The Menzies @ Pacific Paradise

Performance Report

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**Commission ID:** 5365

**Provider name:** Gerontic Services Pty Ltd

**Assessment Contact - Site date:** 11 August 2021 to 12 August 2021

**Date of Performance Report:** 29 September 2021

# 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.

# Overall assessment of this Service

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the Approved Provider’s response to the Assessment Contact - Site report received 31 August 2021
* other information and intelligence held by the Commission regarding the service

# 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

A decision of Non-compliant in one or more requirements results in a decision of Non-Compliant for the Quality Standard.

## 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.*

The service was unable to demonstrate that initial and ongoing assessment and care planning, including consideration of risk is consistently completed for all consumers.

The Assessment Team identified assessment and care planning documentation for six named consumers did not include the consideration of risk to consumer’s health and wellbeing. For example:

* one named consumer, who was assessed as a moderate to high falls risk the care and services plan did not reflect strategies to minimise the consumer’s risk of falls.
* a second named consumer, who experienced a change in behaviours, assessment and planning did not identify the consumer’s chronic pain as a trigger for behaviour changes.
* a third named consumer, their care and service plan was not updated following the cessation of a psychotropic medication considered as a chemical restraint.
* a fourth named consumer with a urinary catheter, strategies to minimise the risk of infection had not been documented to guide staff practices.
* a fifth named consumer experienced increased episodes of aggression, however this risk had not been assessed and behaviour care planning did not include strategies to minimise the risk.
* a sixth consumer, the strategies to minimise the risk associated with smoking had not been assessed or documented in care planning.

Three consumers and representatives said they were unaware of the assessment and care planning processes at the service.

Staff described the service’s assessment and planning process, including the baseline focussed assessments and care and service plans on entry to the service, and review every four months. They advised assessment and planning is completed in collaboration with consumers and representatives. However, Registered and allied health staff advised when assessments are completed, risk minimisation strategies and care directives are not consistently reflected in the consumer’s care and service plans. Staff expressed difficulty navigating the service’s electronic care planning system resulting in delays to completing comprehensive and timely assessments.

The organisation had policies in relation to clinical assessment and planning, and the service’s electronic care planning system had a suite of evidenced-based assessment tools. However, not all staff were aware of these resources.

At the time of the Assessment Contact, feedback was provided to Management who identified the service would undertake actions to address the deficiencies including staff training in the electronic care documentation system; review of all consumers care and service plans; and review of the service’s assessment and planning processes for respite consumers.

The Approved Provider in its written response dated 31 August 2021, refuted the information relating to the named consumer’s post falls management. While the Approved Provider provided evidence of monitoring and observations post falls, I am not satisfied that the strategies to minimise the consumer’s risk of falling were in place prior to the falls.

In relation to the second named consumer, the Approved Provider in its response refuted that there was limited guidance given to staff to monitor and manage the named consumer’s behaviours. The Approved Provider in its response stated the interventions documented in the consumer’s behaviour charting were most effective, however information evidencing the consumer’s behaviour charting including effective interventions was not provided as part of the Approved Providers response. In relation to pain assessment and management for the consumer, the Approved Provider in its response stated a chronic pain assessment and pain charting had been completed, however information evidencing this was not provided as part of the response. The service has provided staff with training on consumer pain management and provided a copy of the service’s *Assessing Pain* policy to guide staff in the identification, assessment, management and monitoring of consumers pain.

In relation to the third named consumer, the Approved Provider in its response refuted that changes to medications should have been removed from the behavioural management plan as they were not listed in the plan initially. I note that the consumer was prescribed a psychotropic medication which was cessed in early August 2021, and the consumer’s behaviour care plan provided was last approved 29 March 2021 and does not identify the consumer is prescribed a psychotropic medication. However, it is my decision this has not reflected a lack of consideration to risks for this consumer.

In relation to the fourth named consumer, the Approved Provider in its response acknowledged that the care planning was not updated and advised the consumer’s assessment was updated on the day of the Assessment Contact.

In relation to the fifth named consumer, the Approved Provider in its response provided information to demonstrate review processes and strategies that have been implemented post incidents of aggression including referral to a specialist dementia service. The Approved Provider’s response included information evidencing that staff had received training from the specialist dementia service, however I am not satisfied that the consumer’s care planning which updated with recommended strategies and interventions to guide staff’s practice.

