Minda Nursing Home

Performance Report

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NORTH BRIGHTON SA 5048  
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**Commission ID:** 6011

**Provider name:** Minda Incorporated

**Assessment Contact - Site date:** 26 August 2020 to 27 August 2020

**Date of Performance Report:** 24 December 2020

# Publication of report

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

# Overall assessment of this Service

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(b) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(c) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(d) | 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 Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff and others.
* the provider’s response to the Assessment Contact - Site report received 12 October 2020.

# STANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

Following a Review Audit on 26 to 28 February 2020, the service was found Non-compliant with all Requirements in this Standard.

The Assessment Team assessed Requirement (3)(a) in this Standard, all other Requirements in this Standard were not assessed. An overall assessment of this Standard was not completed at this Assessment Contact.

The Assessment Team have recommended Requirement (3)(a) in this Standard as not met. The Approved Provider submitted a response to the Assessment Team’s report.

Based on the Assessment Team’s report and the Approved Provider’s response I find Minda Incorporated, in relation to Minda Nursing Home, to be Non-Compliant with Requirement (3)(a) in this Standard. I have provided reasons for my finding in the respective Requirement below.

## 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.*

Following the Review Audit on 26 to 28 February 2020, the service was found to be Non-compliant with this Requirement. The Assessment Team found the service had taken actions to rectify these deficiencies, including reviewing all consumers’ care plans. However, the Assessment Team found the service was unable to demonstrate consumers’ assessment and care planning documentation consistently contains sufficient information relating to consideration of risks to consumers’ health and well-being to inform the delivery of safe and effective care and services. The Assessment Team provided the following findings and evidence relevant to my finding:

* Two consumer files demonstrated care assessment and planning deficiencies in relation to the management of pressure injury prevention and pain management.
  + One consumer (Consumer A) whose care plan identified them as being at ‘high risk’ of pressure injury development and had a recent stage 2 pressure injury to the heal, did not have daily repositioning or skin inspection charts completed for at least two weeks, including while the consumer had an active pressure injury. Additionally, the consumer did not have a re-assessment of their skin following the stage 2 pressure injury being identified as healed and the care plan does not provide consistent time periods for the provision of pressure area care.
  + One consumer (Consumer B) did not have pain charting completed effectively or in a timely manner, and pain identification is inconsistent with the medical officer’s direction to increase pain-relieving medication twice in a two-week period. Furthermore, clinical staff interviewed were unaware if the consumer had any pain or if they were receiving any pain-relieving medications.
* Staff interviewed provided inconsistent information in relation to who is accountable for assessing, planning and reviewing consumers’ care and services.
* The service’s action plan directs that all consumers who are identified as being ‘high risk’, have their care and needs discussed at the weekly ‘high-risk’ meetings. However, the two consumers identified above have not been discussed in recent meetings.

The Approved Provider submitted a response to the Assessment Team’s report and does not agree with the Assessment Team’s findings and recommendation. The Approved Provider provided the following information and evidence relevant to my finding:

* In relation to Consumer A:
  + The wound chart for the stage 2 pressure injury and care plan included a specified frequency for pressure area care.
  + The service completed a pressure area risk assessment several months prior to the development of the pressure injury. A skin integrity assessment has been completed within the monthly recommended review timeframe
  + The consumer has not had any wounds prior or post the stage 2 pressure injury identified by the Assessment Team.
  + The service has no requirement to complete pressure area care charts.
  + The consumer’s wound was not identified as high risk and therefore, was not required to be included in discussions at the weekly ‘high risk’ meetings
* In relation to Consumer B:
  + The medical officer’s second change of pain-relieving medication in a two-week period related to adverse side effects associated with the pain-relieving medications initially prescribed at the beginning of the two-week period.
  + Pain charting was commenced three days following the medical officer’s review where they prescribed new pain-relieving medication because it took three days for the new pain-reliving medication to be supplied.
  + The consumer’s pain was not considered high risk due to the consumer’s circumstances and therefore did not warrant discussion at the weekly ‘high risk’ meeting.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement.

