Northern Regional Aboriginal and Torres Strait Islander Corporation

Performance Report

Unit 1, 67 Leyland Street   
GARBUTT QLD 4814  
Phone number: (07) 4779 6406

**Commission ID:** 700206

**Provider name:** Northern Regional Aboriginal and Torres Strait Islander Corporation

**Assessment Contact - Site date:** 12 October 2021 to 14 October 2021

**Date of Performance Report:** 17 November 2021

# Performance report prepared by

Nicole Grey, delegate of the Aged Care Quality and Safety Commissioner.

# 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.

**Services included in this assessment**

**Home Care:**

* Northern Regional Aboriginal and Torres Strait Islander Corporation, 18422, Unit 1, 67 Leyland Street, GARBUTT QLD 4814

**CHSP:**

* CHSP Personal Care, 4-7ZG24R0, Unit 1, 67 Leyland Street, GARBUTT QLD 4814
* Home Maintenance, 4-7ZG24WV, Unit 1, 67 Leyland Street, GARBUTT QLD 4814
* Social Support - Individual, 4-7ZG24ZO, Unit 1, 67 Leyland Street, GARBUTT QLD 4814
* CHSP Transport, 4-7ZG2531, Unit 1, 67 Leyland Street, GARBUTT QLD 4814
* Flexible Respite, 4-7ZGC04G, Unit 1, 67 Leyland Street, GARBUTT QLD 4814
* Domestic Assistance, 4-7ZGC07J, Unit 1, 67 Leyland Street, GARBUTT QLD 4814
* Social Support - Group, 4-7ZGC0B6, Unit 1, 67 Leyland Street, GARBUTT QLD 4814

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Non-compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-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) | Compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Complian |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** |  |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(c) | 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) | Non-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 Commissioner’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, consumers/representatives and others.
* other relevant information held by the Commission in relation to the service.

# STANDARD 1 NON-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

The Assessment Team did not assess all Requirements in Standard 1, therefore a summary statement is not provided. However, a decision of Non-compliance in one or more requirements results in a decision of Non-compliance for the Quality Standard.

## Assessment of Standard 1 Requirements

### 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.*

Consumers and representatives felt involved with their care and the way their services were delivered. They expressed confidence in the service’s abilities to provide flexible services, respect their preferred days and times for services and supported their participation in activities they were interested in.

Management, lifestyle and care staff were aware of those who were important to consumers and encouraged consumers to make choices and decisions in relation to relationship connections and those people they preferred to be involved in their care.

The service implemented improvement actions to address deficiencies identified in the previous quality review. These included recording consumer’s prefferred choices, relationships and community connections in care plans to guide staff practice. Further to this, consumer information packs have been updated to provide more information regarding the care and services available to consumers. The service has recruited a Team leader to oversee the scheduling of services to improve the continuity of care and to ensure consumers’ preferences are accommodated.

I am satisfied actions taken by the service have addressed the deficiencies identified in the previous quality review and that consumers were supported to exercise choice and independence.

Therefore, it is my decision this Requirement is Compliant.

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

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

Consumers said they were supported by the service to take risks to enable them to live the best life they can.

Staff had a shared understanding of the risks taken by consumers and strategies employed by staff to support their preferences. Discussions occurred between the service and consumers in relation to the risks they chose to take. Management had a shared understanding of ‘dignity of risk’ processes and staff could describe actions they would take in response to incidents and the identification of hazards in consumer’s homes. Strategies to manage risks were not consistently recorded.

The service has implemented improvement actions to address deficiencies identified in the previous quality review for this Requirement. These included the completion of home safety assessments for most consumers, the implementation of a consumer choice and risk policy/process and venue audits to ensure the environment is suitable for outings in the community.

I am satisfied the actions taken by the service have addressed the deficiencies identified in the previous assessment contact for this requirement and that each consumer is supported to take risks to enable them to live the best life they can.

Therefore I find this Requirement compliant.

### Requirement 1(3)(e) Non-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.*

Consumers and representatives were not receiving regular monthly financial statements and some consumers had not received a copy of their Home Care Package Budget.

Consumer files did not reflect monthly statements had been provided to consumers receiving Home Care Packages aligned with their home care agreement and legislative requirements. Consumers have not consistently received budgets which has impacted their abilities to plan their income and expenditure in line with their preferred choices. Care plan information did not align with budget information on the service’s electronic care system.

Further to this, the service’s home care agreement did not include a schedule of fees to inform consumers and representatives of the costs associated with care and services available under their Home Care Package.

Management acknowledged the deficiencies in relation to the provision of financial information for consumers and representatives and advised a review of the service’s processes would be undertaken to ensure monthly statements are provided.

Financial information provided to consumers continues to be inaccurate or not provided which has impacted the abilities of consumers to exercise choice. I acknowledge management’s plans to review their current processs however, at the time of the Assessment Contact information provided to consumers was not current, accurate or timely. I am concerned that deficiencies identified in the previous quality review for this Requirement, remain ongoing and have not been addressed.