In relation to the sixth named consumer, the Approved Provider in its response provided evidence of actions taken including the provision of information to staff via a memorandum in relation to the consumer’s choice to smoke off-site; and a copy of the consumer’s cognitive risk assessment. However, I am not satisfied that the consumer’s care planning includes risk minimisation strategies and interventions to guide staffs’ practice.

In coming to a decision on compliance for this requirement, I have considered the information provided in the Assessment Contact – Site report and the Approved Provider’s response. While I acknowledge the immediate and planned actions undertaken and committed to by the Approved Provider, at the time of the assessment contact, consumer assessment and planning processes did not identify risks to inform the delivery of safe and effective care. Therefore, I find the service Non-compliant in this requirement.

### 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.*

Information provided in the Assessment Contact – Site report identified five named consumers who’s care and services plan had not been regularly reviewed or updated after a change in their health and/or wellbeing. For example, care planning documentation for:

* one named consumer who had an indwelling urinary catheter identified during the period June 2021 to July 2021, the consumer experienced two urinary tract infections, however, the consumer’s care plan had not been reviewed since 13 May 2021. The care and service plan did not include strategies to minimise the risk of recurrent urinary tract infections.
* a second named consumer experience four falls during the period 3 August to 5 August 2021, however the consumer’s care and service plan had not been reviewed post fall and fall prevention strategies had not been evaluated for effectiveness.
* a named consumer who experienced recent changes in behaviour had behaviour management plans, however strategies were not individualised to the consumer or monitored for effectiveness.

Consumers and representatives described various ways they receive information or updates as changes occur to consumer’s health and wellbeing.

Staff demonstrated an understanding of the service’s four monthly review process. They described the service’s processes for reporting of incidents when there had been a change in the consumer’s condition, needs or preferences reporting; and escalating these changes which may prompt consumer reassessment.

Information provided in the Assessment Contact – Site report identified that care plans for some consumers had not been reviewed in line with the service’s organisation policy and review schedule.

In its response the Approved Provider stated they acknowledged at the time of the Assessment Contact four consumers care plan were overdue for review, however refuted that this demonstrated deficiencies in the service’s care plan review process. The Approved Provider in their response provided information evidencing that consumers’ care and services are reviewed regularly for effectiveness, including when circumstances change. For example:

* The care and services plan for the consumer for one named consumer who had an indwelling urinary catheter was updated on the day of the Assessment Contact with interventions to minimise the risk of recurrent urinary tract infections.
* For the named consumer who experienced falls, information was provided which evidenced the consumer was reviewed by the physiotherapist post a fall on 4 August 2021, and strategies including a sensor mat and increased visual observations were implemented to minimise further risk of falls.
* One named consumer who experienced recent changes in behaviour had behaviour management plans reviewed on five occasions since January 2021, and referral had been made to an external dementia specialist service in March 2021. I note the delay in the attendance of this service has been as a result of the local region lockdown in relation to COVID-19.

In coming to a decision on compliance for this requirement, I have considered the information provided in the Assessment Contact – Site Audit report including under other Requirements; and the written response from the Approved Provider. While at the time of the Assessment Contact, the Assessment Team identified a lack of documentation relating to the review of care and services for named consumers; it is my decision that the Approved Providers response has evidenced the service does have established processes. The Approved Provider provided information to evidence consumers’ care and service are regularly reviewed for effectiveness, including when circumstances change or an incident occurs.

For the reasons detailed, 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

A decision of Non-compliant in one or more requirements results in a decision of Non-Compliant for the Quality Standard.

### 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.*

Consumers and representatives provided mixed feedback about the care consumers received. While some consumers and representatives expressed confidence, consumers are receiving care that is safe and right for them, the representative for one named consumer expressed concerns in relation to the behaviour management strategies being implemented by staff. The representative advised they were not aware of recent changes to the consumer’s medication including the use of an as required psychotropic medication which is considered as a chemical restraint.

Consumers and representatives said there are insufficient staff at the service and this is negatively impacting on consumer’s receiving personal care in a timely manner and/or in accordance with the consumer’s care and service plan and preferences. For example, two consumers advised they experience delays in requests for assistance and this had resulted in episodes of incontinence.