The Approved Provider asserts that consumer As skin integrity was assessed and managed in accordance with required procedures. While I acknowledge the wound chart provided staff with guidance in relation to frequency of pressure area care for the duration of the wound, the care plan which also directed pressure area care was dated approximately six-weeks after the completion of the wound chart. Therefore, it is not clear if staff had access to consistent information to guide frequency of pressure area care. Additionally, while the Approved Provider asserts that a skin integrity assessment was completed within the monthly review timeframe, given the circumstances of the consumer’s recent pressure injury, I find it reasonable the service should have reassessed the consumer’s skin integrity when the pressure injury first healed to ensure new risks were identified and strategies to prevent another pressure injury were effectively reviewed and/or implemented.

In relation to consumer B, the Approved Provider asserts that the consumer’s pain was reviewed by their medical officer in consultation with the consumer’s representative. The Approved Provider also asserts changes in pain management strategies does not discredit the pain assessment records documented by staff. However, in coming to my finding I have given considerable weight to the evidence that staff did not commence formal pain monitoring or a pain chart when the consumer’s medical officer prescribed pain-relieving medication due to the consumer being in pain. To effectively assess and plan care I find it reasonable that staff should have formally monitored the consumer’s pain levels at this time, even though the pain-relieving medication was not dispensed until three days after the medical officer prescribed the pain-relieving medication.

For the reasons detailed above, I find Minda Incorporated, in relation to Minda Nursing Home, Non-compliant with Standard 2 Requirement (3)(a) on the day of the Assessment Contact.

# 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

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

Following a Review Audit on 26 to 28 February 2020, the service was found Non-compliant with all Requirements in this Standard.

The Assessment Team Assessed Requirement (3)(b) in this Standard, all other Requirements in this Standard were not assessed. An overall assessment of this Standard was not completed at this Assessment Contact.

The Assessment Team have recommended Requirement (3)(b) in this Standard as not met. The Approved Provider submitted a response to the Assessment Team’s report.

Based on the Assessment Team’s report and the Approved Provider’s response I find Minda Incorporated, in relation to Minda Nursing Home, to be Non-Compliant with Requirement (3)(b) in this Standard. I have provided reasons for my finding in the respective Requirement below.

### Assessment of Standard 3 Requirements

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

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

Following the Review Audit on 26 to 28 February 2020, the service was found to be Non-compliant with this Requirement. The Assessment Team found the service was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. The Assessment Team provided the following findings and evidence for two consumers relevant to my finding:

* One consumer (Consumer C) has not had significant weight loss or monitoring of fluid intake for a chronic health condition effectively managed in accordance with the service’s processes or medical directives. The consumer was also administered ‘as required’ antipsychotic medication to manage aggressive behaviours without staff documenting alternatives strategies trialled before the administration of this medication.
  + The consumer lost 13.4kgs or 18.7% of their total body weight in five months without adequate interventions being implemented in a timely manner.
    - While the weight loss was noted by the dietitian and medical officer to be appropriate and consistent with a planned weight loss goal, the Assessment Team found the consumer was frequently refusing meals and had reduced oral intake which was not effectively monitored in accordance with medical officer directives.
    - Staff did not refer the consumer to a dietitian following several vomiting episodes and decreased oral intake and as directed by the medical officer in a timely manner.
    - Food and fluid charting for an approximate three-week period where the consumer was identified as losing significant weight and having several vomiting episodes, was not effectively completed or reviewed to ensure effective monitoring and evaluation of the consumer’s oral intake.
    - Several entries on the food and fluid charting indicate the consumer had significant decreased oral intake of meals and fluid but were not adequately followed-up by clinical staff.
  + The consumer has a chronic health condition which requires the consumer to drink a specified amount of fluid each day to minimise negative clinical outcomes.
    - The Assessment Team found fluid intake monitoring was not consistently occurring before and after the consumer was admitted to hospital with very low blood pressure, a urinary tract infection and dehydration. The Assessment found fluid charts post this hospital admission showed the consumer’s fluid intake had significantly decreased but did not result in staff more closely monitoring the consumer’s fluid intake.
  + The consumer had five occasions where ‘as required’ psychotropic medication was administered to manage aggressive behaviours without alternative strategies being trialled prior to administration.
* One consumer (Consumer B) did not have their feeding tube site and balloon check completed in accordance with the service’s processes to minimise risk associated with this tube.

