Ozcare Toowoomba

Performance Report

631-651 Greenwattle Street   
Glenvale QLD 4350  
Phone number: 07 4591 5900

**Commission ID:** 5310

**Provider name:** Ozcare

**Site audit date:** 19 November 2019- 21 November 2019

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Non-compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s site audit performance assessment report and site audit performance assessment findings and evidence report. These reports were informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the site audit reports received 23 December 2019.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

The Assessment Team found the majority of consumers agree staff treat them with respect, always or most of the time. The service uses informal and formal feedback mechanisms such as meetings, surveys, complaints processes and case conferences to ensure consumers are satisfied staff treat them with respect and support them to maintain their identity and live the life they choose.

The service demonstrated consumers are treated with dignity and respect and the service actively promotes a culture of inclusion. Consumers described the ways their social connections are supported both inside and outside the service. Staff were observed to interact with consumers respectfully and provided examples of individual consumer’s preferences and interests. The service promotes the value of culture and diversity through staff training, in the wide range of activities it offers for consumers with differing backgrounds, and in celebrating and acknowledging days of significance to the consumers. Consumer preferences are respected and incorporated into documented care delivery.

The majority of consumers agreed staff explain things to them always or most of the time, and consumers said they are encouraged to do as much as possible for themselves. Consumers said they feel heard when they tell staff what matters to them and they can make decisions about their life, even when it involves an element of risk.

Staff could provide meaningful examples of how they help consumers make choices, including by giving consumers clear and accurate information and options to inform their choice.

Consumers said the service protects the privacy and confidentiality of their information, and they are satisfied their care and services, including personal care, are undertaken in a way that respects their privacy. Staff gave examples of how they maintain the privacy of consumers. The service demonstrated how electronic and hard copy information systems support the protection of confidential information including consumer information, consistent with documented policies and procedures.

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

## Assessment of Standard 1 Requirements

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

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

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

Care and services are culturally safe.

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

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

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

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

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

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

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

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

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

A high proportion of consumers and representatives said consumers have a say in their daily activities, always or most of the time. Consumers and representatives said they are engaged in initial and ongoing assessment and planning to help consumers receive the care and services they need. Overall, consumers reported feeling safe and confident that staff are aware of their individual preferences. The service has processes for ensuring they ascertain consumers’ end of life wishes.

Staff provided examples of consultation that occurs between the consumers, their representatives, medical officers and other health professionals to contribute to personalised care and services. Review of documentation demonstrated that, in the main, consumers’ care is reviewed, and changes are made according to their assessed needs and preferences. Consumers and representative are consulted about their ongoing care or changed care needs, which may entail further assessment and/or review by other health professionals and the medical officer as is necessary. Care plans generally reflected consumers’ current needs and consumers were aware of the care and services they receive.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

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

### Requirement 2(3)(b) Compliant

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

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

The organisation demonstrates that assessment and planning:

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

### Requirement 2(3)(d) Compliant

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

### Requirement 2(3)(e) Compliant

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

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

Whilst the majority of consumers and representatives said the consumers get the care they need, always or most of the time and were able to describe how staff supported their care delivery, some consumers and representatives were dissatisfied with their care. These consumers and representatives raised concerns about:

* how changes in health care were being identified and responded to,
* delays in referral processes, and
* some were being disturbed by other consumers.

Overall, clinical and care staff could describe how they provide personal and clinical care in accordance with consumers’ care needs. Clinical staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. Clinical staff could also identify the highest prevalence risks for different cohorts of consumers.

Registered nurses are on duty and supervise care delivery and assessments and care plans are generally available to guide staff.

The organisation demonstrated they have a suite of policies and procedures underpinning the delivery of care and how they review practice and policies to ensure they are current and in line with best practice.

However, through a review of clinical documentation and interviews with staff, consumers and representatives, the Assessment Team identified:

* Registered staff do not consistently record they have identified/actioned changes in consumer care needs or that referrals to the medical officer and other health care providers/services have been actioned and/or followed up in a timely manner.
* Information about the consumer’s condition, needs and preferences is not consistently documented and communicated within the service, to guide staff practice.