Information provided in the Assessment Contact – Site report identified the review of consumer assessment and care planning documentation did not consistently include consideration of individual consumer risk/s or the documentation of strategies to minimise risk/s in relation to behaviours, pain and falls. I have considered this information under Requirement 2(3)(a).

The service had a ‘Use of Restraints and Restrictive Practices’ policy, however the policy had not been updated to align with legislative changes to restrictive practices that came into effect from 1 July 2021. The Assessment Contact – Site Report provided information that identified that not all consumers at the service who were prescribed a psychotropic medication considered as a chemical restraint had assessments, authorisations and/or consents. The service did not adequately demonstrate the implementation of non-pharmacological strategies prior to the use of as required psychotropic medication.

Registered staff did not demonstrate understanding of restrictive practices, including a knowledge of consumers and individual strategies to be used prior to administration of a psychotropic medication (considered as a chemical restraint).

In relation to pain management, the Assessment Contact – Site Audit report identified two named consumer whom experienced ongoing chronic pain had pain management strategies in place, however there was not consistent evidence of regular pain monitoring or review of the consumer’s pain management strategies to determine the effectiveness.

The service collects clinical incident data related to falls, pressure injuries, infections and medication incidents. Review of clinical incident data for the period April to June 2021 identified an increased number of medication incidents, primarily relating to medication omissions.

Feedback to Management at the time of the Assessment Contact identified:

* the service acknowledged that monitoring processes had not been effective in identifying deficiencies in staff practice and/or documentation in relation to the use of chemical restrictive practices. A review of restrictive practices authorisation forms for all consumers who are subject to a form of restrictive practice will be undertaken.
* pain charting is not routinely completed by staff at the service, except for in the event of staff identifying a deterioration, incident or the consumer verbalising changes in pain. Management acknowledged that this prevents staff from identifying whether current pain management strategies are effective. A review of the named consumers pain management will be undertaken.

The Approved Provider in its written response refuted the information relating to the four named consumers receiving inconsistent care in relation to behaviour management. Information was provided to evidence individualised behaviour strategies for one named consumer including the use of a sensory box and referral to a dementia specialist service. While the Assessment Contact – Site Audit report identified a lack of care documentation relating to consumer’s behaviour care planning, it is my decision this has not reflected a lack of effective clinical and personal care.

The Approved Provider acknowledged that the authorisation for one consumer had not been signed by the representative, and provided evidence that the service has undertaken an audit of all consumers to ensure restrictive practice authorisations and consents are contemporaneous.

In relation to the two named consumers experiencing chronic pain, the Approved Provider in its response stated a chronic pain assessment and pain charting had been completed for these consumers and staff had been provided training on consumer pain management. The response include a copy of the service’s assessing pain policy to guide staff in the identification, assessment, management and monitoring of consumers pain.

The service has undertaken a number of actions in response to the increase in medication incidents, including staff reflection practices after medication incidents; staff completion of one line medication modules including a medication competency; mandatory registered staff meeting on 11 August 2021; and individual staff sessions undertaken by service clinical management.

In relation to the named consumers who had expressed concern regarding the delays in response to their requests for assistance, the Approved Providers response included information that the service has followed up this feedback with the named consumers and reassurance provided that staff are available to provide support. Record of call bell response times identified an average response time of two minutes. Whilst I acknowledge the service has taken action to address these concerns with the named consumers, at the time of the Assessment Contact consumers and representatives provided feedback that care delivery for consumers was negatively impacted by a lack of staff. For these consumers, care has not been optimised, nor has it been tailored to their individual needs and preferences.

In coming to a decision on compliance for this requirement, I have considered the information provided in the Assessment Team report and the Approved Provider’s response. I acknowledge that the Approved Provider has implemented actions to rectify some of the deficits raised in response to the Assessment Contact, in relation to the restrictive practices processes and medication management. However, at the time of the Assessment Contact the service did not consistently demonstrate that all consumers receive care that is safe, effective and tailored to individual’s specific needs and preferences.

For the reasons detailed, this requirement is Non-compliant.

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

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

The Assessment Contact – Site Audit report identified that the high impact and high prevalence risks associated with the care of each consumer was not effectively managed, specifically in relation to challenging behaviours, falls and weight loss management, and the risks associated with smoking.

