Estia Health Wattle Glen

Performance Report

45 Silvan Road   
WATTLE GLEN VIC 3096  
Phone number: 03 9718 2267

**Commission ID:** 4240

**Provider name:** Estia Investments Pty Ltd

**Site Audit date:** 28 February 2022 to 8 March 2022

**Date of Performance Report:** 13 April 2022

# Performance report prepared by

Melissa Frost, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report received 8 April 2022
* other information and intelligence 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

Overall, consumers and their representatives said that consumers are treated with respect, can maintain their identity and live the life they choose. Most consumers said they are treated with dignity and kindness.

Consumers said their culture is respected. Care planning documents record consumers’ cultural needs and staff described how they support consumers to engage in relevant activities and recognise days of cultural significance.

Most consumers said they are supported to exercise choice and independence. Consumers said they maintain relationships with people within and outside of the service. Staff were aware of consumers’ important relationships and described how they support consumers to make choices about care delivery, activities and meal preferences.

Consumers are supported to take risks and live the life they choose, including making choices about mobilising and diet. Staff described how they assess risks in consultation with consumers, representatives and health professionals to support informed decision-making by consumers.

Consumers and representatives said they are satisfied with the information they receive from the service. They said they receive regular communication and feel comfortable to ask questions. Menus, activity calendars and notices were displayed throughout the service.

Consumers said staff maintain their privacy when providing care. Staff were observed knocking and seeking consent prior to entering a consumer’s room and closing doors when providing personal care. The service has processes to maintain confidentiality through secure storage, access and disposal of consumers’ personal information. Information was generally observed to be securely stored.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

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

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

Consumers and their representatives said they are involved in the service’s assessment and care planning processes. Initial assessments are completed on entry to identify consumers’ needs, goals and preferences. Regular reviews then occur, and further updates are made following incidents or changes to consumers’ condition. Consumers and their representatives said they can access copies of care planning documents if they wish and that information about changes to consumer’s care is suitably communicated to them.

Care plans contain information about risks relevant to consumers. They include information about current needs and advance care and end of life planning. Care documentation reflects involvement of consumers, representatives and other providers and health professionals.

Staff refer consumers to external organisations, providers and services when relevant, and care planning documents reflect recommendations of health professionals following referrals.

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

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

Consumers and their representatives said consumers receive personal and clinical care that is safe and right for them. Care documentation showed consumers receive individualised care that is effective and tailored to their specific needs and preferences, including for skin integrity, falls management and mobility. The service has policies, procedures and tools to support best practice personal and clinical care delivery to consumers, including for pain management and minimising restrictive practices.

Care documentation showed high impact and high prevalence risks were identified and interventions were documented for each consumer. Staff described the strategies they implement to minimise and manage risk. Weekly care meetings occur to review clinical incidents and risks to consumers.

Staff described how consumers who are nearing the end of their life have their comfort maximised and dignity preserved, and care is provided in accordance with their needs and preferences.

Care documentation supports that changes in consumer’s care needs are recognised and responded to in a timely manner. Representatives said information about changes in consumers’ condition is communicated to them, and strategies are discussed to manage changing care needs.

Staff share information about consumers’ care needs, including changes and incidents, through progress notes, handover processes and care plan reviews. Information is communicated to consumers and representatives, and shared with other health professionals involved in consumers’ care.

Care planning documentation evidenced timely and appropriate referrals occur for consumers to other individuals, organisations and health providers such as podiatrists, dietitians, physiotherapists, mental health specialists and dental services.

#### The service has policies and procedures to support the minimisation of infection related risks through the implementation of infection control principles and the promotion of antimicrobial stewardship. Staff interviewed demonstrated an understanding of precautions to prevent and control infection and the steps they should take to minimise the use of antibiotics.

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

### Assessment of Standard 3 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

Consumers said they feel supported to participate in lifestyle activities that interest them, or undertake activities independently. They said staff respect their preferences. Staff described consumers’ interests and preferences, consistent with care plan records. Staff said they are guided by consumer feedback and past attendance when developing the monthly activity calendar.

Consumers said they consider their emotional, spiritual and psychological well-being are supported. Staff described how they monitor for changes in consumers’ mood and provide support.

Consumers described how the service supports them to be independent, participate in the community and engage in things of interest to them. Staff described how they support consumers to maintain relationships within and outside the service.

Care planning documents reflect information about consumers’ preferences, and reflect the involvement of other providers in lifestyle supports. Consumers said they were satisfied with communication amongst staff regarding their needs and preferences. Staff are made aware of changes to consumers’ needs during handover meetings, and dietary information is communicated to kitchen staff and available in the dining areas.

Consumers provided mixed feedback regarding meals. Some consumers were satisfied with the variety, quality and quantity of food provided. Some consumers did not enjoy the content of their meals, had raised this feedback with the service and received some modifications. Staff said improvements are continuing for the menu and dining experience, in line with consumer input.

Equipment supporting lifestyle activities was observed to be safe, suitable, clean and well-maintained. Staff stated they have access to appropriate equipment and suitable maintenance occurs.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

Consumers said they feel safe, comfortable and like they belong at the service. Consumers are supported to personalise their rooms with photographs and artwork. The service environment was observed to be welcoming, with wide corridors, handrails and signage to support consumers to move freely. Consumers were observed spending time together and participating in events and activities in the common areas.

The service has communal areas including a dining and lounge space, a garden and central courtyard. Indoor and outdoor areas of the service are easily accessible to consumers. The environment was observed to be safe, clean and clear of hazards.

