Kanandah Hostel

Performance Report

21 Douro Street
MUDGEE NSW 2850
Phone number: 02 6378 6400

**Commission ID:** 0464

**Provider name:** Kanandah Retirement Ltd

**Site Audit date:** 27 April 2021 to 29 April 2021

**Date of Performance Report:** 2 June 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** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Non-compliant |
| Requirement 3(3)(g) | Non-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** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-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 25 May 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall, consumers interviewed by the Assessment Team 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. Consumers interviewed felt that the care they receive is culturally safe and felt supported to form and maintain relationships with others and make decisions for themselves. Consumers felt that their privacy is respected, and their information is kept confidential.

Care staff interviewed by the Assessment Team were able to describe how a consumer’s culture influenced how they deliver care and services day-to-day. Care planning documents reviewed included information about consumer’s specific cultural needs and preferences regarding care and services. The Assessment Team observed staff practices to be respectful of consumers, and their privacy and confidentiality.

Consumers interviewed by the Assessment Team felt that they are provided with sufficient information to make choices about their care and services. However, the service was unable to demonstrate that all information regarding visitor restrictions was provided to consumers in a way that is current, accurate and timely, and is communicated in a way that is clear and easy to understand.

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.*

Most consumers interviewed by the Assessment Team felt that they receive information which enables them to exercise choice. However, the Assessment Team found that information provided to consumers and representatives regarding the service’s visitor restrictions was not communicated in a way that was clear and easy to understand. The Assessment Team found there were misunderstandings between consumer, representatives, staff and management regarding the visitor restrictions, and the service’s website contained outdated information regarding the current restrictions. The service updated their website with the current information during the site audit.

In their response, the approved provider demonstrated that information regarding visitor restrictions was provided to consumers and representatives regularly as changes occurred and in a way that enabled consumers and representatives to exercise choice.

While there were some misunderstandings regarding visitor restrictions, the Assessment Team’s report and the approved provider’s response identifies that no visitors were refused access to visit the service and consumers did not identify any negative impacts as a result. The issues raised by the Assessment Team are not systemic in nature and most consumers interviewed felt that they receive information which enables them to exercise choice.

I find this requirement is Compliant.

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

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

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Overall, consumers and representatives interviewed by the Assessment Team provided information indicating they are not partnering in their care and were not aware they could request a copy of the consumer’s care plan.

The Assessment Team found that consumer assessment and care planning did not consistently show consideration of all risks to their health and well-being. The service did not demonstrate that care assessment and planning is used to develop accurate care plans that inform the delivery of safe and effective care and services.

The Assessment Team found that most consumers sampled have an advance care directive. However, assessment and care planning did not occur to address the consumer’s needs, goals and preferences in relation to palliative and other care needs. Documents reviewed demonstrated that care discussions are conducted with consumers and representatives, however, documentation shows decisions are not followed up and not used to develop consumer-focused goals.

The service demonstrated that opportunities for partnering have been made available to consumers and their representatives and consultation regarding care needs has occurred. However, this information is not always used to inform care planning, and most consumers and representatives were not aware they could access a copy of their care plans.

The Assessment Team found that regular review of consumer assessments and care plans has not been effective, and consumer care and services are not always reviewed when circumstances change or when incidents impact on their needs, goals or preferences.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-compliant

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

The Assessment Team found that initial care assessment and planning was not consistently conducted in line with the service’s procedures. Consumers sampled did not have a number of required assessments completed. For one consumer, assessment and planning was not conducted to inform safe and effective bowel management. For another consumer, assessment and planning was not conducted regarding the consumer’s complex care need and medication self-administration.

The approved provider’s response identifies that the policies and procedures around initial assessment and planning have been updated to include more detailed assessment and planning procedures for consumers. The approved provider demonstrated that for the consumers identified in the Assessment Team’s report, following the site audit the service has undertaken assessment and planning in the identified areas to inform safe and effective care and services.

