Quakers Hill Nursing Home

Performance Report

35 Hambledon Road   
QUAKERS HILL NSW 2763  
Phone number: 02 8818 6500

**Commission ID:** 2693

**Provider name:** DPG Services Pty Ltd

**Site Audit date:** 21 January 2020 to 23 January 2020

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report received 21 February 2020.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Overall sampled consumers confirmed that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

For example:

* Consumers interviewed confirmed they are treated with dignity and respect.
* They said they are free to choose what they do in their day and how they live their life.
* They said their privacy is respected. They said the staff are caring, respectful and supportive of their decisions.

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

* The culture and identity of each consumer is identified and valued. This is recorded in the care documentation for each consumer and staff demonstrated they know the consumers well.
* Staff interviewed know the consumers and what is important to them. They described ways they are able to support consumers choices.
* The Assessment Team observed staff interacting with consumers in a caring and supportive manner and enabling consumers to make their own decisions about their care and services.

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 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

Most sampled consumers confirmed that they feel like partners in the ongoing assessment and planning of their care and services.

For example:

All consumers interviewed said they, or their representative, are actively involved with their care planning.

Consumers and representatives interviewed confirmed they are informed about the outcomes of assessment and planning and that this occurs through either telephone calls, face to face or family conferences. They also receive a copy of the care plan and the medication chart for review when changes are made.

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

* Care and services files reviewed confirmed consumers personal and care information is captured on admission and documented in agreed care and services plans that focus on optimising health and well-being in accordance with the consumer’s needs goals and preferences.
* However, for some consumers when circumstances change, or incidents occur care and services plans are not reviewed, evaluated and updated.

The Assessment Team found that four of five specific requirements were met.

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) 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) Non-compliant

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

For the consumers sampled, care plans show evidence of review on a regular basis. However, for some consumers when circumstances change, or incidents occur care and services plans are not reviewed, evaluated and updated.

One consumer’s care planning documentation was not consistent in the information contained in relation to smoking as the consumer’s needs had changed. The approved provider, in their response, acknowledged this and has reviewed the care and services offered to this consumer, updated the care and services plan and archived out of date documentation.

One consumer’s behaviour had become more physically and verbally aggressive when receiving personal care with staff electing to attend to him in teams of three to ‘protect themselves’. This was at variation with his care plan which stated ‘one assist’. The service provider was unable to demonstrate this consumer’s care and services plan had been reassessed when his needs changed.

The approved provider, in their response, acknowledged that the care provided to this consumer was at variance with his care plan with regard to the provision of personal hygiene. During the site audit the provider held a case conference with the consumer’s representative and agreed to refer to Dementia Services Australia. The approved provider stated that this consumer’s care and services plan has now been updated and strategies implemented for managing his behaviour during personal hygiene.

At the time of the audit, the approved provider did not comply with this requirement as the organisation could not demonstrate 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

Most sampled consumers did consider that they receive personal care and clinical care that is safe and right for them.

For example:

* Consumers interviewed confirmed that they get the care they need and have access to a doctor or other health professional when they need it.

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

* All consumers undergo assessment and planning on admission to the service. This is done in consultation with them and/or their representative and encompasses all their needs, goals and preferences. A copy of this documentation is provided to consumers and representatives as changes in care occur or incidents happen, care plans are updated and communicated with the consumer/representative.

In relation to restraint, the organisational procedure is to assess the consumers’ behaviour, environment and to assess risk to the consumers. This is not evident for individual consumers.

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) Non-compliant

Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

1. is best practice; and
2. is tailored to their needs; and
3. optimises their health and well-being.

Progress notes and other documents reviewed for the consumers sampled reflect individualised care that is safe, effective and tailored to the specific needs and preferences of the consumer. However, in relation to restraint, the organisation could not demonstrate that individual consumers had a risk assessment completed to assess the potential risk to them from the restrictive device including considering alternatives to restraint, prior the use of a restrictive device.

The approved provider, in their response, submitted information demonstrating that these consumers have now had a risk assessment completed with alternatives to using a restrictive device considered and all documentation updated. Furthermore, the approved provider stated that they have scheduled a monthly audit and have completed education with staff to assist in maintaining compliance in this area.

At the time of the audit, the approved provider did not comply with this requirement as the organisation could not demonstrate that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice; and is tailored to their needs; and 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) Compliant

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

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

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

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

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

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

Minimisation of infection related risks through implementing:

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

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Overall sampled consumers did confirm that they 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.