The Approved Provider submitted a response to the Assessment Team’s report and does not agree with the Assessment Team’s findings and recommendation. The Approved Provider provided the following information and evidence relevant to my finding:

* In relation to Consumer C the Approved Provider asserts the consumer was assessed for weight loss management and to maintain a goal of a two kilogram loss per month, and where increased weight loss was observed clinical staff referred the consumer to either the medical officer or the dietitian.
  + The Approved Provider acknowledges some record management in relation to fluid and food charts is inconsistent but asserts appropriate care was initiated in timely manner.
  + There were multiple referrals to the medical officer in relation to the consumer’s decline in food and fluid intake which were documented in medical officer progress notes but acknowledges the monitoring of fluid balance records can be improved and have subsequently initiated fluid balance records to be included on the daily client handover sheet.
* In relation to Consumer C the Approved Provider asserts the consumer has a behaviour management plan which details strategies to support their needs and reduce incidents of behaviour associated with their diagnosis, including the use of antipsychotic medication when physically aggressive behaviours quickly escalate to prevent harm to the consumer and others.
* In relation to Consumer B the Approved Provider asserts appropriate and regular management of the feeding tube site and balloon check but the documentation of this monitoring is entered across several documents.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement.

In relation to Consumer C:

The Approved Provider asserts the consumer’s weight loss was intentional. However, I find that based on the dietitian review prior to the significant weight loss and review after the Assessment Contact, the weight loss experienced by the consumer was unintentional and the consumer’s oral intake should have been consistently monitored and reviewed by clinical staff to ensure they identified and managed risks associated with weight loss in a timely and effective manner.

The dietitian initially documented that the consumer was to gradually reach a healthy weight range by using artificial and no sugar products and by staff offering half the amount of dessert. Following the Assessment Contact, a dietitian review found the consumer had lost a significant amount of their body weight (21%) due to inadequate oral intake. The dietitian ceased the directives from the initial dietitian assessment, reinstating full sugar drinks, full dessert portions, removing the use of artificial sweetener and adding a supplement to promote additional energy intake, strategies which would have reasonably been implemented earlier if staff had referred the consumer to the dietitian in a timely manner.

The Assessment Team’s report indicates clinical staff were aware of the consumer’s decreased oral intake, however, while medical officer reviews were undertaken, timely intervention to prevent further weight loss was not implemented. While the Approved Provider asserts the consumer had planned weight loss goals of two kilograms per month this does not appear to be consistent with the dietitian’s recommendation of gradual weight loss. Additionally, it is reasonable to expect that clinical staff were aware that the consumer was refusing foods and vomiting which indicated the consumer may not be receiving a nutritionally replete diet. It would be reasonable to expect that clinical staff maintain consistent food and fluid charting to monitor the consumer’s nutrition and hydration status.

While the Approved Provider has taken actions to remedy the deficiencies in the fluid intake monitoring documentation, I find the service was unable to demonstrate effective monitoring of the consumer’s fluid intake or that adequate action was taken when the consumer’s fluid intake was deficient to ensure the consumer drank adequate fluids to manage the chronic health condition. The deficiencies in these processes were evident prior to and after the consumer was admitted to hospital for dehydration and treatment of a urinary tract infection. I find it reasonable that due to the consumer’s health condition, fluid monitoring was essential to ensure risks associated with the chronic condition were effectively managed both pre and post hospital admission.

In relation to Consumer C’s use of antipsychotic medication I find staff did not consistently document alternative strategies trialled before the administration of ‘as required’ antipsychotic medication. However, the Approved Provider has committed to reviewing the use of ‘as required’ antipsychotic medication to the weekly ‘high risk’ meeting.

In relation to Consumer B:

The Approved Provider asserts the consumer’s peg site and balloon checks were regularly completed, however, documentation to support this was centralised in one document. However, I find that based on the evidence provided by the Approved Provider, it is not evident the consumer’s peg site and balloon have been checked in accordance with routine feeding tube care regimes to minimise risks associated with the use of feeding tubes, including evidence indicating the passing of several weeks between site and balloon checks. It is reasonable to expect that clinical staff would review and monitor the site and balloon on at least a weekly basis, to ensure the integrity of skin near the tube’s insertion site and to ensure the feeding tube is maintained in the correct position.

For the reasons detailed above, I find Minda Incorporated, in relation to Minda Nursing Home, Non-compliant with Standard 3 Requirement (3)(b) on the day of the Assessment Contact.

# STANDARD 7 NON-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

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

Following a Review Audit on 26 to 28 February 2020, the service was found Non-compliant with all Requirements in this Standard.

