Centennial Lodge

Performance Report

13 Lewis Road
WANTIRNA SOUTH VIC 3152
Phone number: 03 9210 9600

**Commission ID:** 4167

**Provider name:** Royal Freemasons Ltd

**Site Audit date:** 10 February 2021 to 11 February 2021

**Date of Performance Report:** 18 March 2021

# 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** | **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** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Non-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
* the provider’s response to the Site Audit report received 9 March 2021
* the infection control monitoring checklist.

# STANDARD 1 COMPLIANTConsumer 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, consumers consider they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services, and live the life they choose.

For example:

* Consumers report they are treated with respect and dignity, and their individuality is valued.
* Consumers explained they are able to do things that are important for themselves and how they make choices about their care and maintain independence. The consumers’ relationships are supported.
* Consumers describe feeling safe and comfortable at the organisation and they trust the staff and management. Consumers feel their privacy is respected.
* Staff consistently show understanding and respect towards each consumer and describe specific details about individual consumer’s care and what is important to them.
* Care planning documents include valuable information and reflect the diverse and personal experiences, and background of each consumer.

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 COMPLIANTOngoing 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 consider they feel like partners in the ongoing assessment and planning of their care and services.

For example:

* Care planning documents provide evidence of comprehensive assessment and care planning information, within the consumer files sampled. Care documents contain consumers’ goals, preferences, health risks and individual preferences.
* Consumers’ needs, goals and preferences are considered in the care planning process. Staff demonstrate an understanding of consumers’ needs and goals which was consistent with care planning documentation.
* Assessment and care planning documents reflect input from consumers and/or their representatives, as well as specialists involved in the care of the consumer. Consumers and representatives are very satisfied with the process of consultation about consumers’ care and services.
* Clinical staff provide consumers or their representative with an opportunity to discuss their care plan with every care plan consultation. Care staff have ready access to consumers’ care plans to facilitate service delivery.
* Assessment and care planning documentation is reviewed regularly. Feedback from management, consumers and/or representatives confirme care and services are reviewed when circumstances change.

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 NON-COMPLIANTPersonal 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.

Most consumers consider they receive personal care and clinical care that is safe and right for them, however in the sample of consumers the Assessment Team found there were some areas of care that are not effectively managed.

For example:

* Most consumer files demonstrate, consumers receive safe and effective personal and clinical care, that is tailored to their individual needs, is best practice and optimises their health and well-being.
* For the consumers sampled, observations of clinical processes were undertaken and care files examined by the Assessment Team, for most clinical areas. It was evident that individualised risk relevant to some consumer’s sampled, was managed effectively by the service. However, the Assessment Team found that falls management and fluid balance requirements are not always being effectively managed.
* The service demonstrates an understanding of end of life needs of consumers and showed how this can be applied to individual consumers.
* Positive feedback about identifying consumer deterioration was given by consumers and representatives. Staff were able to provide feedback on how to identify and monitor deterioration and consumers’ overall feedback is that staff would know what to do in the event, their health needs change.
* The service has processes to document and communicate information about consumers’ conditions, needs and preferences including verbal and written handover. Clinical staff, allied health professionals and care staff confirm they are provided with and have access to the information they need.
* The service is affiliated with several specialist services. Documentation for consumers sampled reflects timely and appropriate referrals. Specialist recommendations are reflected in consumers’ care documentation.
* The service has an infection control policy including an antimicrobial stewardship policy. Information has been circulated to clinical staff in relation to antibiotic resistance, ideal use of antibiotics and importance of the right antibiotic to treat a confirmed condition. Antimicrobial stewardship education has been provided and staff demonstrate a good understanding of infection prevention measures.

The Quality Standard is assessed as Non-Compliant as one of the seven specific requirements has been assessed as Non-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) Non-Compliant

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

The Assessment Team reviewed care files of consumers who had experienced recent falls and found correct procedure was not followed by the service for four out of seven consumers. It found there was inconsistent knowledge and action taken by staff regarding neurological observations and pain charting after consumer falls. The service did not demonstrate falls management is always effectively documented as per the organisation’s policies and procedures.

The Assessment Team also identified that fluid balance was not being effectively managed by the service for two of the sampled consumers. Knowledge of the fluid requirements of consumer was not not consistent and conflicting information was provided to a consumer about fluid intake required.

In making this decision I have considered the Assessment Team report and the evidence submitted in response by the approved provider. The response includes the Falls prevention and management procedure, further clinical notes, and progress notes. I also acknowledge the commitment of the provider to further training of staff.