For example:

* Consumers interviewed say they are supported by the service to do the things they like to do. Many of these things are incorporated into the community leisure program and others are supported to pursue their individual interests.
* Consumer confirmed they are supported to keep in touch with family and friends. They are also supported to participate in the community within the service and with the broader community.
* Most of the consumers interviewed are satisfied with the food provided and confirmed there is plenty to eat. They have a menu that offers choice and variety and the kitchen caters for special needs and preferences.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

* The lifestyle team works with consumers to organise a program that offers group activities for those at the service. This reflects the interests of consumers. Support is also provided for consumers to pursue individual interests. The program also maintains links with the wider community through going out into the community and inviting groups and individual to visit the service.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

Services and supports for daily living assist each consumer to:

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s 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

Overall sampled consumers indicated that they feel they belong in the service and feel safe and comfortable in the service environment.

For example:

* Consumers and representatives interviewed described that the service is welcoming and supports their wellbeing.
* Consumers interviewed confirmed that the service is clean and well maintained

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

The Assessment Team observed the service environment to be welcoming, the reception area is spacious, lounge, dining and activities areas have comfortable furniture and there are large external covered areas. Signage is clear and in large print for consumers and visitors to easily navigate the service with lifts to facilitate movement between the ground and first floor.

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

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

For example:

* Most of the consumers interviewed said they have never had to make a complaint. They said they would feel comfortable to raise any concerns if any issues arose.
* Consumers said management do listen and respond to issues raised.

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

* The organisation provides information about ways to provide feedback and make complaints. This includes both internal and external complaints mechanisms and support such as advocacy services and interpreter services.
* There is a process for the management of complaints including the acknowledgement, documentation, investigation, communication and resolution of the complaint.
* Feedback and complaints are reviewed and used to improve the quality of care and services

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

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

For example:

* All consumers interviewed confirmed that staff are kind and caring, confirmed that staff know what they are doing, and they think there are adequate staff.

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

Management maintains a regular roster of staff to provide for the needs of consumers and all planned and unplanned leave is replaced. Staff are recruited according to the qualifications and skills required to fulfil the role. The service provides ongoing training to ensure staff have the knowledge and skills to deliver the care and services required by consumers.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 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

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

For example:

* consumers interviewed confirmed that the service is well run
* consumers could provide examples of how they are involved in the development, delivery and evaluation of care and services

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

The organisation demonstrates that consumers have a say in the services provided via meetings, forums and feedback mechanisms. The board sets expectations in its strategic plan for the organisation to follow and regularly reviews organisational risks.

There are organisation wide governance systems that support information management, however clinical documentation is not consistent and does not accurately reflect consumers current needs.

There are systems in place to effectively manage workforce governance. There is a continuous improvement program in place which identifies areas for improvement and these activities are documented in the organisations plan for continuous improvement.

The services mandatory reporting documentation does not meet legislative requirements.

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

## Assessment of Standard 8 Requirements

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

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

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

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

### 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 has governance structures with systems and processes to manage information across its business. Whilst staff interviewed said they can readily access the information they need and can access up to date information, care planning documentation for some consumers had not been reviewed, evaluated and updated when their needs changed.

The organisation has a system to identify relevant legislation, regulatory requirements and guidelines and has established links with external organisations to ensure they are informed about changes to regulatory requirements. Whilst the organisation has systems to do this the approved provider could not demonstrate that their system for documenting mandatory reporting is consistent with the guidelines for approved providers. Additionally, the approved provider could not demonstrate that a consumer involved in incidents where there was a discretion not to report had their care and services plan reviewed within 24 hours. Furthermore, there was an incident that met the definition of a mandatory report which a Registered Nurse failed to report.

The approved provider, in their response, acknowledged inconsistencies in the transcribing of information into the compulsory reporting log and stated that, at the time of the site audit, they took action to ensure the compulsory reporting log met the legislative requirements. Furthermore, since the site audit, the approved provider has ensured that all Registered Nurses have received training in compulsory reporting and will monitor that all care plans are reviewed within 24 hours where there is a discretion to report.

The approved provider advised that care plans have been updated where consumers needs have changed.

At the time of the audit, the approved provider did not comply with this requirement as the organisation could not demonstrate that they had effective organisation wide governance systems relating to information management and regulatory compliance.

### 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.

**Requirement 2(3)(e)** Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

* The approved provider must ensure that when the consumer’s needs change their care and services are reviewed and care planning documentation updated accordingly.

### Requirement 3(3)(a) Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

1. is best practice; and
2. is tailored to their needs; and
3. optimises their health and well-being.

* The approved provider must ensure that it conforms to the legislation in relation to the use of physical restraint by conducting a comprehensive assessment of the consumer which involves exploring alternatives to the use of restraint.

**Requirement 8(3)(c)** Effective organisation wide governance systems relating to the following:

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

* The approved provider must ensure that information in relation to consumer’s care and services is accurate and updated as their needs change.
* The approved provider must ensure that their system for documenting mandatory reporting is consistent with the guidelines for approved providers.
* The approved provider must ensure that all Registered Nurses understand their responsibilities in relation to compulsory reporting and ensure that where there is a discretion to report that the consumer’s care plan is reviewed within 24 hours.