Uniting Nareen Gardens Bateau Bay

Performance Report

5 Yakkalla Street
BATEAU BAY NSW 2261
Phone number: 02 4332 5422

**Commission ID:** 2680

**Provider name:** The Uniting Church in Australia Property Trust (NSW)

**Site Audit date:** 15 June 2021 to 18 June 2021

**Date of Performance Report:** 27 July 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

|  |  |
| --- | --- |
| **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) | 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** | **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 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 19 July 2021.

# 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

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.

Overall sampled consumers who spoke with the Assessment Team considered 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:

* Overall consumers interviewed said they are treated with respect and said staff are always kind, helpful and friendly.
* Consumers said staff encourage them to participate in activities, ask them about their well-being and are responsive to their needs. Most consumers said staff are aware of what is important to them and this was confirmed through staff interviews.
* Consumers interviewed confirmed staff respect their personal privacy by knocking on doors before entering and closing doors and curtains while providing personal care.
* Overall staff interviewed could describe key areas of consumers’ background, culture and identity and were aware of their individual needs and preferences as recorded in care plans.

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*
4. *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

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.

Overall sampled consumers and representatives who spoke with the Assessment Team considered that they feel like partners in the ongoing assessment and planning of the consumer’s care and services. For example:

* Sampled consumers and representatives confirmed they are satisfied with the way the service works in partnership with them and involves them in assessment, planning and review of the consumer’s care and services, and includes other relevant providers of care and services when required.
* Some sampled consumers and representatives said they had taken up the opportunity offered by the service to complete advance care directives and have advised the service of the consumer’s end of life choices.
* Sampled consumers and representatives provided feedback of the ongoing consultation and timely responsiveness of staff when the consumer’s circumstances change.

The Assessment Team’s report details that assessment and care planning occurs regularly. The Assessment Team found when incidents such as falls occur, the service identifies, manages and resolves the incidents effectively to reduce or prevent further incidents occurring. Assessment and planning was found by the Assessment Team to inform the delivery of safe and effective care and services, and identify and address the consumer’s needs, goals and preferences, including consideration of risks to the consumer’s well-being.

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-COMPLIANTPersonal 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

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.

Most sampled consumers and representatives who spoke with the Assessment Team considered that the consumer receives personal care and clinical care that is safe and right for them, and they have access to a doctor and other health professionals when they need it. For example:

* All sampled consumers and representatives said they have good access to doctors and other health professionals relevant to their needs.
* Consumers and representatives stated they were satisfied with the management of infections the consumer had experienced.

The Assessment Team found the service was not following their own policies and best practice guidelines regarding the management of chemical restraint medications. The Assessment Team’s report details that the service acknowledged and had identified deficits with the psychotropic monthly reports relating to the inaccurate classifications and diagnoses documented for consumers prescribed chemical restraint medication and said a comprehensive review is underway.

The Assessment Team found when chemical restraint medications are prescribed, consent has not been provided by the consumer or their representative, care plans not completed and medical reviews are not completed when due.

The Assessment Team’s report details that the service has not demonstrated clinical care is consistently provided that is best practice, tailored to consumer needs and optimises their health and well-being.

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.*

The Assessment Team found the sampled consumers and representatives said they were generally satisfied the consumer gets safe and effective personal care and clinical care that meets their individual needs and optimises the consumer’s well-being. However, some sampled consumers and representatives who spoke with the Assessment Team provided feedback showing there are some gaps in the care being provided to the consumer.

The Assessment Team’s report details that the current interventions used for one sampled consumer have not been effective in addressing the consumer’s behaviour to optimise their health and wellbeing or minimise impact on other consumers. The Assessment Team reviewed five consumers prescribed a chemical restraint medication and found the service did not demonstrate appropriate management of chemical restraint in accordance with best practice guidelines. This included adequate and appropriate documentation, consent, monitoring and review.

The approved provider submitted a written response relating to sampled consumers and processes to ensure safe and effective personal and clinical care. The approved provider’s response acknowledges the issues raised in the Assessment Team’s report including the gaps relating to documentation and monitoring of psychotropic medication and chemical restraint use.

In relation to one sampled consumer, it is noted the consumer was transferred to the service’s memory support unit to better meet the consumer’s care and service needs and the consumer has been referred and reviewed recently by specialist behavioural services. In their response, the approved provider acknowledged the gap in ensuring recommendations from dementia behavioural services being recorded in the consumer’s care plan. The approved provider has undertaken further actions such as follow-up case conferences, specialist reviews and further behaviour support interventions.

The approved provider acknowledged that improvement is required, and in their response included their continuous improvement plan outlining the following actions commenced and completed:

* The service has reviewed all consumers prescribed psychotropic medications and confirmed appropriate consent, diagnoses, and records in care plans.
* The service is using a self-assessment tool as a live document to cross check against the monthly pharmacy report.
* The service has undertaken meetings with registered nursing staff and team leaders in relation to the gaps in documentation of non-pharmacological interventions tried before using pharmacological interventions.
* The service has strengthened governance processes, implemented daily clinical meetings, and has planned staff training on behaviour management.

