Heathcote Health High Care Service

Performance Report

39 Hospital Street   
HEATHCOTE VIC 3523  
Phone number: 03 5431 0900

**Commission ID:** 4399

**Provider name:** Heathcote Health

**Site Audit date:** 4 November 2020 to 5 November 2020

**Date of Performance Report:** 4 December 2020

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **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) | Non-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** | **Non-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) | Non-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 27 November 2020.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

To understand the consumer’s experience and 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.

All consumers and representatives said consumers are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

* Consumers and representative said staff are kind, respectful and explained how staff maintain consumers dignity and identity.
* Consumers described how they choose to do the things they enjoy which includes attending lifestyle activities, choice of meals and having family and visitors to come see them.
* Consumer interviews confirmed the service provides access to the community and volunteers.
* Staff provided examples of how they respect consumers personal privacy and space. Staff demonstrated an understanding of consumers as individuals and described consumers’ preferences and strategies to support their identities.
* Care planning documents reviewed indicated consumers are supported to live a quality life by making their own choices and maintaining relationships. Consumer care plans included information to guide staff in relation to consumers’ individual preferences, goals and strategies to support care.
* Observations of staff practice confirm they generally adhere to privacy and dignity practices.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

To understand the consumer’s experience and 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.

Overall representatives of sampled consumers confirmed they are consulted and involved in the ongoing assessment and planning of their care and services. For example:

* Consumers and representatives interviewed described how staff consult with them during the assessment and care planning. Representatives provided examples of when they were contacted by the service including when changes are made after a review, change in a consumer’s condition or incident.
* A sample of care plans demonstrate assessment and plans of care that are regularly reviewed and confirm consultation with the consumer and/or their representative.
* Management and staff interviewed described how care needs are identified, the clinical review process, and, how they support consumers’ involvement in the assessment and care planning processes.

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-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

To understand the consumer’s experience and 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.

Overall consumers expressed their satisfaction with the care provided and they feel the service is meeting their needs.

* Consumers and representatives interviewed said they generally get the care they need when they need it.
* Consumers and representatives said consumers have access to visiting medical officers, allied health staff and other specialists.

Of the consumers sampled, a review of their care plans and associated documents showed consultation from other healthcare professionals, which provides guidance to staff including in relation to complex nursing care, mobility, nutrition and swallowing. There are policies and procedures relating to assessment and review of consumer’s care and service needs. Further policies and flowcharts guide staff in the escalation process and incident management.

However, the organisation was not able to demonstrate their management of psychotropic medication is effective, safe and delivered according to directives.

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements have been assessed as Non-compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-compliant

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

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

The Assessment Team made a recommendation of Non-Compliance in relation to this requirement presenting evidence the service was not able to demonstrate use of psychotropic medication is effective, safe and optimises the health and well-being of consumers.

Management’s response to the report acknowledged deficits in the service’s processes, and described actions taken by the service since the audit; this included a plan for continuous improvement addressing shortcomings. Actions taken include:

* the implementation of a psychotropic medication policy to guide staff
* the implementation of a psychotropic medication register and processes to monitor currency of the register,
* revision of the consent process,
* a review of all consumers by nurse practitioner with recommendations on which medications could be ceased,
* revision the audit process, and
* providing education for staff on psychotropic medication management.

While I note the responsiveness of management in taking remedial action, a number of these actions have been newly implemented at the time the response was submitted and there are some actions still in progress including education for staff and implementation of the restraint authorisation form.

Taking the above into consideration, and the fact the service was non-compliant at the time of the audit, I find the service Non-Compliant in this requirement.

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

To understand the consumer’s experience and 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.

Consumers and representatives interviewed confirm consumers get the services and supports for daily living that are important for their health and well-being supporting consumers to do the things they want to do.

* Consumers and representatives said they are satisfied consumers are supported to do the things they like to do in the service and within the broader community.
* Consumers and representatives interviewed are satisfied with activities and events offered by the service. Consumers living with dementia have sensory based programs to support their needs.
* Most consumers are satisfied with the variety, quantity and quality of food, although one consumer would like more alternatives.
* Care plans and associated documentation demonstrate consumers are supported to participate in activities.
* Observations and interviews confirmed family and visitors are encouraged to attend the service.
* Safe, suitable and well-maintained equipment is readily available.

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

## Assessment of Standard 4 Requirements*.*

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

To understand the consumer’s experience and 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.

Most consumers and representatives interviewed said they belong and feel safe and comfortable within the service’s internal environment and garden areas.