Therefore it is my decision, this Requirement is Non-Compliant.

# 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

Care documentation did not consistently reflect information that was individualised or demonstrated the risks to each consumer’s health and well-being had been considered.

Monitoring processes continue to be ineffective and failed to identify deficiencies in assessment and care planning documentation. Several improvements were planned to address the service’s assessment and planning deficiencies however, these have not been effective as evidenced by the ongoing deficiencies in relation to assessment and planning.

While assessment and planning did not consistently inform the delivery of safe and effective care and services, improvements in relation to the identification of consumer’s current needs goals and preferences, partnerships with consumers and other providers of care, communication of the outcomes of assessment and planning and the review of assessment and planning information were effective.

Consumers reported being involved in assessment and planning processes which were reviewed regularly and when changes occurred. They said staff respected their cultural preferences in relation to end of life discussions.

Assessment and planning identified and addressed the needs, goals and preferences of consumers. Care plans were generally reviewed in response to the changes in the needs and preferences of consumers.

Staff had a shared understanding of the individual needs of consumers and communicated assessment and planning outcomes to consumers and their representatives.

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

Assessments were completed however, care documentation did not reflect individualised information or consistently demonstrate the risks to each consumer’s health and well-being had been considered. For example, the types of services consumers received and the preferred days and times of scheduled visits were not consistently recorded for all consumers.

The service has implemented actions to address the deficiencies identified during the previous quality review. These included the completion of home safety checklists, new processes in relation to dignity of risk and non-response to a scheduled visit, new assessment and care planning policies, the reassessment of most consumers and the development of a draft risk management plan.

The service has implemented a risk waiver form when personal risks to consumers are identified however, interventions to minimise and manage these risks were not recorded to guide staff practice. Care staff confirmed they were not involved in risk assessment processes and were unfamiliar with the service’s risk waiver form.

A dignity of risk process had commenced for consumers who chose to take risks. While risks had generally been discussed with most consumers, documentation for some consumers remained incomplete. Home safety checklists were generally completed and actions implemented where risks were identified.

Risk assessments were in the process of being completed by the service’s Team leader at the time of the assessment contact.

Management advised the Clinical coordinators shared the responsibility for overseeing the completion of assessment and care planning documentation. While the service had monitoring processes in place, these continue to be ineffective as evidenced by ongoing assessment and care planning documentation deficiencies.

Management confirmed and improvements noted in the service’s plan for continuous improvement in relation to assessment and care planning documentation, were due to be completed by the end of November 2021.

While I acknowledge the approved provider has implemented some improvements to address some of the deficiencies for this Requirement, I am not satisfied actions taken have been effective, sufficiently embedded, consistently completed or evaluated appropriately. The approved provider did not provide a response to the assessment team’s findings in relation to the service’s assessment and planning processes.

Assessment and planning processes continue to be ineffective in informing the delivery of safe and effective care.

Therefore, it is my decision this Requirement is Non-Compliant.

### 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.*

Consumers’ current needs, goals and preferences were generally identified through assessment and planning processes. Care plan information generally reflected the preferences of consumers in relation to their preferred days and times of service.

Consumers and representatives were generally supported to exercise choice in relation to their care and services and expressed confidence in the service’s ability to provide care that meets their needs, goals and preferences.

Staff had a shared understanding of the individual needs of consumers and consulted management when further information was required.

Some consumers chose not to engage in end of life discussions for cultural reasons. In response, advance care planning and alternate decision maker information was requested by the service for further information to support the end of life wishes of consumers. Care documentation did not evidence this information had been recorded or demonstrate end of life conversations had been attempted.

Management advised palliative care plans were commenced for consumers nearing the end of their life and reflected their needs, goals and preferences. While the service does not provide palliative care services, external community nursing services could be engaged to ensure the comfort needs of consumers are met.

Staff had a shared understanding of the individual needs and preferences of consumers. Clinical coordinators described how assessment and care planning processes identified the needs, goals and preferences of consumers.

The service has implemented actions to address deficiencies identified in the previous quality review. These include staff education and training, collaboration with the aboriginal medical service and Medical officers to ensure information regarding consumers’ health and medical history have been recorded. The service has planned to ensure end of life conversations are completed during entry assessments, and an end of life pathway and care plan will be developed by the end of November 2021.

I acknowledge improvements in relation to advance care planning and end of life planning have not been sufficiently embedded and require time to be evaluated. However, I am satisfied assessment and planning identifies and addresses the current needs, goals and preferences of consumers.

Therefore, it is my decision this Requirement is 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.*

Consumers and representatives partnered with the service in the assessment and planning processes.

Care documentation reflected the involvement of consumers, representatives and other providers of care and services. Management confirmed the service did not have any consumers who required clinical care support however, processes were in place to ensure consumers were reviewed by their Medical officer and if required, referred to local community nursing services.