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

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

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

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

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

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

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

### The approved provider’s response outlines a number of improvements that are being made. This includes the provision of staff education and training relevant to consumers’ care needs and support for clinical staff in the identification of emerging or changed consumer needs.

Consumers and representatives provided the team with examples of how changes in health care needs had not been identified or actioned promptly and clinical records confirmed this.

Although the service is in the process of improving practice, at the time of the site audit the service could not demonstrate a deterioration or change in a consumer’s mental health or physical function/condition was being consistently recognised and addressed in a timely manner.

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

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

The approved provider’s response demonstrates the organisation is implementing a range of strategies to improve documentation and communication of care needs including the provision of staff training.

However, at the time of the site audit the service could not demonstrate information about consumers’ condition, needs and preferences is consistently documented and available to support consistency of care. For example:

* Strategies to support a consumer’s escalating behaviours is not documented and as a result some staff are not aware of strategies available to assist the consumer.
* Management staff are not aware of the frequency of behavioural incidents and are not aware of the impact this is having on other consumers.
* Strategies to support consumers who are disturbed by others are not documented.
* Documentation to support the ongoing management and clinical supervision of a consumer’s chronic skin condition was not commenced until raised as a concern by the Assessment Team.

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

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

The approved provider’s response states the organisation is taking action to improve the timeliness of the referral process. However, at the time of the site audit the service could not demonstrate consumers were being referred to health care providers in a timely manner. For example:

* Consumers’ requests to see allied health care providers are not actioned promptly.
* A consumer who presents with ongoing behaviours of concern that impacts others had not been referred to specialist health care providers despite staff inability to effectively support the consumer.
* Consumers are continuing to experiencing delays in referral to and review by their medical officer when they are experiencing pain and discomfort.

I note the approved provider’s response states there have been difficulties in accessing medical officers to undertake a timely review of some consumers. Whilst I acknowledge this, the organisation is however, responsible for ensuring any barriers to timely referral are addressed and managed to ensure consumers’ needs are being met.

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

Minimisation of infection related risks through implementing:

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

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Consumers and their representatives said consumers are encouraged to do as much as possible for themselves and consumers interviewed said they like the food most of the time or always. Consumers expressed satisfaction that they are supported and enabled to live their life as they choose which includes receiving emotional and spiritual care, participating in a range of activities, and engaging with the local community.

The service could demonstrate how information regarding consumers’ health, well-being and quality of life is communicated in a timely and appropriate way. Staff could give examples of how information about consumers is collected and shared and demonstrated their knowledge of consumers’ individual needs and preferences in relation to activities, goals, food and independence.

Consumers said their leisure interests, emotional, spiritual and psychological needs are met, and staff could demonstrate ways this is done in a supportive manner. Staff demonstrated how consumers are supported to do things of interest to them including one to one and group activities and outings to places of interest.

The service demonstrated how meals are provided to meet individual consumer’s needs and preferences and to ensure suitable variety, quality and quantity are provided.

The service demonstrated consumers and staff are supported by equipment which is safe, suitable, clean and well maintained through staff at the service and external contractors.

Management could demonstrate the services and support for daily living provided at the service are monitored and reviewed, and improvements are made where needed.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

Services and supports for daily living assist each consumer to:

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s services environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

The majority of consumers and representatives said consumers always feel safe at the service. Consumers and representatives expressed satisfaction that:

* The service is a welcoming home, is clean and maintained well. It supports their way of living their life how they wish.
* They can go outside the service as they like and that the furniture and seating areas support them in their individual requirements.

Observation of the service showed it was clean, tidy and safe to access all consumer areas. Furniture and equipment were clean and arranged to support consumers who have varying needs. Consumers moved freely throughout the service and interacted with both staff and fellow consumers freely utilising the elevators and external walkways.

Staff said they have access to provide feedback on the living environment and upkeep and safety of furnishings and equipment.

The service reviews the living environment daily with regular monthly reviews supporting feedback from both consumers and staff to identify risks or concerns. All aspects of the living environment are monitored organisationally at regular meetings.