The Assessment Team Assessed Requirements (3)(a) and (3)(c) in this Standard, all other Requirements in this Standard were not assessed. An overall assessment of this Standard was not completed at this Assessment Contact.

The Assessment Team have recommended Requirement (3)(a) in this Standard as met and Requirement (3)(c) in this Standard as not met. The Approved Provider submitted a response to the Assessment Team’s report.

Based on the Assessment Team’s report and the Approved Provider’s response I find Minda Incorporated, in relation to Minda Nursing Home, to be Compliant with Requirement (3)(a) and Non-compliant with Requirement (3)(c) in this Standard. I have provided reasons for my finding in the respective Requirements below.

## 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.*

Following the Review Audit on 26 to 28 February 2020, the service was found to be Non-compliant with this Requirement. The Assessment Team found the service had taken actions to rectify the deficiencies in this Requirement by implementing the following:

* Appointment of new key personnel, including a new site manager, clinical nurse and a clinical manager (new position developed).
* Registered nurses have been allocated to all shifts and additional hours have been included on the roster after a review of consumers’ care needs was conducted.
* Recruitment for additional support workers and registered nurses was undertaken.

The Assessment Team gathered the following evidence relevant to my finding:

* The Assessment Team viewed the service’s current roster which demonstrated an increase in support worker hours and numbers and registered nurses are allocated on all shifts.
* Care staff interviewed said staff are allocated to one or two houses to ensure they are familiar with consumers and their individual needs.

For the reasons detailed above, I find Minda Incorporated, in relation to Minda Nursing Home, Compliant with Standard 7 Requirement (3)(a) on the day of the Assessment Contact.

### 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.*

Following the Review Audit on 26 to 27 February 2020, the service was found to be Non-compliant with this Requirement. The Assessment Team found the service had taken actions to rectify the deficiencies in this Requirement by reviewing the organisation’s mandatory and non-mandatory training and developing a Mandatory Training Matrix considering staff job requirements and implemented a monthly monitoring process to ensure staff are up-to-date with mandatory training. The service is also in the process of conducting a gap analysis to inform the annual training calendar and have implemented an induction process, including assessment of competency in relation various nursing care procedures. However, the Assessment Team found clinical staff do not have adequate skills and knowledge to provide safe and quality care to consumers in relation to monitoring and managing consumers’ clinical care needs. The Assessment Team provided the following findings and evidence relevant to my finding:

* Clinical staff have not effectively monitored a consumer’s pain when they have been identified by the medical officer as experiencing pain which warranted the commencement of new pain-reliving medications.
* Clinical staff have not effectively monitored or responded to a consumer’s decreased food and fluid intake, especially monitoring fluid intake for the consumer whose management of fluid intake is essential for management of a chronic health condition.
* Clinical staff have not effectively monitored a consumer’s feeding tube and associated tube insertion site.

The Approved Provider submitted a response to the Assessment Team’s report and does not agree with the Assessment Team’s findings and recommendation. The Approved Provider provided the following information and evidence relevant to my finding:

* All consumers identified in the Assessment Team’s report have been provided with safe clinical care.
* The service has transitioned through significant changes in the months preceding the Assessment Contact and several training and competency programs have been implemented. It would be expected that during significant change that gaps will be identified.
* The Approved Provider acknowledges there are identified opportunities for continual improvement, however, stress these gaps are reflective of change in management and embedding of new processes and not the deficit of staff knowledge and skill.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement.

The Approved Provider asserts that staff have appropriate skills and knowledge and the gaps identified by the Assessment Team are because of significant change within the organisation and embedding of new processes. However, I find that several clinical staff had oversight of the care provided to the consumers identified in this Performance Assessment Report and have not provided consumers with effective clinical care and monitoring. I find it reasonable that clinical staff should routinely monitor feeding tubes consistent with best practice and implement monitoring and review processes for consumers who demonstrate signs of a change to clinical conditions, such as reduced oral intake or signs of pain. I acknowledge the service is undergoing a period of significant change, however, the deficiencies in staff skills and knowledge identified by the Assessment Team would reasonably be expected to be implemented in day-to-day care by clinical staff, even in a period of change. The Approved Provider has also acknowledged there are ‘gaps’ which are inherent in the process of implementing actions to return to compliance.

For the reasons detailed above, I find Minda Incorporated, in relation to Minda Nursing Home, Non-compliant with Standard 7 Requirement (3)(c) on the day of the Assessment Contact.