* Consumers said they feel at home at the service. One consumer and a representative commented on how the service welcomes family and visitors.
* Consumers and representatives said the service is kept clean and is well maintained. Maintenance staff provided evidence they generally follow up with any issue logged.
* The service was observed to be safe, clean and comfortable. Consumers move freely indoors, including the collocated service and have easy access to outdoor areas.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

To understand the consumer’s experience and 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.

Consumers are generally satisfied they are encouraged to raise concerns, they are made aware of advocates and interpreter services, and that action is taken to concerns raised. One consumer said a complaint raised multiple times had not been addressed. The services response provided additional information in relation to this complaint.

Feedback boxes are displayed in the service although did not promote anonymity. Information on advocacy and interpreting services is available for consumers and other interested stakeholders

Staff and management could provide an understanding of advocacy services and said if required they could provide consumers with brochures and contact details. Some staff could not describe open disclosure, however this is an annual mandatory topic for staff.

Management demonstrated how feedback and trends of feedback are used to improve the quality of care and services.

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.*

The Assessment Team made a recommendation of Non-Compliance in relation to this requirement drawing on the evidence that some staff could not describe what open disclosure, an unresolved menu issue raised by a consumer, responses about meals by two of 15 from a survey, processes for recording feedback and follow up.

Management’s response to the report provided context to the menu complaint, and described subsequent action taken to meet the consumer’s preference. The response described the survey as a whole of organisation result. The response stated open disclosure is an annual mandatory training topic and since the audit have provided a refresher to all staff. Staff have been reminded to document verbal feedback. The response includes a plan for continuous improvement to review and update the feedback policy and include feedback as a standing agenda item at meetings; all items were listed a completed at the time of the response.

Taking into consideration the weight of evidence provided the Assessment Team, the context of this evidence described in management’s response, and the action taken since the audit, I have on balance formed the view the service is Compliant in this requirement.

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

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

To understand the consumer’s experience and 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.

Most sampled consumers indicated they get quality care and services when they need them from staff who are knowledgeable, capable and caring.

* Consumers confirmed that staff are kind and caring and have the skills and knowledge to provide care and services.
* Consumers are mostly satisfied there are adequate staff to enable their care needs to be are addressed in a timely manner.
* Staff were observed to provide care and services in a kind and respectful manner.
* The organisation’s recruitment and selection processes ensure the workforce is competent and staff have the qualifications and knowledge to effectively perform their roles. Staff complete mandatory education and accompanying competencies annually and additional training when needs are identified.
* The service uses a range of processes to monitor staff performance including observation, monitoring incidents and analysis of consumer 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 NON-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).

Overall most sampled consumers indicated the organisation is well run and that they can partner in improving the delivery of care and services. For example:

* Consumers could provide examples of how they are involved in the development, delivery and evaluation of care and services through meetings and their involvement in care planning reviews.
* Consumers across the collocated services are involved in the Consumer Advisory Committee.
* The governance and organisational processes include regular management meetings and reports to ensure the governing body monitors performance including financial performance.

However, the service could not demonstrate an effective clinical governance system in relation to the minimisation of restraint, and monitoring and review of the use of psychotropic medications.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

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

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

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*

### Requirement 8(3)(e) Non-compliant

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

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

The Assessment Team made a recommendation of Non-Compliance in relation to this requirement presenting evidence the organisation did not have effective oversight of the use of psychotropic medication within the service. The Assessment Team’s evidence included deficits in systems to manage how restraints are used, including information relating to, and tools for, monitoring use of psychotropic medications.

Management’s response to the report described the organisation’s clinical governance framework. The response acknowledged some deficits in the service’s processes, and stated a review of the clinical governance structure, and the way psychotropic medications are managed, had occurred since the audit. This informed a plan for continuous improvement addressing the shortcomings. Actions taken to address the deficits include:

* the implementation of a psychotropic medication policy to guide staff practice,
* the implementation of a psychotropic medication register and processes to manage the register and monitor it’s currency,
* revision of the organisation’s restraint authorisation/consent tools and process,
* revision the audit process, and
* additional education for staff.

While I note the responsiveness of management in taking remedial action, number of these actions to strengthen clinical governance processes in relation to the management of psychotropic medications are newly implemented and at the time the response was submitted there are also some actions to be finalised.

Taking the above into consideration, and the fact the service was Non-Compliant at the time of the audit, I find the service Non-Compliant in this requirement.

# 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.

**Requirement 3(3)(a)**

* Complete remaining remedial action identified in the plan for continuous improvement.
* Ensure systems introduced to manage use of psychotropic medications are effective.

**Requirement 8(3)(e)**

* Ensure systems to manage and monitor clinical restraint are effective and align to legislation.