Kirkbrae Kilsyth Nursing Home

Performance Report

794 Mt Dandenong Road   
KILSYTH VIC 3137  
Phone number: 03 9724 5200

**Commission ID:** 4375

**Provider name:** Presbyterian Church of Victoria Trusts Corporation

**Site Audit date:** 11 March 2020 to 13 March 2020

**Date of Performance Report:** 23 April 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** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 16 April 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.

Overall sampled consumers or their nominated representative considered that 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.

For example:

* All consumers/representatives provided positive comments relating to how the staff and service treat them/the consumer in a respectful manner, respect consumer choices and provide information to make informed choices.
* All consumers/representatives discussed how the consumer continues to be encouraged to do things for themselves and how staff know them, what they like to do and how much support they need.
* Various consumers commented that the staff provide assistance when they need it at times that suit the consumer.
* All consumers/representatives confirmed the consumers’ privacy is respected. Consumers/representatives discussed how staff know who the consumer wishes to be involved in their care or making of decisions.
* One consumer discussed how they are supported to maintain a relationship with their partner who visits the service and how their privacy is respected during visits.
* Staff discussed sampled consumers preferences, likes and dislikes regarding care and services and how they have assisted consumers to obtain additional information to make informed choices.
* Relevant staff were able to identify who is involved in consumer care decisions and how information is provided to nominated representatives and others involved in their care to ensure privacy of information.
* Care documentation includes relevant information relating to sharing of information and contact details of those involved in consumer care decision making. Care plans included individual preferences, likes and dislikes consistent with consumer, representative and staff interviews for sampled consumers.

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 sampled consumers/representatives considered that they feel like partners in the ongoing assessment and planning of their care and services.

For example:

* Consumers/representatives interviewed confirmed that consumers are involved in care planning. A consumer described how their representative is respected and how staff talk and listen to their representative.
* Consumers/representatives interviewed confirmed consumers are informed about the outcomes of assessment. A representative confirmed staff discuss their consumers care and/or changes with them. The Assessment Team did not receive any feedback from consumers/representatives in relation to access to their care plan.
* The organisation has a suite of assessments and risk assessment tools to comprehensively assess and plan consumer’s care. Risk assessments are applied when a consumer wishes to take a risk to live the best life they can, and interventions are planned to minimise risk. Assessment and planning including advance care planning detailed consumer’s individual needs, goals and preferences and reflected individualised interventions to support these.
* Staff demonstrated a detailed knowledge of consumers’ and their preferences and described how they accommodate these. The organisation has a variety of process to review consumer care and services. Information to promote delivery of safe and effective care and services is accessible to staff and consumers/representatives if they wish in a variety of formats.

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 sampled consumers/representatives considered that they receive personal care and clinical care that is safe and right for them.

For example:

* Consumers/representatives interviewed confirmed that they get the care they need.
* Consumers/representatives confirmed that they have access to a doctor or other health professional when they need it.
* The organisation has a policy and procedure to guide falls and post falls management and this is reviewed periodically. The organisation has validated risk assessment tools and processes to plan and review high impact risks associated with the care of each consumer.
* Care staff interviewed described their responsibilities in relation to reporting falls and other clinical risk.
* Consumer documentation reflected identification of, and response to, deterioration/change in a consumer’s function/capacity/condition. Action(s) taken in response to these identified changes included communication to their medical practitioner, referral to specialist services, referral to allied health services, implementation of charting to monitor and communication of actions via the organisation’s handover process.
* Clinical data is collated, trended and analysed monthly to seek opportunities to improve. A clinical governance subcommittee has been introduced to provide expertise in clinical and safety matters.
* However, the service was unable to demonstrate the effective management of chemical restraint.

The Quality Standard is assessed as Non-Compliant as six of the seven specific requirements have been assessed as 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 in relation to the use of restraint:

* Management reported fifty nine percent of consumers (including those in the co-located service) currently receive psychotropic medication and did not identify any chemical restraint currently in use within the service.
* Effective interventions to manage changed behaviours were not always identified and recorded in the consumer’s care plan.
* Inconsistent documentation relating to the use of non-pharmacological strategies prior to the administration of as required psychotropic medication.
* One consumer’s file reviewed demonstrated the use of chemical restraint without appropriate assessment and monitoring processes.