Assessment and care planning information had been reviewed in consultation with consumers and their representatives for all consumers who received a Home Care Package and most consumers who received a Commonwealth Home Support Package. Further to this, the service had processes in place to ensure other providers of care were included in assessment and planning processes including when consumers returned from hospital.

The service has implemented actions to address the deficiencies identified in the previous quality review. These included new assessment and care planning processes, regular consultation with the Aboriginal Medical Service and the engagement of an external consultant to support assessment and care planning processes for consumers with complex clinical needs.

Based on the above information, I am satisfied improvements have addressed deficiencies previously identified for this Requirement and that assessment and planning has been based on a partnership model with consumers, other organisations, individuals and providers of other care and services involved in the care of consumers.

Therefore, it is my decision this Requirement is Compliant.

### 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.*

Outcomes of assessment and planning were generally documented and communicated to consumers and their representatives. Pictorial care plans were available in consumer’s homes and staff spoke with consumers regarding their individual care needs and preferences.

Care plans generally included enough information regarding the individual needs of consumers including, but not limited to, communication, activities of daily living, social support, community access, domestic assistance and transport. Most care documentation included information to reflect the preferred days and times of care and service delivery in line with the needs and preferences of consumers. Care information reflected consumers and representatives were consulted during care plan review processes and provided with a copy of their care plan.

Changes to the care and service needs of consumers were discussed with staff prior to scheduled visits and documented in care plans accessible in consumer’s homes. Staff could access information regarding the consumer’s care and service needs in care plans and other care information in the service’s electronic care system.

Clinical coordinators and Team leaders were observed discussing the care needs of consumers with staff during the assessment contact.

The service has implemented improvement actions to address the deficiencies identified in the previous assessment contact. These included new communication processes, the implementation of care plans in the homes of consumers, review and updating of most assessments and care plans and the appointment of a Team leader to support the care needs of consumers and provide leadership to care staff.

I am satisfied the service has implemented improvement actions to ensure care plans were readily available for consumers and staff and the outcomes of assessment and planning were effectively communicated to consumers and representatives.

Based on the above information, it is my decision this Requirement is Compliant.

### 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.*

Consumers and representatives were provided with a copy of consumer’s care plans which were kept in their homes. Most care plans were reviewed regularly or when circumstances or incidents changed the needs of the consumer including when they had returned from hospital. Consumers identified with increased care and service needs were reviewed and referred to My Aged Care.

Staff had a shared understanding regarding the service’s incident reporting and escalation processes and how these contributed to the timely review of consumer’s care and service needs. The Clinical coordinators were responsible for monitoring the completion of assessments and care plans.

The service has implemented new processes in response to the deficiencies identified in the previous quality review. These include reviews of care plan and assessment information for most consumers receiving Commonwealth Home Service Packages and Home Care Packages in the three months prior to the assessment contact.

While the service did not have a Registered nurse available, processes were in place to provide clinical support including through the Aboriginal Medical Service, Medical officer or a community nursing service.

Recruitment processes had commenced for a Registered nurse to oversee the complex clinical care needs of consumers. Following their appointment to the role, the service plans to reassess the individual clinical care needs and risks for all consumers receiving a Home Care Package.

I am satisfied the service has improved their processes to ensure care and services are reviewed appropriately. However, monitoring processes continue to need strengthening to ensure care plan and assessment information is current.

Based on the above information, it is my decision this Requirement is Compliant.

# 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

High impact or high prevalence risks were not effectively managed by the service. Care documentation did not include strategies to guide staff in the effective management of risks for consumers. Monitoring processes were ineffective and failed to identify documentation deficiencies. Improvements planned to address deficiencies in relation to the management of high impact or high prevalence risks for consumers had not been completed or evaluated appropriately.

While high impact and high prevalence risks had not been effectively managed, improvements implemented by the service in relation to the delivery of safe and effective care, end of life care, clinical deterioration, the communication of information, referral processes and the minimisation of infection related risks have been effective.

Consumers and representatives expressed confidence in the service’s abilities to deliver care and services in line with their needs and preferences. They said they could access health professionals when required and were confident in the service’s preparedness for a COVID-19 outbreak.

Care documentation generally included enough information to ensure the delivery of safe and effective individualised care. Care information reflected the service’s timely response to changes in the conditions of consumers.

Changes in the needs and preferences were effectively communicated between representatives, staff and other providers of care. COVID-19 screening processes were completed for all staff and visitors to the service.

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

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) 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.*

Consumers received safe and effective personal and clinical care. Consumers said care provided met their needs and preferences and provided examples of how this was achieved, including, but not limited to, diabetic management, personal care, mobility, nutrition and pressure relieving garments. Consumers confirmed they could access a Medical officer or other health professional when required.

Care documentation generally reflected enough information to ensure the delivery of safe and effective individualised care. Referrals to other providers of care and services were completed when required and care delivered was in line with medical directives.

