right for them.

Consumers interviewed confirmed that they get the care they need. Including personal hygiene, meals, medication, wound and skin care, management of pain, mobility and exercise, and assistance with continence care needs.

Consumers interviewed confirmed that they have access to a doctor or other health professional when they need it.

The service has policies and procedures to guide staff practice in providing clinical and personal care that is tailored to consumers’ needs and preferences.

The Assessment Team did not assess all requirements. As such no overall rating for the Standard is provided.

### 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.*

The Assessment Team provided information that consumers are receiving personal and clinical care that is best practice, tailored to their needs and optimises their health and wellbeing. For the consumers sampled the service was able to demonstrate consumers receive individualised care that is safe, effective and tailored to their specific needs and preferences. The service consults with consumers and their nominated representatives, and this allows them to develop individualised care tailored to their needs and wellbeing.

Feedback from consumers and representatives indicated they believe they are receiving appropriate personal and clinical care from staff.

All staff interviewed stated they would report any changes in a consumer’s condition to the registered nurse within their section.

I have considered the information provided by the Assessment Team and I find this Requirement is compliant.

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

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

The Assessment Team provided information that while the service has a system to identify and manage high impact or high prevalence risks associated with each consumers care, the system is not always effective in identifying issues and gaps within medication administration that leave consumers at risk. The Assessment Team observed a number of medication incidents on site that are not and would not be identified by the services auditing systems. For the named consumers the Assessment Team identified risks to the consumer in the management of medications.

The Approved Provider provided a response that included clarifying information as well as records of in service training, performance management records, meeting minutes and action plans, audit results, witness statements, screenshots, incident forms, memorandum and signing sheets, and progress note extracts. The Approved Provider does not agree with the Assessment Teams findings.

I have considered the information provided by the Assessment Team and the Approved Provider and find that the Approved Provider has demonstrated they have systems to manage medication incidents. For named consumers, the Approved Provider demonstrated that incidents had been identified and actioned, a medical officer confirmed they are able to evaluate the effectiveness of medication regimes, staff have been educated on medication management and monitoring/auditing processes have been established.

I find this Requirement is compliant.

### 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.*

The Assessment Team provided information that consumers needs goals and preferences regarding end of life care are recognised and respected, care is provided to maximise their comfort and dignity.

Care staff were able to describe the way they deliver comfort care to consumers who are approaching the end of their lives. They spoke of non-verbal signs of pain such as grimacing or being resistive and said they report this to the registered nurse immediately.

The registered nurses said they develop close communication with the consumers next of kin/nominated representative to keep them informed and offer support, they said they manage the administration of pain-relieving medications and notify the medical officer if there is a need for review.

I have considered the information provided by the Assessment Team and I find this Requirement is compliant.

### 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.*

The Assessment Team provided information that consumers who experience a change of condition have their needs recognised and responded to in a timely manner.

Care staff interviewed were able to describe a number of incidents where consumers have had a change/deterioration in their condition. They said they always contact the registered nurse, who respond very quickly.

Registered nurses said they rely on the care staff to let them know if a consumer is unwell. They said they also do rounds, provide wound care and administer some medications and they use this time to monitor consumers wellbeing.

The registered nurses said family members are also encouraged to raise any concerns they have if they notice a change in their consumers condition.

The registered nurses and the care manager said they always discuss any changes in condition with the consumers person responsible and any decision made to transfer to hospital is done in consultation where possible.

I have considered the information provided by the Assessment Team and I find this Requirement is compliant.

### 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.*

The Assessment Team provided information that consumer information is communicated within the organisation and with others involved in their care.

The service has a handover system between shifts and communication is shared with staff verbally and in written formats. The service has policies and procedures for staff around information management including but not limited to admission procedures, assessments and care planning, and case conferencing procedures.

Consumers and representatives interviewed said their needs and preferences for are effectively communicated between staff. Consumers said the staff know them.

I have considered the information provided by the Assessment Team and I find this Requirement is compliant.

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

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

The Assessment Team provided information that consumers are referred to other providers of care in an appropriate and timely manner. Consumers who are transferred to hospital or for appointments are provided with a health summary, so the treating medical professional is aware of the latest care information.