The approved provider’s response did not include evidence that demonstrated the provider is meeting the legislative provisions in relation to Minimising the Use of Restraints 2019. Specifically, the Psychotropic Spreadsheet did not demonstrate that non-pharmacological interventions are used before the use of as required psychotropic medications, and that there is an ongoing monitoring and review process recorded in the consumer’s care and services plan.

I have considered all of the relevant evidence and find that the approved provider is unable to demonstrate effective use of chemical restraint.

### 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.

Overall sampled consumers/representatives considered that the consumer receives 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.

For example:

* Consumers/representatives discussed activities the consumers enjoy doing and how the consumer is assisted to attend events within the service and wider community.
* Several consumers discussed how they have been provided with codes to doors or are assisted to leave the service when they wish.
* One representative discussed how the service accessed additional support services to assist the consumer to access the wider community more often in response to their requests.
* Consumers interviewed discussed how the service welcomes visitors and makes them feel welcome.
* Consumers discussed how satisfied they were with the meals and choices offered.
* Consumers and representatives were satisfied with the services and support provided by the service.
* Consumers and representatives discussed how consumers are supported to attend a range of internal and external activities and to attend private events 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.*

### 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

**Consumer outcome**

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 most sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment.

For example:

* Consumers interviewed confirmed they feel safe at the service and feel at home. Consumers described how they enjoy being able to go outside and sit in the garden on sunny days.
* Consumers described how they access activities in different areas of the service including lounge areas for conversation.
* Consumers interviewed confirmed that the service is clean and well maintained.
* The service was observed to be welcoming with the layout of the service enabling consumers to move around freely with suitable furniture, fittings and areas for use as preferred.
* Consumers had ready access to tidy outdoor areas with gardens, benches and communal areas and paths that enabled free movement around the service.

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.

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

For example:

* All consumers/representatives were able to describe how they could provide feedback regarding care and services provided and felt confident to do so.
* Information on internal and external complaints systems are on display and included in ‘resident’, volunteer, staff and contractor hand books.
* Feedback forms are available in all areas of the service with secure lodgement boxes and envelopes available to facilitate confidentiality in regard to the feedback system.
* Where consumers/representatives indicated they had raised a comment, complaint or suggestion they said that they have been satisfied with the response from staff and or management.
* The organisation encourages comments, complaints and suggestions and has documented processes to ensure all feedback is addressed in a timely manner.
* Where external complaints are received these are actioned to identify opportunities to improve care and services.
* Where appropriate issues or suggestions are included on the service’s plan for continuous improvement which is reviewed at site and organisational level.

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

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

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

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

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

For example:

* Consumers said staff are kind and caring and confirmed that staff know what they are doing.
* Consumers interviewed confirmed that they feel there are adequate staff and they receive the care they need.
* The Assessment Team observed adequate staff, providing care with respectful interactions toward consumers.
* Staff described how they have enough staff and time to complete their tasks and to provide safe and quality care and services to consumers.
* Documentation reviewed identified staff are well trained, equipped and supported to deliver the outcomes required.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

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

For example:

* Consumer feedback is used to develop the service menu.
* A consumer representative from within the organisation is a part of the clinical subcommittee of the board. This enables an insight and input from a consumer and representative’s point of view.
* Meetings occur with various stakeholders and information is considered in relation to clinical governance, antimicrobial stewardship and the use of restraint. Incident reporting includes the monitoring high impact or high prevalence risks.
* Mandatory reporting occurs as required and management understands requirements and obligations.
* The organisation ensures the recruitment of appropriate levels and skill of staff to meet service and care needs. Oversight of the complaint management process includes trending and identification of opportunities for improvement.
* There are effective clinical governance processes in place. Restraint usage is the least restrictive possible with monitoring and review occurring.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

# Areas for improvement

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

* Implement practices that minimise the use of chemical restraint in accordance with legislative obligations.
* Implement practices to regularly monitor and review consumers when chemical restraint is used and ensure records are kept in the consumer’s care and services plan.
* Demonstrate how Clinical Governance systems monitor and oversee the use of restraint.