Care staff confirmed they had received training in relation to the management of one named consumer’s pressure relieving garment and could seek additional support from the Clinical coordinators with any issues concerning the care and support of consumers.

The service implemented actions in response to deficiencies identified in the previous quality review. These include the inclusion of health care summaries in most consumer’s care information and recruitment for a Registered nurse to oversee the complex care needs for consumers.

I am satisfied the service has implemented actions that address the previous deficiencies for this Requirement and care delivered is safe, effective and tailored to the needs of consumers.

Therefore, it is my decision this Requirement is Compliant.

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

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

Care documentation did not consistently include strategies to effectively manage high impact risks associated with the care of each consumer including, but not limited to, falls, leisure activities, wandering behaviours, skin integrity, medication administration and mobility.

While staff could describe strategies they used to manage risks for consumers, insufficient information was recorded in care plans to guide staff practice for the effective management of high impact or high prevalence risks for consumers.

Home safety checklists identified mobility risks for consumers, however strategies were not implemented or actioned to effectively manage these risks.

Management advised the Clinical coordinators will visit consumers with identified risks to ensure strategies are recorded to guide staff practice. Recruitment processes have commenced for a Registered nurse to oversee the clinical care for consumers.

The service’s plan for continuous improvement included actions to address deficiencies identified during the previous quality review. These include the completion of risk assessments and risk management training for senior staff at the service by the end of November 2021.

Information in this Requirement has been considered in Standard 2 Requirement (3)(a).

I acknowledge the improvements planned by the approved however, improvements have not been completed, embedded or evaluated and high-impact and high prevalence risks continue to be ineffectively managed. The approved provider did not refute the Assessment Team’s findings in relation to this Requirement.

It is my decision 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.*

Consumers expressed confidence in the service’s abilities to support their comfort and pain management needs and to have those important to them present when nearing the end of their life.

Management and staff had a shared understanding in relation to end of life care and provided examples of actions they would take to ensure the needs goals and preferences of consumers were managed effectively including, consultation with representatives and other providers of care and contracted community nursing services.

Staff had a shared understanding in relation to end of life care and provided examples of how they ensured the comfort of consumers was maximised including, but not limited to, pain management, specialised equipment, massages and oral care.

While the service did not have any consumers who required end of life care at the time of the assessment contact, management provided an example which demonstrated how the needs, goals and preferences for a consumer who passed away were recognised and addressed.

The service has implemented actions to address deficiencies identified during the previous quality review. These include ongoing communication with external providers in relation to end of life care and the introduction of end of life discussions during initial assessment processes. End of life care and support education for staff is scheduled to be delivered by the end of November 2021.

I acknowledge the improvements implemented by the approved provider for this Requirement. While staff education is planned, this improvement will need to be evaluated and tested for effectiveness.

However, I am satisfied the needs, goals and preferences of consumers nearing the end of their life are recognised, addressed and the provision of end of life care is appropriate.

Therefore, it is my decision this Requirement is Compliant.

### 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.*

Consumers expressed confidence in the service’s abilities to recognise and respond to changes in their clinical conditions.

Care planning documentation evidenced the identification of and response to, deterioration or changes in the condition of consumers. Referrals to Medical officers and hospital transfers occurred when changes were identified in the clinical condition of consumers.

Care staff had a shared understanding in relation to the service’s processes for identifying and reporting changes in the condition of consumers. Changes in the needs of consumers were communicated to staff prior to scheduled visits. Staff had received training and education in relation to the identification and response to consumers with changes in their conditions.

The service has implemented actions to address deficiencies from the previous quality review. These included staff training, additional support from the Team leader and the implementation of a flow chart to support staff to recognise and respond to changes or deterioration in the condition of consumers.

I am satisfied service improvements initiated by the approved provider demonstrate that the 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.

Therefore, it is my decision this Requirement is Compliant.

### 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.*

Consumers expressed confidence with the service’s abilities to communicate information pertinent to their care and services. Consumers provided positive feedback in relation to the recent implementation of a Team leader role which had improved communication between the service and consumers. Representatives were notified when changes in the clinical care needs of consumers had occurred, including upon transfer to or discharge from hospital.

Staff accessed information regarding the care and service needs of consumers through care plans, other care information and direct communications from the Care coordinators or the Team leader.

Care documentation provided enough information to support the safe delivery of care and services in line with consumers’ needs and preferences. Information regarding the condition, needs and preferences of consumers was communicated between the service, Medical officers, after hours medical services and the hospital through care information and hospital discharge summaries.

The service has implemented actions to address the deficiencies identified at the previous quality review. For example, the inclusion of health care summaries in care information, requesting and recording of discharge summaries and improved communication processes with other service providers when a need is identified.

I am satisfied the service has implemented actions to ensure information about the condition, needs and preferences of consumers was documented and communicated within the organisation, and with others where responsibility for care is shared.