For the consumer with the complex care need, the approved provider’s response demonstrated some medical directives regarding the care need were available at the time of the site audit. However, the approved provider’s response did not demonstrate that this was considered in the care assessment and planning to inform safe and effective care for the consumers.

At the time of the site audit, assessment and planning did not consistently consider risks to the health and well-being of the consumer to inform safe and effective care and services.

I find this requirement is Non-compliant.

### Requirement 2(3)(b) Non-compliant

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

The Assessment Team found that for sampled consumers, assessment and planning did not consistently address consumer’s current needs and goals. For three consumers, goals had not been established for any care needs. For two consumers, while some goals had been established, they were not reflective of the consumer’s current needs. The Assessment Team found that most consumers have been given the opportunity to discuss advanced care and end of life care planning. However, for a consumer who had recently passed away, the Assessment Team found that advanced care and end of life planning did not address the consumer’s current needs, goals and preferences. The service did not have policies or procedures to guide staff in the development of palliative care plans.

In their response, the approved provider identified that education on the development of consumer goals has commenced, and for the consumers identified in the Assessment Team’s report personalised goals have been developed.

The approved provider identified that a palliative care procedure has been developed to guide staff in advance care planning and end of life planning.

At the time of the site audit, assessment and planning did not address consumer’s current needs, goals and preferences, including in relation to advanced care planning and end of life planning.

I find this requirement is Non-compliant.

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

*The organisation demonstrates that assessment and planning:*

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

### Requirement 2(3)(d) Non-compliant

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

The Assessment Team found that the outcomes of assessment and planning are communicated in a care plan that is available where care and services are provided. Although care documents reviewed by the Assessment Team demonstrated consumers and representatives are informed of changes in consumers care needs, the service did not demonstrate the outcomes of assessment and planning are effectively communicated to the consumer and/or representative. All consumers and representatives interviewed were not aware they could access a copy of the consumer’s care plan if they wished. Staff interviewed by the Assessment Team confirmed that making care plans readily available to consumers was not occurring at the time of the site audit.

In their response, the approved provider identified continuous improvement actions that have been implemented following the site audit to ensure the outcomes of assessment and planning are effectively communicated to the consumer and care plans are readily available to the consumer.

At the time of the site audit, the service did not demonstrate the outcomes of assessment and planning are effectively communicated to the consumer, and that care plans are readily available to the consumer.

I find this requirement is Non-compliant.

### Requirement 2(3)(e) Non-compliant

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

The Assessment Team found that for sampled consumers, care and services were not reviewed for effectiveness when circumstances changed or when incidents impacted on the needs, goals and preferences of consumers. For two consumers, comprehensive investigation into the cause of several falls was not completed to consider the impact on the needs, goals or preferences of the consumer, and care and services were not reviewed for effectiveness. For two consumers, following a return from hospital, care and services were not reviewed for effectiveness.

In their response, the approved provider demonstrated that since the site audit the care and services of the consumers identified in the Assessment Team’s report have been reviewed for effectiveness.

At the time of the site audit, the service did not demonstrate that care and services are reviewed for effectiveness when circumstances changed or when incidents impacted on the needs, goals and preferences of consumers.

I find this requirement is Non-compliant.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Overall, consumers and representatives interviewed by the Assessment Team considered that the consumer receives personal care and clinical care that is safe and right for them. Consumers interviewed confirmed they have access to a doctor or other health professional when they need it.

However, review of care documents by the Assessment Team showed that safe and effective personal and clinical care is not always delivered in accordance with consumer’s needs, goals and preferences. The Assessment Team found that consumer pain is not monitored, assessed or effectively managed. Consumer nutrition and hydration needs are not monitored effectively, and consumer continence needs are not managed. Responsive behaviours from consumers are not well managed and chemical and physical restraint is poorly understood and managed. The Assessment Team identified some adverse health outcomes for some consumers.

Risks related to falls, behaviours, malnutrition and medication management have not been identified or managed and there have been poor health and well-being outcomes for some consumers. While the service has systems for recognising deteriorating consumers and communicating this information, these systems are not always used effectively.