The registered nurse and care manager said they make referrals for consumers to other health professionals. The registered nurse arranges appointments and written referrals required are attended by the medical officer. The registered nurse said they can refer consumers to services including but not limited to dental, hearing and podiatry services, dietician and wound care. Medical officers provide consultation and referral to consumers on site weekly.

I have considered the information provided by the Assessment Team and I find this Requirement is compliant.

# STANDARD 4 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

Overall sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

Consumers are able to provide staff with knowledge about themselves as individuals, this information is then used to develop ongoing plans to assist consumers to optimise their independence, health, well-being and quality of life.

The Assessment Team did not assess all requirements. As such no overall rating for the Standard is provided.

## Assessment of Standard 4 Requirements

### 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.*

The Assessment Team provided information that review of documentation shows that there are mechanisms to share information and communication with others. The Assessment Team reviewed handover sheets, goals, needs/supports form and care and service information which is reviewed as part of case conferencing and is used to share information between staff at the service.

Staff were able to demonstrate they have an understanding and knowledge of the consumers. The staff were able to give examples of how to identify if a consumer is not feeling well, by things the consumer might do or say.

I have considered the information provided by the Assessment Team and I find this Requirement is compliant.

# STANDARD 6 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

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

Consumers and representatives commented on the open-door approach of the management team saying that both the acting centre manager and manager are visible and proactive in seeking feed-back and in managing concerns. Some consumers and representatives identified where the service had used principles of open disclosure in the management of their concerns.

The Assessment Team did not assess all requirements. As such no overall rating for the Standard is provided.

## Assessment of Standard 6 Requirements

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

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

The Assessment Team provided information that on the evidence provided by consumer and representative feedback, interviews with staff and an example of open disclosure processes the service demonstrates appropriate action is taken when things go wrong. Overall most consumers identified with the service’s new management team, a process of open disclosure has been occurring when their concerns are raised.

Staff were able to describe what open disclosure means in how they deal with any concerns raised with them by consumers.

I have considered the information provided by the Assessment Team and I find this Requirement is compliant.

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

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

The Assessment Team provided information that evidence outlined within consumer feedback and review of the complaints register indicates that feedback and complaints are used to improve the quality of care and services. Some consumers said with the new management team listening and being proactive, their resident meetings and the feedback and suggestion boxes were effective ways to provide ideas on how to improve the quality of care and services.

Management told the Assessment Team, with having an open-door policy and addressing the concerns consumers raised in the past, they feel there is open communication with consumers resulting in concerns being addressed in an open and timely manner.

I have considered the information provided by the Assessment Team and I find this Requirement is compliant.

# STANDARD 7 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

Overall sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services. Consumers receive care and services in a timely manner from people who are knowledgeable, capable and caring.

The Assessment Team did not assess all requirements. As such no overall rating for the Standard is provided.

## 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.*

The Assessment Team provided information that feedback provided by consumers and staff as well as evidence provided by management relating to staff numbers indicated the workforce is planned and the number of staff enables safe quality care and services.

#### Overall consumers and representatives said there were sufficient staff to provide care and services. In particular that responses to their needs are timely and staff do follow up when they require attention.

The Assessment Team’s observation was staff were not rushed or hurried during this visit and took time to chat to consumers.

I have considered the information provided by the Assessment Team and I find this Requirement is compliant.

### 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.*

The Assessment Team provided information that the service’s management demonstrated the workforce is competent and staff have the qualifications and knowledge to perform their tasks, this was supported by consumer and/or representative feedback and observations made by the Assessment Team.

#### Consumers said overall, they are satisfied staff know what they are doing and are qualified to complete their work-roles. One consumer said the registered nurses are competent in assessing their pain levels and addressing pain needs.

I have considered the information provided by the Assessment Team and I find this Requirement is compliant.

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

The Assessment Team provided information that management demonstrates that staff are trained, equipped and supported to deliver quality care and services.

#### Consumers were very complimentary about the staff, saying they are all very skilled in providing the care that is needed. Consumers also gave positive feedback of leisure and lifestyle, catering, cleaning and laundry staff.

Staff said they have received a lot of training and education over the last few months. The majority of staff were very positive about the changes this has bought to their work roles and work practices.

