Greenway Gardens

Performance Report

27-29 The Greenway   
HEATHMONT VIC 3135  
Phone number: 03 9738 0500

**Commission ID:** 3686

**Provider name:** Menarock Aged Care Services (Victoria) Pty Ltd

**Site Audit date:** 3 August 2021 to 5 August 2021

**Date of Performance Report:** 23 September 2021

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report received 06 September 2021.

# 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, most 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.

Care planning documentation did not consistently reflect consumers’ goals, choices and personal strategies. When completing consumer care plans on the electronic system staff are prompted to choose from selected statements. Some consumer care plans reviewed were generic and did not always provide evidence of individualised strategies.

Most consumers and representatives provided positive comments relating to how the staff and service treat consumers in a respectful manner, respect their choices and provide information to make informed choices. Consumers stated that they are able to exercise choice in how they spend their day, including how their care is delivered. Consumers can decide on their daily activities such as time of rising and settling and choosing their daily activities.

Staff demonstrated knowledge and understanding of individual consumers’ key relationships with family and friends and how they supported these relationships within the service. Consumers and representatives described how staff value consumers’ cultures, values and diversity. This also includes how the consumer’s culture influences how staff deliver their care on a daily basis.

Most consumers and representatives are satisfied with the communication received about changes or incidents that have occurred. The organisation has documents and a process to inform and enable consumers to make choices. Activities calendars that outline what activities and events are on offer each week were observed on notice boards and in consumers’ rooms.

The organisation has policies and procedures in relation to keeping personal information confidential.

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

The Assessment Team observed most of the care planning documents had a comprehensive suite of assessments, however care planning interventions were often generic in nature, with the goals of care not reflecting the consumer’s voice. Regular and as needed review of care plans was evident and reflected the service’s approach to embed partnering with the consumer and the nominated representative to ensure person-centred care.

The services’ initial assessment and care planning process includes assessment of risks including, infectious or contagious conditions, risk of choking, skin integrity, alcohol dependence and falls. Each care plan reflected generic electronic-generated assessment observations and interventions which often did not reflect the feedback received from clinical staff on the individual consumers.

Most consumers and representatives interviewed, confirmed they are generally satisfied with their level of involvement in the planning of care and services. Most consumers stated they rely on their representatives to be involved on their behalf in the care consultation and partnership.

Representatives confirmed they have either received or have viewed the consumer’s care plan. Consumers confirmed they have regular opportunities to review and update their care plans with the clinical staff.

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.*

The service was asked to provide evidence regarding where in the event of an outbreak that replacement staff would have enough tailored information available to provide individualised care to consumers.

The approved provider responded that the service utilises an electronic cloud based platform to record tailored clinical information which ensures individualised care can be provided and can be accessed remotely at all times. They also provided the range of documents located in their COVID 19 preparedness resource folders in the event of an outbreak.

Based on the information provided I find the service is compliant with this requirement.

### 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

The service demonstrated the personal and clinical care planned for consumers is safe and effective and includes best practice management of skin integrity, pain and restraint to optimise health and well-being. All consumers and representatives interviewed, said care is safe and meets consumers’ individual needs. Staff described ways they provide tailored personal and clinical care to consumers to optimise their health and well-being, including implementing recommendations from external health providers.

Overall, care files of consumers with high impact or high prevalence risks, show consumers receive appropriate care and review by clinical staff and health care professionals when incidents occur.

Feedback from consumers and representatives expressed satisfaction in the advance care planning process. Staff described the palliative care pathway and the resources available to them to support consumers nearing their end of life. Documents reflected end of life planning considers the documented wishes of the consumers. However, the end of life planning for one consumer was delayed and did not meet the representative’s expectations.

The service demonstrated that deterioration or change in the consumers’ condition is recognised and responded to in a timely manner. Care planning documents of consumers reflect actions taken as appropriate, in response to a deterioration or change in a consumer’s health. Consumers and representatives expressed high satisfaction in how the service has responded to a change or deterioration in condition, health or ability when recognised.

Care file documents, including progress notes, daily handover sheets, communication boards, diaries, and referrals reflect, where appropriate, information regarding a consumer’s health status. The consumer’s preferences and needs, are communicated to those involved in care provision and decision-making, however often individualised interventions are not documented in the care planning documentation.

The service has satisfactory infection prevention and control measures in place. Staff were observed to be following standard transmission precautions such as wearing of masks and face shields and good hand hygiene practices. Clinical infection documents reflect the service is responding appropriately to consumers who develop clinical infections and monitoring the use of prescribed antibiotics. The service maintains a site-specific COVID-19 outbreak management plan with staff roles and responsibilities clearly outlined.

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

### Assessment of Standard 3 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Consumers and representatives said consumers are satisfied with the services and supports for daily living to meet their needs, goals and preferences. Care plans included information about the services and supports consumers need to help them do the things they want to do. Care plans included leisure and lifestyle preferences and documenting of the consumer’s life history.

The Assessment Team observed a variety of activities during the site audit. These activities included craft group, coffee club, bingo, exercises and doll therapy. Lifestyle staff were also observed to be providing some consumers with individual activities and support.

Most consumers are supported by staff in the service to maintain emotional, spiritual and psychological well-being. Staff demonstrated knowledge of consumers’ emotional needs and could describe how they support individual consumers.

Consumers are supported to participate within the service and in the outside community as they choose. The service enables consumers to maintain the social and personal connections that are most important to them. Individual consumer interests are documented, and staff know what consumers preferences are. All the consumers interviewed stated they were supported to connect with family and/or support people during the visitor restrictions.