However based on the evidence available I am not satisfied that the service is effectively managing high impact or high prevalence risks associated with the care of each consumer in particular post falls observations, pain charting and documentation and monitoring and ensuring adequate hydration of consumers. The Falls prevention and management procedure and hydration requirements are not always implemented by staff caring for consumers.

I therefore find this requirement is not met.

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

For example:

* Consumers said they are supported to do what they want to do and to maintain the relationships that are important to them. Consumers are supported to engage in group and individual interests and care plans reflect their choices.
* Overall, consumers report there is enough food, of good quality provided and there are alternatives and extra available if requested. Consumers are encouraged to be involved in menu development
* Staff are aware of information contained in lifestyle care plans and use this information to provide individualised care. Changes to preferences are communicated effectively through electronic care documents.
* Consumers were observed engaging in group and individual activities with each other and with staff.

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 COMPLIANTOrganisation’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 equipment. The team also examined relevant documents.

Overall, consumers sampled, consider they feel they belong, and feel safe and comfortable in the service environment.

For example:

* Overall, consumers said they feel safe and comfortable in the service. Consumers personalise their rooms to increase their sense of belonging and can move freely indoors and outside, if they chose to do so.
* Consumers and representatives said their visitors are made to feel welcome by staff.
* Consumers and staff are able to describe how they can report maintenance issues.
* Equipment on site was observed to be clean and well maintained. Cleaning and sanitizing equipment is available. Consumers were observed to be moving freely around the service, with support from staff if required.

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 COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

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

For example:

* Consumers are able to make complaints and are aware of the processes to do so. Most consumers said, if they had a complaint, they could raise it with staff.
* Most consumers and representatives are satisfied, changes are made to their satisfaction in response to their complaints.
* Staff and management describe the efficient process of responding to feedback and complaints, and monitoring the resolution for consumers.
* Staff were able to describe ‘open disclosure’ and how the service promotes an open and transparent approach.

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 COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

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

For example:

* Consumers and representatives describe how staff are kind, caring and gentle when providing care to the consumer.
* Consumers and representatives describe how staff know what they are doing and are satisfied staff have the knowledge to provide care to the consumer.
* The majority of consumers and representatives said there are enough staff at the service. A small proportion of consumers and representatives said there could be more staff at the service, however this is not impacting on consumer care.
* The service is supported by the organisation’s human resource department and has recruitment processes in place to ensure quality and experienced staff have the qualifications, skills, and knowledge to successfully undertake their roles.
* The service monitors and reviews staff performance through ongoing observations, feedback from consumers, representatives and staff and through annual performance appraisals.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

The service has systems in place to manage high impact and high prevalence clinical risks which are proactively identified, monitored and managed.

Overall, most consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services.

For example:

Consumers and representatives describe in various ways how they feel the service is well run, and that they can partner in improving the delivery of care and services. For example:

* One consumer describes how they participate in a ‘food focus forum’ and have input into the new menu.
* Consumers and representatives describe how the service is well run and they are able to provide feedback through a range of mechanisms.
* Consumers and representatives describe how they are involved in the development, delivery and evaluation of care and services through meetings and their involvement in care planning reviews.
* the service’s governance systems are in place and are applied in consideration of the best outcome for consumers living at the service.
* The organisation has a documented risk management framework, including policies describing how:
* High impact or high prevalence risks associated with the care of consumers is managed and effective risk management systems and practices for identifying and responding to abuse and neglect of consumer and supporting consumers to live the best life they can.
* The service identifies appropriate and safe steps towards relaxation of visitor restrictions following the COVID-19 lockdown period to support consumers’ wellbeing.

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.*

### The service has demonstrated it has a falls prevention and management procedure to guide staff practice when a consumer has fallen. The Assessment Team found this requirement is not met based on the service being unable to demonstrate falls management of some consumers sampled,is effectively documented as per the organisations policies and procedures. However based on the evidence provided including the Falls Prevention and Management Procedure I find that the approved provider has demonstrated that a management system is in place to manage high impact or high prevalence risks risks associated with the care of consumers, in particular in relation to falls prevention and management.

In making this decision I have considered the Assessment Team report and the evidence submitted in response by the approved provider. The response includes a Falls prevention and management procedure and further staff education about care of consumers.

Based on the evidence available I am satisfied that the service has in place effective risk management systems and practices for staff to follow including in relation to Falls prevention and management of consumers when a fall occurs.

I therefore find this requirement is met.

### 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

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* implementation of the service’s Falls prevention and management procedure and effective documentation demonstrating the procedure is being followed consistently when a consumer falls
* charting and monitoring of consumer hydration as required and effective communication of the hydration requirements to the consumer and all relevant all staff and individuals involved in the care of the consumer.