The service has systems and processes to minimise infection related risks including standard and transmission-based precautions and a policy in relation to antimicrobial stewardship. However, registered nurses did not demonstrate practices to support their understanding of the importance of promoting appropriate antibiotic prescribing.

The Assessment Team found consumers are given the opportunity to express their end of life wishes, and consumers nearing end of life have their wishes respected and their comfort and dignity preserved.

The Quality Standard is assessed as Non-compliant as six 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 found that sampled consumers did not consistently receive safe and effective clinical care that is best practice and optimises their health and well-being. Care documents reviewed by the Assessment Team indicated physical restraint was used for two consumers without informed consent and before alternatives to restraint had been trialled. For two consumers, the service did not demonstrate appropriate pain assessment, monitoring and evaluation. The Assessment Team found that consumer’s nutrition and hydration needs are not monitored effectively to optimise health and well-being.

In their response, the approved provider demonstrated that for one consumer identified in the Assessment Team’s report, prior to the site audit, informed consent was gained for one of the physical restraints and alternatives were trialled before implementation. However, the approved provider did not demonstrate that for the use of bed rails for this consumer, alternatives were trialled, and informed consent was given prior to the site audit.

For consumers identified in the Assessment Team’s report at risk of malnutrition, the approved provider’s response identified that these consumers had been identified and some monitoring processes were in place at the time of the site audit.

Regarding pain assessment and monitoring, in their response the approved provider identified that their procedures have been updated to ensure more frequent and appropriate pain assessments are undertaken.

While the approved provider’s response demonstrated that appropriate action has been taken in response to gaps identified by the Assessment Team, the service did not demonstrate that at the time of the site audit each consumer receives safe and effective clinical care that is best practice and optimises their health and well-being.

I find this requirement is Non-compliant.

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

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

The Assessment Team found that the high impact or high prevalence risks associated with the care of sampled consumers were not managed effectively. The Assessment Team identified that the service does not have a system to trend and analyse consumer falls, and the service is not effectively managing consumer’s risks of falls. While the service has some processes to identify consumers who experience weight loss, the Assessment Team found that the service does not effectively manage the risks associated with long-term consistent weight loss and the impact it has on other aspects of the consumer health and wellbeing. A review of care documents by the Assessment Team demonstrated not all medication incidents are being reported and tracked.

The approved provider’s response identifies continuous improvement actions implemented since the site audit to better manage the high impact or high prevalence risks associated with the care of consumers. This includes the development of a falls prevention and management policy and education for staff on safe and effective medication administration.

While the approved provider demonstrated continuous improvement actions have been implemented in response to gaps identified by the Assessment Team, at the time of the site audit the service did not demonstrate the high impact or high prevalence risks associated with the care of consumers were managed effectively.

I find this requirement is Non-compliant.

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

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

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

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

The Assessment Team found that while for some consumers deterioration had been identified by the service, this did not always result in appropriate response and management. The service did not demonstrate that changes in consumer condition was consistently recognised and responded to. For one consumer who experienced deterioration in health status, the Assessment Team found limited clinical observations, monitoring, and action taken was taken in response. The service did not demonstrate timely response for consumers who experienced weight loss and changes in cognitive function.

The approved provider’s response identifies that for some of the consumers identified in the Assessment Team’s report, since the site audit the service has responded to identified changes in their condition.

At the time of the site audit, the service did not demonstrate deterioration or change of a consumer’s condition is recognised and responded to in a timely manner.

I find this requirement is Non-compliant.

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

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

The Assessment Team found that some information about the consumer’s care is communicated well to consumers and representatives, and from the allied health staff. However, the Assessment Team found that care documents reviewed did not provide adequate information about consumer’s condition to support effective sharing of information. For one consumer, poorly documented end of life care wishes meant the consumer was prepared for transfer to hospital before they passed away. For another consumer, poorly documented clinical observations and assessment in relation to a change in their condition prevented a timely response to the deterioration.