I have considered the information provided by the Assessment Team and I find this Requirement is compliant.

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

The Assessment Team provided information that on the evidence provided through staff and management interviews the service was able to demonstrate that performance of each staff member is monitored and reviewed.

A large number of staff said they are very satisfied with how the service supports their professional development.

Staff said they are now having their annual appraisals and receiving regular feedback from the management team. Care staff said this is including feedback from the registered nurses who are providing ongoing support, oversight and education which gives them confidence in the work their doing. Staff said they do annual competencies/mandatory training in a range of areas including medication, hand-washing and manual handling.

I have considered the information provided by the Assessment Team and I find this Requirement is compliant.

# 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

Overall consumers and representatives sampled consumers considered that the service has made improvements over the past few months. They generally consider that it is well run and that they can partner in improving the delivery of care and services.

The organisation’s governing body promotes a culture of safe, inclusive and quality care and services. A restructure in the organisation to strengthen its clinical, quality and compliance systems is providing the service with more support at a regional level. Consumers and representatives interviewed stated that a staffing restructure at the service has had a positive impact on care and services being provided to consumers.

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.*

The Assessment Team provided information that consumers and representatives provided feedback they are supported and encouraged to be involved in the design and improvement of their care and service. Consumers interviewed discussed their involvement in resident meetings and their ability to provide feedback. Assessments and case conference participation have been discussed at resident meetings.

I have considered the information provided by the Assessment Team and I find this Requirement is compliant.

### 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.*

The Assessment Team provided information that discussions with management and documentation reviewed describe how the governing body promotes a culture of safe, inclusive and quality care. The organisation’s strategic plan 2019-20 provides a broad indication of its values and goals.

The organisation has undergone a significant restructure at a regional level over the past nine months and the number of Area Managers has been increased to provide greater support to services and in communicating with consumers. Leadership meetings have been established and a senior leadership day has been planned to be held end August 2020.

A new Clinical and Quality Governance team has been established to support service managers in education, undertake mock audits, serious risk concerns and continuous improvement plans.

I have considered the information provided by the Assessment Team and I find this Requirement is compliant.

### 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.*

The Assessment Team provided information that Staff interviewed generally state that they can readily access the information they need (including policies and procedures), either on the service’s electronic care management system or through ‘Cooee’ the organisation’s internal information management system for staff.

Management advise that a new continuous improvement plan has been developed to ensure that it captures feedback and risks identified, actions and monitors outcomes of improvement.

Documentation and meeting minutes reviewed provided evidence of delegations of financial authority, procurement process and stock control, including stock of PPE during COVID 19 outbreak.

It was demonstrated that the regulatory requirements relating to identifying, escalating, addressing and recording reportable assaults are being followed. New restraint requirements had been introduced and are being followed.

I have considered the information provided by the Assessment Team and I find this Requirement is compliant.

### 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.*

The Assessment Team provided information that while the service has a system to identify and manage high impact or high prevalence risks associated with each consumers’ care, the system is not always effective in identifying issues and gaps within medication administration that leave consumers at risk.

The Approved Provider provided a response that included clarifying information as well as records of in service training, performance management records, meeting minutes and action plans, audit results, witness statements, screenshots, incident forms, memorandum and signing sheets, and progress note extracts. The Approved Provider does not agree with the Assessment Teams findings.

I have considered the information provided by the Assessment Team and the Approved Provider and find that the Approved Provider has demonstrated they have systems to manage medication administration and incidents. Incidents identified by the Assessment Team had also been identified by the Approved Provider and actions had been taken in response to the incidents including additional meetings, education and performance management of some staff.

I find this Requirement is compliant.

### 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.*

The Assessment Team provided information that staff had been educated about policies and were able to provide examples of their relevance to their work.

Staff training records indicate that training has been provided on antimicrobial stewardship and open disclosure. Registered Nurse meetings minutes reviewed indicate that minimising the use of restraint has been discussed with them.

A new Clinical and Quality Governance team has been established to support service managers in education, undertake mock audits, serious risk concerns and continuous improvement plans.

I have considered the information provided by the Assessment Team and I find this Requirement is compliant.

# 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.