Based on the information recorded above, it is my decision this Requirement is Compliant.

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

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

Consumers and representatives reported referrals occurred in a timely manner when required.

Care planning documentation reflected the input of individuals and other organsations and providers of other care and services relevant to their needs had occurred in a timely manner. Care information evidenced allied health assessments had occurred and when required, equipment was purchased from consumer’s Home Care Packages.

Staff had a shared understanding regarding the service’s referral processes which occurred in consultation with consumers and their representatives. Management stated while allied health staff were not consistently available in the area, consumers were referred to allied health services through the hospital and health service and the after hours medical service.

The service has implemented actions to address the deficiencies identified in the previous quality review which included the implementation of a referral policy to guide staff practice.

I am satisfied the service has implemented actions to ensure timely and appropriate referrals to individuals, other organisations and providers of other care and services have occurred.

Based on the information recorded above, it is my decision this Requirement is Compliant.

### 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.*

Consumers and representatives expressed confidence in the service’s ability to manage and respond to an infectious outbreak, including an outbreak of COVID-19.

Staff had received training in relation to infection prevention and control strategies including the application of personal protective equipment and demonstrated a shared understanding in relation to the minimisation of infection related risks. Staff confirmed the service had purchased additional personal protective equipment for consumer care when needed.

Screening processes related to COVID-19 were completed for all staff and visitors to the service. Information regarding the management of outbreaks, personal protective equipment and hand sanitisers were available throughout the service.

The service has implemented actions to address deficiencies identified in the previous quality review. These included the purchase of additional personal protective equipment, the implementation of COVID-19 screening processes, and a designated person at the service responsible for overseeing infection control processes and monitoring of the Department of Health website, Queensland Health residential aged care directions and the provision of information regarding COVID-19 vaccinations to consumers and staff.

I am satisfied the service has implemented actions to ensure strategies are employed to minimise infection related risks.

Based on the information recorded above, it is my decision this Requirement is Compliant.

# STANDARD 4 Services and supports 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

The Assessment Team did not assess all requirements and therefore an overall compliance rating for the Quality Standard is not provided.

## 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.*

Consumers and representatives felt the service’s lifestyle program supported their lifestyle needs and encouraged them to be as independent as possible.

Care staff had a shared undersatanding in relation to what was important to consumers and what they enjoyed doing. Lifestyle staff confirmed a range of activities were available for consumers to participate in, including full day centre based activities each week.

Care planning documentation reflected individualised information in relation to the required supports for daily living to meet the needs, goals and preferences of consumers. Feedback received from consumers through meetings and the service’s feedback processes contributed to the development of the activity program and measured consumer satisfaction with lifestyle services.

The service implemented actions to address the deficiencies identified during the previous quality review. These included reviews of the needs and preferences of consumers three months prior to the assessment contact to reflect information regarding the support strategies for consumer’s activities of daily living.

I am satisfied the service has implemented actions to ensure services and supports provided to consumers for daily living, are safe, effective and meets their needs, goals and preferences.

Therefore, it is my decision this Requirement is Compliant.

### 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.*

Information relating to the condition, needs and preferences were communicated within the organisation, and with others who share responsibility of care.

Consumers and representatives felt the condition, needs and preferences of consumers were effectively communicated with those responsible for the provision of care. They felt supported by the service and provided examples of positive results.

Care documentation recorded the individual needs and preferences of consumers and included adequate information to facilitate the effective sharing of consumers’ needs and preferences. Most care plans for consumers who received Commonwealth Home Support Packages had been reviewed.

Changes in the condition, needs and preferences of consumers were communicated through meetings with the Clinical coordinator and Team leaders.

The service implemented actions to address the deficiencies identified in the previous quality review. These included completed meeting minutes with other services and the establishment of a communication network with other providers of care and services to improve information sharing processes.

I am satisfied actions implemented by the service have addressed the deficiencies in relation to the service’s communication and information sharing processes.

Therefore, it is my decision this Requirement is Compliant.

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

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

Care planning documentation reflected the involvement of others in the provision of lifestyle services and supports. Lifestyle and respite staff described how the service engaged with external organisations to deliver various lifestyle activities including, but not limited to, community luncheons, entertainers and home delivered books from the local council library.

Staff had a shared understanding of the service’s referral processes which was monitored by the Clinical coordinators.

The service has implemented actions to address the deficiencies identified during the previous quality review. These included the establishment of a referral register, and electronic alerts in the service’s electronic care system which was monitored by the Clinical Coordinators.

I am satisfied actions implemented by the service have addressed the deficiencies in relation to timely and appropriate referrals to individuals, other organisations and providers of care and services.

Therefore, it is my decision this Requirement is Compliant.

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

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

Care staff had a shared understanding in relation to the service’s maintenance reporting processes. Staff confirmed they could access enough equipment to meet the assessed needs of consumers. The Clinical coordinator confirmed equipment was purchased for consumers when assessed needs were identified.