The approved provider’s response identifies continuous improvement actions that have been implemented since the site audit to better communicate information about consumer’s condition, needs and preferences. This includes the development of a palliative care procedure and improved electronic information management systems.

At the time of the site audit, the service did not demonstrate that information about the consumer’s condition and needs are communicated within the organisation effectively.

I find this requirement is Non-compliant.

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

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

Most consumers and representatives interviewed by the Assessment Team said that consumers have access to medical officers and other allied health professionals when they need them. However, care documents reviewed by the Assessment Team did not demonstrate timely and appropriate referrals to individuals and other providers of care and services. This includes in relation to behaviour management advisory services, geriatrician review, and dietician review.

The approved provider’s response identifies that for one consumer identified in the Assessment Team’s report, referral to a geriatrician was not clinically indicated. Since the site audit the consumer has been referred to a behaviour management advisory service.

At the time of the site audit, the service did not demonstrate that consumers are consistently referred to appropriate individuals, organisations and other providers of care and services.

I find this requirement is Non-compliant.

### Requirement 3(3)(g) Non-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.*

The Assessment Team found that the service has systems and process to minimise infection related risks including standard and transmission-based precautions and a policy in relation to antimicrobial stewardship. However, care documents reviewed by the Assessment Team did not demonstrate practices to support the appropriate prescribing of antibiotics. For one consumer sampled, testing was not undertaken to confirm the presence of infection prior to antibiotics being commenced. Another consumer was prescribed antibiotics that had been identified as ineffective on earlier tests. The service has an infection reporting tool so the service can record and track infections, however the Assessment Team found that infections are not always reported within this tool.

The approved provider’s response identifies that the service places the responsibility of appropriate prescribing of antibiotics on the consumer’s medical officer. However, in their response the approved provider identifies the service is currently running an education program for staff relating to antimicrobial stewardship.

While I acknowledge the service places the responsibility of antibiotic prescribing on the consumer’s medical officer, the service did not demonstrate evidence of discussions with the medical officer on whether antibiotics were appropriate for the sampled consumer’s condition. The service did not demonstrate practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

I find this requirement is Non-compliant.

# 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.

Overall, consumers interviewed by the Assessment Team considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. Consumers interviewed said that they are supported to keep in touch with people who are important to them through phone calls and visits. Consumers interviewed felt that there are a variety of activities offered that they enjoy participating in.

All consumers interviewed by the Assessment Team said that they are satisfied with the food, including the quality and quantity and that there is enough variety. Consumers and staff interviewed felt that where equipment is provided for services and supports for daily living it is safe, suitable, clean and well maintained.

However, all consumers interviewed by the Assessment Team said that they did not receive services and supports for daily living from any other organisations or individuals outside of the service.

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.*

The Assessment Team found that the service was unable to demonstrate timely and appropriate referrals are made to individuals, organisations and other providers to supplement the lifestyle services and activities within the service. All consumers interviewed by the Assessment Team said that they did not receive services and supports for daily living from any other organisations or individuals outside of the service. While the service demonstrated volunteers were previously used at the service, this had ceased since the COVID-19 pandemic.

In their response, the approved provider demonstrated the use of individuals, organisations and other providers of care and services to supplement the lifestyle supports and services. While some involvements were ceased during the COVID-19 pandemic, the approved provider demonstrated alternatives were offered either within the service or via videoconferencing. The approved provider’s response demonstrated that in line with the easing of restrictions, when appropriate, involvement from individuals, organisations and other providers has resumed.

The approved provider demonstrated, at the time of the site audit, the use of individuals, organisations and other providers of care and services to supplement the lifestyle supports and services.

I find this requirement is Compliant.

### 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.

Overall, consumers interviewed by the Assessment Team considered that they feel they belong in the service and feel safe and comfortable in the service environment. Consumers interviewed confirmed their visitors feel welcome and there are multiple areas for them to sit together.