For named consumers a review of care planning documentation did not identify the key risks associated with the care of each consumer, nor strategies implemented to minimise the risks and guide staff practice. For example:

* two named consumers identified an increase in aggression and agitation, however the behaviour management plans for these consumers included strategies that were general and did not reflect the individual needs of consumers.
* a third named consumer, who was assessed as a moderate to high falls risk the care and services plan did not reflect strategies to minimise the consumer’s risk of falls.
* a fourth named consumer, strategies to minimise the risk associated with smoking had not been assessed or documented in care planning.

I have considered the documentation of the assessment of risk and care planning strategies to support consumers care delivery under Requirement 2(3)(a).

In relation to the effective management of risks associated with the care of each consumer, staff demonstrated an understanding of the most significant clinical and personal care risks such as falls and pressure injuries for consumers and strategies they implement to minimise these risks. However, staff did not consistently demonstrate an understanding of the individual risk minimisation strategies for consumers who exhibit challenging behaviours; and some Registered staff reported a chemical restrictive practice as a strategy that could be utilised. I have considered this information under my decision for compliance for Requirement 3(3)(a).

Care Management described the service’s management for consumers includes referrals to relevant health professionals.

The organisation has a risk management framework that outlines how risk is identified, recorded, managed, and used to inform risk minimisation strategies. A suite of policies and procedures are available to guide staff practice in relation to the delivery of personal and clinical care and the risks associated with the care of consumers.

The Approved Provider in its response, refuted the findings and provided further information evidencing that named consumers individual risk are being managed including the implementation of falls prevention strategies, referral to behaviour specialists; and evidence that a conversation had been undertaken with the named consumer in relation to risks associated with cigarette smoking.

In coming to a decision on compliance for this requirement, I have considered the information provided in the Assessment Contact – Site Audit report including under other Requirements; and the written response from the Approved Provider. While at the time of the Assessment Contact, the Assessment Team identified a lack of documentation relating to the effective management of consumers risks and inconsistent management and monitoring of consumer’s who are subject to restrictive practices; I have considered these under other requirements. It is my decision that the Approved Providers response has evidenced the service does have established processes and provided information to evidence named consumers’ personal and clinical care risks are being managed effectively.

For the reasons detailed, 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.*

The Assessment Contact – Site Audit report provided information that staff are not consistently identifying changes and/or deterioration in the consumers’ health, condition or function, and registered staff are not consistently responding to these occurrences in a timely and appropriate manner. For example, review of care documentation identified:

* one consumer who presented as unresponsive on 9 July 2021 at 5:56pm, was transferred to hospital at 7:45pm. Information provided in the Assessment Contact – Site Audit report, I am satisfied that the service took appropriate action in the response and recognition of this consumer’s change in condition.
* two named consumers had experienced an increase in challenging behaviours over several months, however documentation did not evidence a timely response to these behaviours.
* two named consumers had experienced significant weight loss over a period of three months, however documentation did not evidence notification to the consumer representative or referral to a Dietitian for review.
* one named consumer experienced four falls during the period 3 August to 5 August 2021, and care documentation did not identify the consumer’s risk for falling or strategies to minimise falls. However, I do not consider that this reflects a lack of recognition or response when the consumer had experienced falls. I have considered this information under Requirement 2(3)(e) and am satisfied the service had taken appropriate actions when the consumer had experienced recurrent falls.

Staff provided example of various ways they recognise and respond to a deterioration or change in the consumer’s condition and health status, and described the service’s processes identify and escalate any changes in a consumer’s health status to registered staff for further action. Staff considered that these escalations are generally respond to these escalations in a timely manner.

The organisation had documented policies, procedures and flowcharts which guide staff in how to respond to, and the appropriate actions that are to be taken following, a recognised deterioration or change in a consumer’s health and/or well-being.

In its response, the Approved Provider referred to information in its response to other requirements for named consumers. The service provided information to evidence that staff have received education and training in recognition and response to consumer deterioration, including attendance of registered staff at mandatory meetings. I am satisfied that the service evidenced processes are in place to recognise changes in consumers health and/or well-being and that staff take appropriate actions.