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

## Assessment of Standard 5 Requirements

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

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

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

The service environment:

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

The service has mechanisms available to inform consumers of ways to provide feedback and make complaints, both internally and externally. Consumers and representatives interviewed had an awareness of access to these facilities.

The majority of consumers and representatives said staff follow up when they raise things with them and provided examples of feedback they have provided to the service. A few consumers and representatives said they have raised concerns with staff and management in regard to workforce matters and that aspects of their concerns have been addressed.

Management and staff described how they assist consumers with information regarding access to complaints, advocacy and interpreter services. Education is provided to staff from orientation to inform staff of the service’s expectations and provide staff with a shared understanding of reporting consumers’ concerns to their supervisor. Staff said they provide the consumers and/or representatives with a feedback form or escalate the consumers or representatives concern to their supervisor.

The organisation has feedback policies and procedures and at a service level management have protocols to undertake from receipt, logging, investigation and follow up of a complaint through to evaluation and closing of a complaint. The organisation has a documented open disclosure process, which follows best practice complaints management, including delegation of management of complaints, and timeframes where this information recorded.

The service demonstrated when feedback is received appropriate action is generally taken and an open disclosure process is used when things go wrong. Management demonstrated their awareness of current aspects of care and services that have been raised at meetings with subsequent improvements identified. Actions taken by the service feed into the continuous improvement activity to ensure ongoing review and evaluation.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

The service demonstrated they ensure staff interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. Most consumers and representatives said staff are kind and caring and provided a range of examples to demonstrate this.

Some consumers reported they have experienced delays in staff attending to their call bell and some have raised their concerns with management.

The entry of consumers to the service has been staggered to ensure appropriate support can be given to new consumers. The service has processes in place to review the roster and the allocation of staff; the service was able to demonstrate how the roster is adjusted to reflect changing consumer needs. Processes are in place to monitor staffing levels. This includes monitoring of call bell response times, staff supervision and the opportunity for consumers and representatives to provide feedback. Overall, staff reported they can complete their work.

The workforce is recruited to specific roles, trained and equipped to undertake these roles and supported to deliver outcomes for consumers. Education and training is monitored to ensure relevant education has been undertaken and further training occurs in response to incidents and/or complaints. New staff are satisfied with the orientation and support provided. Performance appraisals occur as part of probation monitoring and recruitment is ongoing.

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

## Assessment of Standard 7 Requirements

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

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

The majority of consumers are satisfied with staff responsiveness to their care needs. Staff stated they generally have sufficient time to complete their work and the Assessment Team observed staff attending to consumers promptly.

The entry of new consumers to the service is staggered to ensure the process is managed appropriately. Monitoring mechanisms are in place and the roster is adjusted to reflect changes in the number of consumers and/or changed care needs. The service identified an increasing trend in call bell response times prior to the site audit in October 2019 and had commenced actioning this. This resulted in a revision of the roster whereby staffing levels were increased and strategies to support consistent staffing were introduced.

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

The organisation demonstrated that consumers generally participate in planning and evaluating the care and services they receive and are supported in that engagement. The organisation’s protocols include regular consultation with the consumer and/or their representative to actively identify each consumers’ preferred lifestyle choices. Overall, consumers and representatives provided examples of their involvement in the care planning, delivery and evaluation of their care.

The organisation has clear accountabilities and guidelines to identify, monitor and review risks from an organisational and consumer perspective. Governance systems include reporting protocols within the service which are escalated to the organisation as required. Policies, procedures and protocols support effective information management, continuous improvement, financial management, the workforce and compliance with legislative responsibilities.

The organisation’s clinical governance framework addresses anti-microbial stewardship, open disclosure and minimising the use of restraint. Management and staff interviewed had a shared understanding of the requirements, providing practical examples of how they are applied in practice.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

# Areas for improvement

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

##### **Standard 3 Requirement 3(d)**

The organisation demonstrates that 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.

##### **Standard 3 Requirement 3(e)**

The organisation demonstrates that 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.

##### **Standard 3 Requirement 3(f)**

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.