Consumers interviewed confirmed that the service is clean and well maintained and they are able to move freely indoors and outdoors. Consumers felt that it is easy to find their way around the service.

The service demonstrated effective systems for regular and reactive maintenance of equipment and the service environment.

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 NON-COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Overall, consumers interviewed by the Assessment Team considered that they are encouraged and supported to give feedback and make complaints but were not sure that appropriate action is taken.

While staff interviewed by the Assessment Team were not able to describe the advocacy and language services available to consumers, the service did have written materials advising consumers of these supports.

Consumer and representative feedback demonstrated that generally open disclosure had occurred in relation to complaints. Some staff interviewed by the Assessment Team were able to describe the service’s open disclosure policy and its relevance to complaints.

Although the service seeks and encourages feedback and complaints using a range of mechanisms, it was unable to demonstrate a comprehensive, consistent and integrated approach to reviewing and actioning complaints and confirming consumer satisfaction with complaint outcomes. The service was unable to show how complaints are used to inform continuous improvement.

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

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

The Assessment Team found the service did not demonstrate that feedback and complaints are reviewed and used to improve the quality of care and services. The service has multiple mechanisms to obtain consumer and representative feedback. However, the Assessment Team found that overall there was not a consistent and integrated approach to analysis and trending of feedback and complaints data. The service did not demonstrate monitoring and review of complaint resolution action plans and closing the loop by confirming that consumers and representatives are satisfied with the outcome. The plan for continuous improvement reviewed by the Assessment Team did not include actions to improve care and services based on consumer, representative or staff feedback.

The approved provider’s response identifies that review and follow up of feedback and complaints forms part of the service’s complaint management procedures. However, the approved provider’s response did not demonstrate that these procedures are consistently being followed to improve the quality of care and services.

The approved provider’s response demonstrates that a limited number of continuous improvement actions to improve care and services have been identified from consumer and representative feedback. Most examples in the plan for continuous improvement submitted in the approved provider’s response were from over 12 months prior to the site audit.

Overall, the service did not demonstrate that feedback and complaints are consistently reviewed and used to improve the quality of care and services.

I find this requirement is Non-compliant.

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Most consumers interviewed by the Assessment Team considered that they get quality care and services when they need them and from people who are knowledgeable, capable, kind and caring. Most consumers interviewed by the Assessment Team said there were enough staff at the service. However, some consumers and representatives identified issues regarding the adequacy of staff numbers.

Staff interviewed by the Assessment Team said when the rostered number of staff are at work there was adequate staffing, but there are frequent unfilled shifts resulting in issues with the adequacy of staff numbers. The Assessment Team found that data including call bell response times and staff allocation documents did not demonstrate the number and mix of the workforce enables the delivery and management of safe and quality care and services

The service demonstrated a mandatory training program for staff with a 95-100% completion rate. However, the service did not demonstrate a process for identifying staff training needs and incorporating this into the training schedule. The Assessment Team found the service was unable to demonstrate that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-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.*

Most consumers interviewed by the Assessment Team said there were enough staff at the service. However, some consumers and representatives identified issues regarding the adequacy of staff numbers.

Staff interviewed by the Assessment Team indicated there are frequent unfilled shifts resulting in issues with the adequacy of staff numbers. The Assessment Team reviewed shift allocation documents for the week prior to the site audit which identified three vacant registered nurse shifts and five vacant care staff shifts. Call bell response data for the four weeks prior to the site audit reviewed by the Assessment Team identified long average wait times that exceed the service’s expectations. For one unit, the average response time was 40 minutes.

In their response, the approved provider identified that the workforce is planned to ensure the service has the appropriate number and mix of staff to ensure consumers receive quality care and services. The approved provider identified that the staff roster is developed according to staff competency and skill level, and the service has recruited additional registered nurses to fill vacant shifts.

The approved provider demonstrated the workforce is planned to deploy the number and mix of staff to ensure consumers receive quality care and services. However, consumer and staff interviews and documents reviewed by the Assessment Team found that the service still has unfilled shifts and long call bell wait times that indicate the number of staff deployed does not always enable the delivery and management of safe and quality care and services.