Consumers expressed satisfaction with the furniture, fittings and equipment at the service. Equipment storage areas were accessible and did not impede consumers’ free movement. Staff described the processes they use to communicate cleaning or maintenance issues. Maintenance documentation evidenced timely and regular maintenance occurs.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Consumers and representatives said they feel safe and comfortable giving feedback and making complaints about the service. The service provides written materials about how to make complaints and supports consumers to provide feedback at consumer meetings. Staff described how they support consumers to provide feedback including assisting consumers to complete feedback forms. Complaints may also be made anonymously.

Staff said they are aware that they can support consumers to access advocacy, language and interpreter services if needed. Information brochures about complaints, feedback, advocacy and language services were observed on display at the service.

Consumers said they are generally satisfied that appropriate action is taken in response to complaints made. Staff described how they practice open disclosure. The service’s feedback log shows actions taken in response to complaints. Staff described how they consider improvements, such as changes to the menu and dining experience, in response to consumer feedback.

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

Overall, consumers said they receive quality care and services, and that staff provide care in a kind, gentle and caring manner. Consumers said that staff are respectful when delivering care, and staff ensure consumers are happy with care and services. Staff were observed supporting consumers in a respectful manner.

Further information was sought from the Approved Provider regarding Requirement 3(a) due to mixed consumer and staff feedback received around staffing levels and provision of personal care.

The service monitors staff qualifications and registrations, and ensures staff are competent and capable through observations, monitoring incidents and testing competencies. Staff complete training prior to commencement, and then receive regular training relevant to their roles. The service uses an electronic training delivery system, that also reflects training completion. Training needs are also identified through monitoring trends.

Staff performance is regularly assessed, monitored and reviewed. The service has a staff performance framework that includes probationary performance reviews, annual performance reviews, six-monthly appraisals and mandatory education. Staff said they feel comfortable discussing performance with management.

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.*

The Assessment Team considered the service demonstrated suitable workforce planning. However, consumers provided mixed feedback regarding the number of care staff available at the service. The Site Audit Report brought forward feedback from three named consumers regarding extended call bell response times, including impact to their comfort and dignity. There was mixed staff feedback regarding sufficiency of care staff availability, with a staff member saying they felt rushed when delivering care or responding to call bells.

At the time of the Site Audit, management staff responded that they did not consider the service was understaffed and there were no systemic staffing issues. Call bell response data had not been recorded for a period of 11 weeks from December 2021 to February 2022, due to an outage.

The Approved Provider responded on 8 April 2022. They stated they have planned the workforce to ensure there are enough trained staff to provide safe care and services. They said they regularly evaluate their workforce, including through daily staff meetings and review of consumer needs, to deploy sufficient staff. They said the majority of feedback in the Site Audit Report reflects positive consumer and staff views on the service’s performance and negative staff feedback was unsupported by other staff or consumers.

The Approved Provider said call bell data was monitored through other means during the outage, including consumer feedback, observations and audits, and the monitoring system has been fixed. They stated delays in response to call bells may occur on occasion due to individual circumstances, including some consumers requiring multiple staff assistance or emergencies occurring. They said open disclosure would be practiced if delays occur.

Regarding the named consumers whose concerns around call bell response times were detailed in the Site Audit Report, the Approved Provider said they will meet with those consumers to discuss their comments. The Approved Provider said two named consumers had not raised concerns in case conferences prior to the Site Audit, that those consumers had preferences not to utilise call bells (though had not informed the service of these preferences), and the service has planned staffing to support those consumers’ care preferences. The third named consumer was impacted by staff attending to an emergency situation and an apology was provided to the consumer.

Overall I am satisfied the Approved Provider had appropriate systems in place to plan, monitor and review the number and mix of care staff at the time of the Site Audit, and that the outage impacting the call bell data has not had notable impact on consumers’ ability to receive timely care on most occasions. The examples brought forward from the named consumers appear to be isolated instances, and the feedback from the staff member was not supported by the majority of consumers or staff, and as such I have placed less relevance on this evidence.

Therefore, I find this Requirement is Compliant.

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Consumers said the organisation is well run and they can generally partner in improving care and service delivery. Most consumers are engaged in discussions about improvement initiatives through consumer meetings, surveys, polls, feedback forms and discussions with management. Staff said that consumers are active participants, and are engaged in the development and evaluation of care and services.

The organisation’s governing body is accountable for the delivery of safe and quality care and services. They communicate key messages through a committee, policies, training, workshops and communications. They review audit data and implement best practice changes based on identified trends to promote safe care delivery. Senior staff brief the governing body weekly.

The service has effective governance systems in place, including for information management and feedback and complaints. Opportunities for continuous improvement are identified through a number of mechanisms, documented in a continuous improvement plan and actioned. Financial governance systems such as budgets and expenditure are suitably addressed. The service demonstrated effective systems for workforce governance and planning. Regulatory compliance is addressed through regular staff communication, updating policies, staff meetings, education, training and workshops.

The service has documented risk management framework, which includes policies on high impact or high prevalence risks, identifying and responding to the abuse and neglect of consumers, supporting consumers to live their best life and managing and preventing incidents. Staff demonstrated an understanding of the policies and provided examples relevant to their work, including for reporting incidents and managing risks.

The organisation has a clinical governance framework that includes policies relating to the minimisation of restrictive practices, antimicrobial stewardship and open disclosure. Staff have received training on the policies and provided examples of how they are applied.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.