A review of the service’s motor vehicle fleet had commenced and sales were occurring to reduce the number of service vehicles. Motor vehicle documentation evidenced all vehicles were roadworthy and received regular servicing.The use and servicing of other equipment such as lawn mowers, was monitored by the service’s maintenance staff.

The service’s equipment monitoring processes ensured equipment provided was safe, suitable, clean and well maintained. Equipment and furniture at the service were observed to be clean and safe for consumer use.

The service developed a vehicle safety and maintenance register in response to the identified deficiencies in the previous quality review.

I am satisfied actions implemented by the service have addressed the deficiencies identified during the previous quality review and equipment supplied to consumers is safe, suitable, clean and well-maintained.

Therefore, it is my decision this Requirement in Compliant.

# STANDARD 6 NON-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

The Assessment Team did not assess all Requirements in Standard 6, therefore a summary statement is not provided. However, a decision of Non-compliance in one or more requirements results in a decision of Non-compliance for the Quality Standard.

## 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.*

Consumers and representatives felt comfortable raising concerns and were provided opportunities to do so. Staff had a shared understanding in relation to the facilitation of complaints and were guided by organisational policies.

Staff had a shared understanding of the service’s feedback processes and described how they would support consumers to raise concerns.

The Assessment Team observed feedback and complaints information including feedback forms on display at the respite centre.

The service implemented actions to address deficiencies identified during the previous quality review. These included improved accessibility for consumers to feedback and complaints information at the service and in consumer information packs. Indigenous brochures and posters with information and contact details for external complaints agencies were displayed at the service and provided in consumer information packs. A consumer survey was planned to be distributed to consumers in October 2021.

I am satisfied the service has implemented actions to ensure consumers and their representatives are encouraged and supported to provide feedback and make complaints.

Therefore, it is my decision this Requirement is Compliant.

### Requirement 6(3)(c) Non-compliant

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

Complaints have not been consistently recorded in the complaints register to facilitate resolution or identify service improvements. Information recorded in the complaints register did not align with negative feedback from consumers and representatives in relation to monthly statements and budgets.

The outcomes of complaints and evidence to demonstrate open disclosure had been used was not recorded in the service’s complaints register in line with the organisation’s policy. Management advised the chairperson of the Board of Directors visited all consumers receiving a Home Care Package between May and July 2021, to provide an apology in relation to their concerns with budgets and statements. Evidence to demonstrate this had occurred was not reflected in the service’s complaints register.

Management advised future complaints will contribute to the service’s plan for continuous improvement. Further to this, correspondence will be sent to all consumers from the chairperson of the Board in relation to the financial statements and budgets of consumers.

I acknowledge the improvements implemented by the service in relation to this Requirement however, these have not been effective as evidenced by the ongoing deficiencies. The service was unable to demonstrate appropriate action was taken in response to complaints and an open disclosure process was used when things went wrong. The approved provider did not refute the Assessment Team’s findings in relation to this Requirement.

It is my decision this Requirement is Non-compliant.

### Requirement 6(3)(d) Non-compliant

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

Feedback and complaints have not been reviewed and used to improve the quality of care and services. Positive feedback was received from two named consumers in relation to how their concerns were managed however, the service did not review complaints raised by consumers in relation to their budgets and monthly statements. The service’s complaints register did not reflect these concerns were recorded, investigated or actioned.

Consumer satisfaction surveys were not dated and feedback had not been collated. Management did not have a shared understanding in relation to how survey results contributed to the improvement of care services.

While lifestyle and respite centre staff could describe improvements actioned in response to consumer feedback, information to demonstrate this had occurred had not been recorded in the service’s complaints register.

The service implemented actions to address the deficiencies identified during the previous quality review. These include the distribution of a consumer survey in October 2021 and seeking regular consumer feedback.

Whilst the service has implemented actions to address the deficiencies identified in the previous quality review, these have not been effective and feedback and complaints continue to not be reviewed or used to improve the quality of care and services.

Therefore, it is my decision this Requirement is Non-compliant.

# STANDARD 7 NON-COMPLAINT 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 Assessment Team did not assess all Requirements in Standard 7, therefore a summary statement is not provided. However, a decision of Non-compliance in one or more requirements results in a decision of Non-compliance for the Quality Standard.

## Assessment of Standard 7 Requirements

### 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.*

Consumers and representatives expressed confidence in the competency of staff and felt safe when care and services were delivered.

Care staff had received training in relation to the application of pressure stockings by Registered nurses from the Aboriginal Medical Service. Orientiation processes for new staff included several buddy shifts and support visits were provided by the Team leaders at the service. Staff provided positive feedback in relation to the newly appointed Team leader role and training they received during staff meetings.

Staff confirmed they had received online mandatory training, however documented evidence to demonstrate this had occurred was not provided during the assessment contact.