I find this requirement is Non-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) Non-compliant

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

Consumers and representatives interviewed by the Assessment Team said they felt staff were competent and skilled to meet their care needs. However, the Assessment Team found that staff did not always have the required qualifications and competencies relevant to the roles they were performing. The Assessment Team found that some nurse-initiated medications were administered by care staff without the required qualifications, resulting in medication errors risking the health and safety of consumers.

In their response, the approved provider identified orientation and competency processes in place at the time of the site audit to ensure staff have the required qualifications and knowledge for their roles. Regarding care staff administering nurse-initiated medications, the approved provider’s response identifies continuous improvement actions implement since the site audit to ensure staff have the appropriate qualifications when administering medications. This includes staff education and updates to the approved provider’s policy relating to nurse-initiated medications.

While the service demonstrated that most of the time the workforce is competent and have the qualifications and knowledge to effectively perform their roles, this was not demonstrated in relation to the administration of nurse-initiated medications and medication errors.

I find this requirement is Non-compliant.

### Requirement 7(3)(d) Non-compliant

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

The service demonstrated a mandatory training program for staff with a 95-100% completion rate. However, staff interviewed by the Assessment Team had mixed feedback about training attended and their understanding of the Serious Incident Response Scheme (SIRS). The Assessment Team found the service did not demonstrate a process for identifying staff training needs and incorporating this into the training schedule.

In their response, the approved provider demonstrated that education and training on the SIRS was provided to staff prior to the site audit. The approved provider’s response demonstrates that the service is planning to implement a new learning and development system to improve staff training outcomes and knowledge of the approved provider’s policies.

While the approved provider demonstrated that staff were trained on the SIRS, the service did not demonstrate a process for identifying staff skill gaps in the provision of safe and quality consumer care and incorporating this into the training schedule.

I find this requirement is Non-compliant.

### Requirement 7(3)(e) Non-compliant

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

The Assessment Team found the service was unable to demonstrate that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. The service did not demonstrate a regular formal performance management system, rather a reactive approach to performance management is utilised. As staff performance issues are reported they are addressed on a case-by-case basis. Staff interviewed by the Assessment Team said they had not had a performance review.

In their response, the approved provider acknowledged that regular formal assessment and review of staff performance is not undertaken, and the need for a staff performance review is triggered by feedback from consumers, representatives or other staff. The approved provider’s response identifies that new performance appraisal processes are planning to be implemented from June 2021 to ensure regular assessment, monitoring and review of the workforce.

At the time of the site audit, the service did not demonstrate that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

I find this requirement is Non-compliant.

# STANDARD 8 NON-COMPLIANTOrganisational 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, consumers interviewed by the Assessment Team considered that the organisation is well run and that they can partner in improving the delivery of care and services.

The governing body generally demonstrated it promotes a culture of safe, inclusive quality care. However, the governing body’s accountability for reducing clinical risk impacting on the safety of consumers was not demonstrated.

The Assessment Team found that the service was unable to demonstrate effective organisation wide governance systems relating to continuous improvement, workforce governance and regulatory compliance. The plan for continuous improvement reviewed by the Assessment Team did not incorporate actions to address key trends from analysis of critical incidents, consumer feedback and regulatory compliance.

The organisation does not have a comprehensive clinical governance framework to ensure safe and effective consumer care and services are provided, and the clinical manager confirmed there is no formal system for regular auditing of assessment and care planning to determine compliance with the organisation’s policy and procedures.

The Quality Standard is assessed as Non-compliant as three 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.*

The Assessment Team found that the governing body was able to identify improvements planned as a result of consumer feedback, how the governing body communicates with consumers and staff about the Quality Standards, and how it promotes a culture of safe inclusive and quality care. However, meeting minutes reviewed by the Assessment Team did not demonstrate the governing body is accountable for, or actioning, clinical incidents impacting on the safety of consumers.