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Following a Review Audit on 26 to 28 February 2020, the service was found Non-compliant with Requirements (3)(b), (3)(c), (3)(d) and (3)(e) in this Standard.

The Assessment Team assessed Requirement (3)(d) in this Standard, all other Requirements in this Standard were not assessed. An overall assessment of this Standard was not completed at this Assessment Contact.

The Assessment Team have recommended Requirement (3)(d) in this Standard as not met. The Approved Provider submitted a response to the Assessment Team’s report.

Based on the Assessment Team’s report and the Approved Provider’s response I find Minda Incorporated, in relation to Minda Nursing Home, to be Compliant with Requirement (3)(a) and Non-compliant with Requirement (3)(c) in this Standard. I have provided reasons for my finding in the respective Requirements below.

## Assessment of Standard 8 Requirements

### 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.*

Following the Review Audit on 26 to 28 February 2020, the service was found to be Non-compliant with this Requirement. The Assessment Team found that while the organisation had reviewed governance processes in relation to risk management, including high impact or high prevalence risks, the organisation did not recognise or appropriately respond to changes in consumers’ clinical condition. The Assessment Team provided the following findings and evidence relevant to my finding:

* Clinical staff have not effectively managed consumers’ high impact or high prevalence risks associated with pain management, nutrition and hydration and specialised nursing care needs. Staff practices did not demonstrate effective monitoring of consumers with known risks to ensure changes in their health conditions were identified and actioned in a timely and effective manner.
* The service does not consistently identify and monitor ‘high risk’ consumers to be discussed at the weekly ‘high-risk’ meeting.
* Clinical audits do not result in corrective actions always being implemented, including audits which identified deficiencies in relation to feeding tube balloon checks and staff not recording actions when consumers refuse food. These issues are consistent with the issues identified by the Assessment Team.

The Approved Provider submitted a response to the Assessment Team’s report and does not agree with the Assessment Team’s findings and recommendation. The Approved Provider provided the following information and evidence relevant to my finding:

* All consumers identified in the Assessment Team’s report have been provided with safe clinical care.
* Clinical audits are reflective of change management processes and overtime continual improvement has been noted by advisors. An audit action plan log was maintained and monitored in collaboration with the advisors during weekly meetings.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement.

While the Approved Provider asserts that the consumers identified by the Assessment Team have risks associated with their care identified and appropriately managed, my finding in relation to these consumers includes that several staff practices have not effectively identified, and managed risks associated with pain management, nutrition and hydration and specialised nursing care needs. Additionally, the service has not included consumers with high risks associated with their care at the weekly ‘high risk’ meeting, a meeting which was introduced to support effective management of consumers with high risks associated with their care. I find it reasonable that the consumers in relation to nutrition and hydration and pain management should have been included for discussion in these meetings on an ongoing basis to support staff in effectively managing the care of these consumers.

While the Approved Provider indicated an action improvement log is maintained to follow-up issues identified through clinical audits, this was not provided as evidence in the response. I have considered that similar issues with staff practices in relation to managing consumers’ risks associated with their care were identified in the months preceding the Assessment Contact, however, the Assessment Team found similar issues to those previously identified by the service.

For the reasons detailed above, I find Minda Incorporated, in relation to Minda Nursing Home, Non-compliant with Standard 8 Requirement (3)(d) on the day of the Assessment Contact.

# 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.

* Ensure consumers’ changes in health condition are assessed and includes consideration of risk.
* Ensure consumers’ high impact and high prevalence risks are effectively managed.
* Ensure staff have the skills and knowledge to identify and action changes to consumers’ clinical health condition.
* Ensure consumers with high risks associated with their care are discussed at the weekly ‘high risk’ meeting.
* Ensure staff practices are improved to ensure clinical monitoring identifies changes in consumers’ health condition and actioned appropriately and in a timely manner.

# Other relevant matters

* Following the Review Audit on 26 to 28 February 2020, the service was found to be Non-compliant in relation to the following Requirements which were not assessed at this Assessment Contact:
  + Standard 1 Requirement (3)(f)
  + Standard 2 Requirements (3)(b), (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g)
  + Standard 3 Requirements (3)(a), (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g)
  + Standard 6 Requirements (3)(b) and (3)(d)
  + Standard 7 Requirements (3)(b), (3)(d) and (3)(e)
  + Standard 8 Requirements (3)(b), (3)(c) and (3)(e)