Monitoring processes had been established at the service level to ensure staff qualifications, drivers licences and probity checks were current.

The service implemented improvement actions to address the deficiencies identified during the previous quality review. These included the recruitment of new roles, such as two Team leaders and a Home Care Package Co-ordinator. Recruitment processes have commenced for a Registered nurse to oversee the clinical care needs of consumers.

While I am satisfied the service has implemented actions to ensure the workforce is competent and have the qualifications and knowledge to perform their roles, there remains opportunity to strengthen the service’s documentation processes in relation staff training.

Based on the information recorded above , it is my decision this Requirement is 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 was unable to demonstrate the workforce was recruited, trained and equipped to deliver the outcomes required by these standards.

While feedback from consumers was positive in relation to the provision of care and services, the service did not have evidence to support staff had undergone mandatory education and training. Management were unable to demonstrate how the ongoing learning and development needs of staff were reviewed.

Management said staff and members of the Board had received training in relation to the Aged Care Quality Standards however, evidence to support this had been completed was not provided.

Position descriptions were available for the workforce relevant to staff’s individual roles and responsibilities.

While position descriptions are now available for the workforce, I am concerned that deficiencies identified during the previous quality review remain unresolved and processes to ensure the workforce is trained, equipped and supported to deliver the outcomes required by these standards are ineffective. The approved provider did not refute the Assessment Team’s findings in relation to this Requirement.

Based on the information above, it is my decision this Requirement is Non-complaint.

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

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

The review of staff performance had not occurred at the service. Staff confirmed they had not participated in formal performance review processes to identify skill deficits or education needs.

Management did not provide evidence to demonstrate the service had undertaken performance assessments for staff. Management acknowledged the service did not have formal review processes for staff performance however, staff were encouraged to raise concerns and request professional development opportunities during discussions with their supervisors or at staff meetings.

The approved provider did not refute the Assessment Team’s findings in relation to this Requirement. While staff were encouraged to discuss concerns and identified learning opportunities through the service’s informal channels, it is my decision that the assessment, monitoring and review of staff performance had not been undertaken.

Therefore, it is my decision this Requirement is Non-Compliant.

# 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 organisation did not have effective organisational governance systems in place. Organisational monitoring processes were ineffective and failed to identify ongoing deficiencies across six of the Aged Care Quality standards.

While consumers and representatives provided positive feedback in relation to their engagement in the development, delivery and evaluation of care and services, they continued to express concerns regarding the actions taken by the service in response to their concerns and the provision of their financial information.

Consumers have continued to not receive copies of their monthly financial statements and budgets each month.

Continuous improvement processes were ineffective and ongoing deficiencies in six of the Aged Care Quality standards were not identified or addressed by the organisation.

The organisation did not have effective risk management systems and practices in place. High impact and high prevalence risks were not identified, monitored or reviewed by the organisation.

The organisation did not have a clinical governance framework and management and staff did not have a shared understanding in relation to antimicrobial stewardship and the principles of open disclosure.

While consumers are disatisified with the management of their financial information in relation to their statements and budgets consumers have generally been supported to engage in the development, delivery and evaluation of their care and services.

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

Consumers and representatives were provided opportunities to engage in ideas for activities and provide input into how their care and services were delivered.

The service initiated actions to address the deficiencies identified in the previous quality review. These included improved consumer engagement, consultation and consumer satisfaction surveys.

Management modified the service’s proof of service form to include feedback and suggestions which was monitored and reviewed by the service’s Care coordinators. Lifestyle staff sought ideas and suggestions from consumers daily during and after activities.

Management confirmed additional information had been provided in consumer information packs for Home Care including, service’s available, external complaint processes, the schedule of fees and prices for care and services.

Planned improvements reflected in the service’s plan for continuous improvement included consumer invitations to the organisation’s annual general meeting and a consumer forum in 2022. Consumer satisfaction surveys will be redistributed in October 2021 and results were planned to be published in the consuemer newsletter.

Feedback from consumer surveys are planned to contribute to the service’s plan for continuous improvement.

I am satisfied the service’s actions have improved the organsiation’s engagement with consumers and representatives in relation to the development, delivery and evaluation of care and services.

Therefore, it is my decision this Requirement is Compliant.

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

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

The organisation was not accountable for the delivery of safe, inclusive and quality care and services.

Consumers and representatives continued to express concerns in relation to the quality of their financial information which has impacted on their abilities to make decisions regarding their care and services.

The organisation’s strategic plan was not specific to Home Care Packages and Commonwealth Home Support Packages. Management did not provide evidence to demonstrate monthly reports for continuous improvement activities, incidents, feedback and complaints, consumer risks, staffing, mandatory reporting, training, education, Home Care Package numbers and Commonwealth Home Support Package outputs were provided to the Board.

Consumer feedback results were not consistently collated, dated and actioned on the service’s plan for continuous improvement. The service’s continuous improvement processes were ineffective and have not identified or addressed deficiencies in assessment and planning, personal and clinical care, feedback and complaints, human resources and organisational governance.