The approved provider’s response demonstrates action taken by the governing body prior to the site audit to promote a culture of safe, inclusive and quality care and services. The approved provider’s response identifies continuous improvement actions led by the governing body to improve accountability for clinical incidents and risks impacting on the safety of consumers.

While the governing body could improve on documentation and actioning of clinical risks to consumers, overall, the approved provider demonstrated the governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

I find this requirement is Compliant.

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

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

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

The Assessment Team found that the service was unable to demonstrate effective organisation wide governance systems relating to continuous improvement, workforce governance and regulatory compliance. The service did not demonstrate, in line the organisation’s policy, that the service’s plan for continuous improvement is informed by consumer or representative feedback, or analysis of clinical trends, incidents or risk analysis. The service’s plan for continuous improvement reviewed by the Assessment Team did not include measures for success or outcomes of the continuous improvement actions. Regarding regulatory compliance, the Assessment Team found that the organisation’s policies and training modules had not been updated to include the SIRS requirements. The service did not demonstrate effective workforce governance systems to ensure staff have the required training and qualifications to perform their roles, and systems to monitor and review staff performance.

In their response, the approved provider identified that the service is planning to implement a new compliance assurance management program to ensure policies are kept up to date with regulatory changes and communicate these changes to staff. This program aims to enable the service to capture, manage, and report on risks, compliance tasks, safety incidents, and inform continuous improvement.

At the time of the site audit, the service did not demonstrate effective organisation wide governance systems relating to continuous improvement, workforce governance and regulatory compliance.

I find this requirement is Non-compliant.

### Requirement 8(3)(d) Non-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.*

The service was unable to provide the Assessment Team with a documented risk management framework, including policies outlining how high impact or high prevalence risks associated with the care of consumers are managed. The service was able to provide policies and procedures relating to identifying and responding to the abuse and neglect of consumers, supporting consumers to live the best life they can, and incident prevention and management systems. However, under the current incident management system, the Assessment Team found that incidents are not fully investigated and reviewed to identify potential impacts on the consumer’s needs, goals and preferences, or strategies to minimise the likelihood of the incident reoccurring. The Assessment Team found the organisation’s policies regarding identifying and responding to abuse and neglect of consumers have not been updated to reflect the SIRS requirements.

The approved provider’s response identifies continuous improvement actions planned to address the gaps identified by the Assessment Team in relation to this requirement. This includes the formation of a risk committee, improved reporting of risks to the organisation’s governing body, and the implementation of a new compliance assurance management program.

At the time of the site audit, the service did not demonstrate effective risk management systems relating to managing high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, and managing and preventing incidents.

I find this requirement is Non-compliant.

### 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 found the service was able to provide policies on antimicrobial stewardship, minimising the use of restraint and open disclosure. However, the Assessment Team found the service was unable to provide an integrated clinical governance framework to ensure these policies and procedures are correctly put into practice to improve the reliability, safety and quality of care and services. Some staff interviewed by the Assessment Team were unable to describe how antimicrobial stewardship is applied in practice, or demonstrate an understanding of their role in minimising the use of chemical and physical restraint.

The approved provider’s response identifies continuous improvement actions planned to address the gaps identified by the Assessment Team in relation to this requirement. This includes the formation of a risk committee, staff education and training, and improved reporting of risks to the organisation’s governing body.

At the time of the site audit, the service was unable to provide a clinical governance framework to ensure related policies and procedures are effectively implemented to improve the reliability, safety and quality of care and services.

I find this requirement is Non-compliant.

# 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 2(3)(a)

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

The approved provider must demonstrate:

* Assessment and planning considers risks to the consumer’s health and well-being and informs the delivery of safe and effective care and services.
* Initial consumer care assessment and planning is conducted in line with the service’s procedures.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 2(3)(b)

*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 approved provider must demonstrate:

* Assessment and planning consistently addresses the needs, goals and preferences of consumers, including advanced care planning and end of life planning if the consumer wishes.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 2(3)(d)

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

The approved provider must demonstrate:

* The outcomes of assessment and planning are effectively communicated to the consumer, and care plans are readily available to the consumer.
* Consumers and/or representatives on their behalf are aware they can access a copy of the consumer’s care plan.