While the approved provider submitted further evidence to show actions taken in relation to the issues raised by the Assessment Team, the service was not compliant at the time of the site audit. The approved provider is still undertaking actions and improvements to ensure each consumer gets safe and effective personal care and clinical care, in particular relating to pain management, use of restraint and behaviour management.

I find 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.*

### 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

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.

Overall sampled consumers who spoke with the Assessment Team considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. For example:

* Consumers interviewed confirmed they are supported by care and lifestyle staff and the pastoral care team to engage in activities they enjoy and keep socially connected with family and friends.
* Consumers said they feel socially connected and able to build relationships with staff, family and friends and engage in activities and interests they enjoy.
* Overall consumers interviewed said they enjoyed the food and meals provided by the service and felt they have a good variety of choice, quality and alternatives available.

The Assessment Team’s report details the service provides a wide range of activities to engage consumers and supports and encourages them to feel socially connected, engage in relationships of their choice and contribute to meet their needs and preferences for daily living. The service provides psychological, emotional and spiritual well-being of consumers through care and lifestyle staff, the pastoral care team, counselling services and volunteers.

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 service 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

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.

Overall sampled consumers who spoke with the Assessment Team considered that they feel they belong in the service and feel safe and comfortable in the service environment. For example:

* Consumers interviewed generally provided positive feedback about the service environment and confirmed they can move freely within the indoor and outdoor areas.
* Consumers confirmed the service environment was safe, clean, and well maintained and encourages a sense of belonging.
* Consumers consistently reported the furniture and equipment were suitable and comfortable and indoor and outdoor areas were welcoming, clean and well-maintained.

The Assessment Team’s observations of the service environment, furnishings and equipment were found overall clean, safe, well maintained and fit for purpose. The Assessment Team observed the service environment was welcoming and incorporates dementia principles of design with various indoor and outdoor spaces for consumers to interact with family, friends and visitors and individual and communal spaces to enjoy.

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

trend analysis and tested staff understanding and application of the requirements under this Standard.

Overall sampled consumers who spoke with the Assessment Team considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. For example:

* Consumers and representatives interviewed said they felt comfortable to make a complaint and felt safe to do so. This could be in writing, or in person to a staff member or management who have an “open door” policy. Information on complaints mechanisms, including external mechanisms is available throughout the service.
* Consumers are encouraged to access advocacy groups and language translation services and this information is displayed in communal areas on when and how to use these services.
* Consumer feedback and complaints are used to improve the way care and services are delivered. For example, the catering company has sourced a new supplier following consumer feedback.
* The service displays contact details of senior management (including a member of the Board) as a point of escalation if consumers are unhappy with the response to complaints made.

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

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.

Overall sampled consumers who spoke with the Assessment Team considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. For example:

* Consumers and representatives interviewed said staff are kind and caring. The Assessment Team observed examples of staff interacting with consumers in kind, respectful ways and with familiarity.
* Consumers and representatives interviewed felt confident that staff are competent to meet the consumers’ care needs.
* Most consumers and representatives interviewed said they felt there was enough staff and a review of rosters, vacancies and staff allocations show staffing levels are maintained to ensure consumers’ care and services are adequately provided.
* Staff interviewed reported they have access to ongoing training and information available to help them perform their roles effectively.
* Staff confirmed performance monitoring and assessment is ongoing. Staff provided examples of how additional training or courses have been provided as part of this process.

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 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

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).

Overall, sampled consumers who spoke with the Assessment Team considered that the organisation is well run and that they can partner in improving the delivery of care and services. For example:

* The service’s 2021 April consumer experience survey noted 84% of consumers report the place is always well run and 14% report it is well run most of the time.
* Feedback from consumers is sought through meetings, surveys and feedback forms. Consumers confirmed they are aware of how to provide feedback and that management address concerns in a timely manner.
* The service has well-developed systems and processes in place to support governance.
* The internal feedback loop within the service ensures the Board is engaged in the implementation of new or review of existing policies and practices to improve the quality and safety of care and services delivered.
* Information management is effective across the service.
* Staff demonstrated a practical understanding of policies including restraint, Serious Incident Response Scheme and open disclosure.

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*
4. *managing and preventing incidents, including the use of an incident management system.*

### 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 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.*

Required improvements

The service should:

* Ensure current interventions used for addressing consumers’ behaviour are effective to optimise their health and wellbeing and minimise impact on other consumers.
* Where physical or chemical restraint is used, the service must demonstrate that the restraint is being used is the least restrictive option, and that consent has been obtained for the use of restraint. This includes adequate and appropriate documentation, monitoring and review of restraint.
* Complete planned actions outlined in continuous improvement plan in relation to behaviour domains, psychotropic self-assessment, chemical restraint authorisations, quality monitoring and staff education to ensure each consumer gets safe and effective personal and clinical care.
* Ensure planned actions are monitored and reviewed for effectiveness to ensure each consumer gets safe and effective personal and clinical care, including by consulting consumers/ representatives.