Ongoing deficiencies across six of the Aged Care Quality Standards have not been identified and addressed by the organisation. The approved provider did not refute the Assessment Team’s findings in relation to this Requirement.

The organisation could not demonstrate how they were accountable for service delivery and therefore this Requirement is Non-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 organisation does not have effective governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

Assessment and care planning information was inconsistently completed and stored across different mechanisms including, hardcopy and in the service’s electronic care system. Care plan information was inconsistently completed for consumers receiving Commonwealth Home Support Packages.

Information regarding consumer’s budgets and statements were inaccurate. Management confirmed the service’s electronic care system was ineffective. Consumers reported concerns with the accuracy and frequency of financial information they were provided in relation to their Home Care Packages. They expressed ongoing frustration regarding their limited knowledge of the availability of their unspent funds which impacted their decision making abilities.

The organisation’s continuous improvement system did not effectively identify, address and action deficiencies in relation to assessment and care planning, personal and clinical care, feedback and complaints, human resources and organisational governance. Improvements planned to address the deficiencies identified in the previous quality review have not been actioned and resolved. This is not reflective of an effective continuous improvement process.

Organisational financial governance processes were ineffective. Consumers continue to receive inaccurate statements and budgets and cannot plan for additional services or purchase equipment from their packaged funds. Monitoring processes were not occurring and the service failed to identify the deficiencies in relation to consumer’s financial information.

Management did not have a shared understanding in relation to the utilisation of funds when consumers were hospitalised. The service recruited a new Home Care Package Care Coordinator to oversee the corrective actions planned for consumer budget and statement information.

The organisation was unable to evidence the performance of staff and staff duties and responsibilities were reviewed to ensure the delivery of safe and quality care and services. While staff confirmed they were supported by the Team Leader, received orientation, buddy shifts, online and face to face education, evidence to support this had occurred was not provided.

Organisational improvements were implemented to address the deficiencies identified in the previous quality review. These included the completion of police clearances for all staff and Board members and the establishment of an electronic montoring system to ensure expiry dates are not exceeded. However, the organisation dd not meet its legislative requirements in relation to the provision of financial information to consumers. Consumers continue to not receive monthly statements and revised budgets. Home care agreements did not include a schedule of fees for services or the Charter of Aged Care Rights.

The monitoring of feedback at an organisational level continues to be ineffective. The service’s complaints register does not reflect negative consumer feedback in relation to budgets and statements or the outcome of these complaints. Survey results from were not consistently collated and did not contribute to the service’s plan for continuous improvement.

The approved provider did not refute the Assessment Team’s findings in relation to this Requirement.

While I acknowledge the improvements implemented by the service to address the deficiencies identified in the previous quality review, the service is Non-compliant with six of the Aged Care Quality Standards, this is not reflective of effective organisational governance.

Therefore, it is my decision 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 organisation was unable to evidence the service monitored, reported or identified trends in relation to high-impact and high-prevalence risks associated with the care of consumers. Incident reporting and investigations were not completed or discussed with the Board.

While the service has a draft risk management plan, actions and evaluations of the plan had not been completed at the time of the Assessment Contact. Assessment and care planning processes were not effective and consumer risks were not assessed appropriately. Strateigies to manage risks associated with the care of each consumer were not recorded to guide staff practice. Home safety checklists did not evidence the service had consistently identified and managed environmental risks in consumer’s homes. The service did not maintain a consolidated register of vulnerable consumers.

The service did not monitor, report or trend risks, including high impact or high prevalence risks associated with the care of each consumer. Evidence to demonstrate incidents were reported, investigated and discussed with the Board was not provided during the assessment contact.

The service is Non-compliant with six of the Aged Care Quality standards, this is not reflective of effective risk management systems and practices. The approved provider did not refute the Assessment Team’s findings in relation to this Requirement.

It is my decision 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 organisation did not have a clinical governance framework in place. While the organisation was not providing clinical care to consumers, a framework had not been developed for the provision of clinical care for current consumers with complex clinical needs or to support the clinical care needs of consumers new to the service.

Management did not have a shared understanding in relation to the principles of antimicrobial stewardship and open disclosure. Restricitive practices were not used by the service.

The service is Non-compliant with Standard 6 Requirement (3)(c) which is reflective of the organisation not understanding their role and requirements in relation to open disclosure. Staff did not have a shared understanding in relation to the principles of open disclosure. The service was unable to evidence staff had received education regarding open disclosure. The approved provider did not refute the Assessment Team’s findings in relation to this Requirement.

It is my decision 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.

* 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.
* 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.
* Effective management of high impact or high prevalence risks associated with the care of each consumer.
* Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.
* Feedback and complaints are reviewed and used to improve the quality of care and services.
* The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.
* Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.
* The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.
* 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.

* 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.

* 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.