The service demonstrates it has systems and processes for communicating information about consumers’ conditions, needs and preferences within the organisation and with others where responsibility for care is shared. File reviews demonstrated a wide variety of external service providers are involved in each consumer’s care. These include consumers’ medical practitioners and a range of allied healthcare professionals.

The service has processes and systems in place to include consumers in the development of the menu and to provide feedback on the quality of the food provided. Menus are reviewed by a dietician prior to publication.

Most consumers and representatives expressed satisfaction with meals regarding the quality and quantity provided. Consumers are offered a range of other options where the options are not to their liking.

Equipment used to provide, or support lifestyle services was observed to be clean well maintained and appeared fit for purpose. Wheel chairs and mobility aids were observed to be clean and accessible.

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

Overall, consumers considered that they feel they belong in the service, and feel safe and comfortable in the service environment. Consumers described their rooms and bathrooms as clean and well maintained. The service offered communal areas of different sizes, both inside and outside and included access to lounge areas and outdoor tables and chairs. Furniture, fittings and equipment were observed to be safe, clean and well maintained.

There were a number of features around the service environment which were designed to assist consumers with cognitive or mobility impairment. These features included handrails in hallways, personalised signage on doors for pathfinding, and service announcements at meal and activity times.

Consumers said that the furniture, fittings and equipment at the service were clean and well maintained. They expressed confidence in knowing that maintenance staff were prompt and responsive to their requests. The maintenance register documented there was regular maintenance of the service environment and ongoing preventative maintenance.

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

Most consumers and representatives are satisfied with the feedback and complaints process and feel encouraged and supported to speak up when they have concerns. Management are very responsive at the service and any issues they have raised have been responded to satisfactorily and within a sufficient timeframe. Two consumers raised concerns that their complaints were not addressed to their satisfaction. This was raised with the service during the Assessment Contact and Management said they will work with the two consumers to ensure a resolution is reached.

Consumers are satisfied they have been made aware and have access to advocates and language services if they wish to raise a concern. External complaints services are mentioned at the ‘resident and relative meetings’.

The Assessment Team observed internal and external complaints mechanisms available throughout the service for consumers and representatives to utilise. Comments, complaints and advocacy information is included in ‘resident’ handbooks.

Overall most consumers and representatives are satisfied with action taken in relation to complaints and how staff and management acknowledge mistakes made and apologise if things go wrong. Staff were able to describe the process of open disclosure and have received education in relation to this. Policies and procedures reviewed in relation to open disclosure reflected this process.

Management described how complaints data is reviewed and how action is taken to improve the quality of care and services. Complaints documentation identified prompt action taken by management and how this is improved through the continuous improvement plan. One of the suggestions actioned on the continuous improvement plan has been to improve the dining experience in the Jarrah wing.

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

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

The service demonstrated the workforce is planned to ensure a suitable mix of skills and staff numbers in various roles to enable the delivery of safe and effective care and services. A review of the rosters demonstrated that shifts are covered, and call bell audits illustrated a timely response to calls.

The service demonstrated the workforce was competent and members of the workforce have the qualifications and skills to effectively perform their roles. Consumers and representatives expressed satisfaction staff had the knowledge and skills to meet care needs.

Core education competencies are maintained through annual online and in person education. Annual core competencies assessed at the service included: manual handling, fire safety, responding to elder abuse, infection control and responding to dementia and challenging behaviours.

Management explained how they use feedback from consumers, care plan reviews and performance reviews to identify training needs. Management acknowledged staff requests for additional continence care training caring for consumers with a stoma and described how this training was then actioned.

An electronic monitoring system was established in October 2020 to monitor the date when performance appraisals are due and when these are conducted. Completion of performance appraisals is also monitored at a service level on a monthly basis by the regional manager. There are various methods for reviewing staff performance, including observation, consumer feedback and staff feedback.

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

The service demonstrated consumers and representatives are involved in the development, delivery and evaluation of care and services. Management seek input from consumers and representatives through participation in consumer forums, surveys and resident of the day meetings. The service maintains a continuous improvement register to record and action improvement ideas.

Consumers and representatives expressed feeling safe at the service and living in an inclusive environment with access to quality care and services.

The service demonstrated the governance systems that are in place and their application in considering best outcomes for consumers. The service management and regional manager monitor clinical indicators at the service to identify trends and risks. Analysis of clinical indicators by the clinical manager is reported at the Board level and bench marked across all services in the organisation to identify and address wider trends.

Critical incidents are investigated to identify underlying procedural issues or gaps in staff knowledge. This information is reported to the regional manager and to the board to identify changes to policies, procedures and training required.

Risks are reported, escalated and reviewed by management at the service level and the organisation’s executive management including the Board. The service demonstrated components of the risk management system including incident reports, audits, meetings with consumers, representatives and staff. Feedback is communicated through service and organisation meetings leading to improvements to care and services for consumers.

The governance framework includes clinical care ensuring best practice and the safety of consumers is the focus of care. There are processes in place to manage antimicrobial stewardship, minimise the use of restraint and manage open disclosure.

Where restraint is used at the service it is monitored, evaluated for effectiveness and discussed with the consumer, their representatives and general practitioner. Consumers displaying challenging behaviours are referred to specialist practitioners to provide tailored management strategies or recommend the purchase of equipment. These strategies are reviewed for effectiveness.

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.