For the reasons detailed, 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.*

The service was able to demonstrate that effective infection prevention and control strategies and practices have been implemented across the service, and are generally being applied and monitored by staff, including to minimise the risks of a potential COVID-19 outbreak.

Consumers and representatives expressed confidence that the service is managing the COVID-19 pandemic, and provided examples including how they observe staff washing their hands regularly and prior to providing care and services.

Staff demonstrated an understanding of how they minimise infection related risks and described the practical steps they took, for example handwashing, the use of personal protective equipment and the isolation of consumers who present with possible infections.

The service had systems and processes to monitor infections through monthly clinical indicator reporting, and staff demonstrated an understanding of how to minimise the need for, and use of, antibiotics and ensure they are used appropriately.

The service had implemented policies and processes related to antimicrobial stewardship, infection control and outbreak management to guide staff, including a nominated Infection Prevention and Control Lead who had completed training as required by the Department of Health.

Throughout the Assessment Contact observations were made of density signage throughout the service; a screening processes for visitors at entry of the service including the use of hand sanitiser and temperature testing; hand hygiene facilities were readily accessible to all staff and visitors.

However, some observations were made of some staff not consistently wearing facial masks appropriately, and there was inconsistent monitoring of the screening processes on entry to the service. Feedback to Management at the time of the Assessment Contact resulted in the service providing additional training to staff on the appropriate use of personal protective equipment; and administration verbal and written communication of their responsibility in entry screening of personnel at the service.

For the reasons detailed, this requirement is Compliant.

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

A decision of Non-compliant in one or more requirements results in a decision of Non-Compliant for the Quality Standard.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-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 service is not able to demonstrate that the workforce is planned, and adequate in number, to enable the delivery and management of safe and quality care.

Consumers and representatives said there are insufficient staff to attend to their requests for assistance in a timely manner and this had a negative impact on consumer’s personal and clinical care needs being met. For example, consumers said there had been occasions when staff have been unable to respond to request for assistance resulting in consumers experiencing incontinence.

Consumers and representatives expressed they felt discouraged from using their call bell to request assistance due to observing staff being stressed and busy. Feedback to Management at the time of the Assessment Contact identified that the service had experienced a turnover of staff within the last six months, and the service had commenced actions including commencing a recruitment process and roster review to ensure a sufficient workforce to ensure safe and effective care and services for consumers.

Staff have expressed concerns that they are not able to consistently deliver care in line with the consumers’ needs or preferences, including hygiene care, and assistance with toileting or mobilising.

Care staff described examples where they had to negotiate meeting the needs of consumers in relation to hygiene care to complete their allocated tasks and responsibilities. Care staff reported that at times, shift vacancies impact their ability to care for consumers, especially when care delivery requires the assistance of two staff and said there can be significant delays in care delivery at these times.

Review of consumers care planning documentation identified that staff reported difficulties in managing consumers exhibiting challenging behaviours, as a result of staff feeling rushed to deliver care.

At the time of the Assessment Contact, observation was made on the morning shift that one care staff was responsible for personal care delivery in an area of the service which was home to 24 consumers.

In coming to a decision on compliance for this requirement, I have considered the information provided in the Contact Assessment – Site Audit report and the Approved Provider’s response. I acknowledge the action taken and planned actions by the Approved Provider, however at the time of the Assessment Contact the service was unable to demonstrate it had a planned workforce to ensure consumers received safe quality care. I find the service Non-compliant in this requirement.

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

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

Consumers and representatives considered that staff engage with the consumer in a respectful, kind and caring manner, and are gentle when providing care. Consumers said staff respect the consumer’s diversity, preferences and identity, including their wishes relating to their independence.

The service includes education on the delivery of kind and respectful consumer care as part of staff’s orientation to the service.

Throughout the Assessment Contact, staff interactions with consumers were observed to be kind, respectful and caring; staff were observed to be knocking on consumers’ doors prior to entry, using preferred names, greeting consumers in a friendly manner and affording privacy and space when visitors were present.

For the reasons detailed, this requirement is 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.

* Requirement 2(3)(a) – Ensure 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 3(3)(a) – Ensure each consumer receives safe and effective personal care, clinical care, or both personal and clinical care that is best practice, tailored to their needs and optimises their health and well-being.
* Requirement 7(3)(a) – Ensure the workforce is established to deliver safe and quality care and services.