### Requirement 2(3)(e)

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

The approved provider must demonstrate:

* Care and services are reviewed for effectiveness when circumstances change or incidents impact on the needs, goals or preferences of the consumer.
* Incidents are investigated to identify potential impacts on the needs, goals or preferences of the consumer, and to minimise risk of reoccurrence.

### Requirement 3(3)(a)

*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 approved provider must demonstrate:

* Consumer clinical and personal care is best practice, tailored to the consumer’s needs and optimises their health and well-being.
* Physical restraint is best practice, including used as a last resort, and with informed consent from the consumer and/or representative.
* Consumer pain is effectively assessed and monitored, and interventions are evaluated for effectiveness.

### Requirement 3(3)(b)

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

The approved provider must demonstrate:

* The high impact or high prevalent risks associated with the care of consumers are effectively identified and managed.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 3(3)(d)

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

The approved provider must demonstrate:

* Deterioration or change of a consumer’s condition is recognised and responded to in a timely manner by the service.

### Requirement 3(3)(e)

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

The approved provider must demonstrate:

* Information about the consumer’s condition, needs and preferences is accurately documented and communicated within the organisation.
* Consumer care documents provide adequate information about consumer’s condition to support effective sharing of information.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 3(3)(f)

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

The approved provider must demonstrate:

* Timely and appropriate referrals to individuals, other organisations and providers of other care and services are made to support the care of consumers.

### Requirement 3(3)(g)

*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.*

The approved provider must demonstrate:

* The service has implemented practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.
* The service works with consumer’s medical officer to promote appropriate antibiotic prescribing.

### Requirement 6(3)(d)

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

The approved provider must demonstrate:

* Feedback and complaints are effectively reviewed, trended or analysed, and used to improve the quality of care and services.
* Consumer and representative feedback inform continuous improvement actions for the service.
* The service has processes to ensure complaints are actioned and consumers or representatives are satisfaction with the outcome of the complaint.

### Requirement 7(3)(a)

*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 approved provider must demonstrate:

* The workforce deployed enables the delivery and management of safe and quality care and services.
* The service has effective processes in place to manage unfilled shifts without compromising quality consumer care and services.

### Requirement 7(3)(c)

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

The approved provider must demonstrate:

* Staff have the required qualifications and competencies relevant to the roles they are performing.
* Staff have the required knowledge of safe and effective medication administration, and medication administration at the service is undertaken by appropriately qualified staff.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 7(3)(d)

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

The approved provider must demonstrate:

* The service has an effective process for identifying staff training needs and incorporating this into the training schedule.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 7(3)(e)

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

The approved provider must demonstrate:

* A system to ensure regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 8(3)(c)

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

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

The approved provider must demonstrate:

* Effective organisation wide governance systems relating to continuous improvement, workforce governance and regulatory compliance.
* Systems to keep policies up to date and in line with regulatory changes.
* In line with the organisation’s policy, the service’s plan for continuous improvement is informed by consumer and representative feedback, and analysis of clinical trends, incidents and risk analysis.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 8(3)(d)

*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.*

The approved provider must demonstrate:

* The service has implemented effective risk management systems and practices to manage the high impact or high prevalence risks associated with the care of consumers.
* The service has implemented effective incident prevention and management systems including investigation and review to identify strategies to minimise the likelihood of the incident reoccurring.
* Systems to keep policies up to date and in line with regulatory changes.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 8(3)(e)

*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 approved provider must demonstrate:

* An effective clinical governance framework is implemented at the service.
* Restraint practices and antimicrobial stewardship practices are implemented at the service, in line with the organisation’s policies.
* The service has implemented all continuous improvement actions identified in their response.