Windsor Park Aged Care

Performance Report

110 Star Street
CARLISLE WA 6101
Phone number: 08 9472 9488

**Commission ID:** 7844

**Provider name:** Fresh Fields Aged Care Pty Ltd

**Site Audit date:** 26 July 2021 to 28 July 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

|  |  |
| --- | --- |
| **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** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-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 consumers, representatives, staff and others
* the provider’s response to the Site Audit report received 20 August 2021.

# STANDARD 1 COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

The Assessment Team found overall, sampled consumers 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. The following examples were provided by consumers during interviews with the Assessment Team:

* + They live a very independent life which is respected by staff.
	+ Can make day-to-day choices, including different choices depending on how they feel and staff assist them and are good to them.
	+ Staff respect their personal privacy and decisions.

The service has a culture of inclusion and respect for consumers. The consumer cohort includes consumers of Aboriginal descent and consumers who have been homeless. Care planning documentation viewed for sampled consumers reflected goals to enable staff to acknowledge consumers’ identity and cultural diversity and understand the importance of their spiritual, emotional, and land cultural beliefs and needs. Management spoke of consumers in a way that showed respect and valued consumers’ life journey and they were aware of consumers’ ongoing changing needs. Registered staff demonstrated an awareness of consumers’ backgrounds and their individual needs for delivery of care.

Consumer information is documented and includes information relating to others they wish to be involved in their care and decision making. Consumers and representatives are involved in conferences enabling them to discuss the services being delivered and to make decisions about future care. Staff described how they support consumers to maintain friendships and consumers sampled indicated they are able to make day-to-day choices about their lifestyle preferences.

Where consumers choose to partake in activities which include an element of risk, they are supported to do so. Risk assessments and care plans are developed in consultation with consumers and/or representatives. This process includes discussions relating to the risks involved, potential consequences and agreed upon strategies to mitigate and/or minimise the risks. Staff described activities in which consumers partake which includes an element of risk and strategies to minimise the risks in line with consumers’ care plans.

Consumers and representatives said they get the information they need to enable them to make decisions and exercise choice. Information is provided through meeting forums, regular newsletters, and care and service review processes. Clinical staff stated they speak with families when they visit and provide them information on a day-to-day basis. Additionally, they will contact families in response to information and changes to consumers’ health and well-being. The Aboriginal health coordinator stated they spend time with consumers to assist them to understand the choices they have regarding services and supports.

There are processes to ensure consumers’ privacy is respected and personal information is kept confidential. Information stored electronically is password protected and backed up regularly. Staff provided examples of how they maintain consumers’ privacy and stated they sign a declaration on employment relating to ensuring consumers’ privacy, including information, is maintained.

Based on the evidence documented above, I find Fresh Fields Aged Care Pty Ltd, in relation to Windsor Park Aged Care, to be Compliant with all Requirements in Standard 1 Consumer dignity and choice.

## 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 COMPLIANTOngoing 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

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

The Assessment Team found that overall, consumers sampled confirmed they feel like partners in the ongoing assessment and planning of their care and services. The following examples were provided by consumers and/or representatives during interviews with the Assessment Team:

* + Staff know their needs very well and understand the way they wish to live.
	+ Staff are very careful to report to the Registered nurses if they are unwell and the Registered nurses always come and check on them to ensure they are safe.
	+ The service discusses consumer’s health and care planning with them and always calls them when there are changes in the consumer’s health, if they have a fall or a skin tear.
	+ They are aware of their care plan and are able to read it if they want to.

A range of clinical, personal and lifestyle assessments are completed on entry and on an ongoing basis, including when a change in consumers’ health and well-being is identified. Additionally, a range of validated risk assessment tools are utilised, including for falls, skin, nutrition and pain. Information gathered from consultation with consumers and/or representatives and assessment processes is used to develop individualised care plans which incorporate each consumer’s goals, needs and preferences. Care plans are discussed with consumers and/or representatives through case conferences. Staff confirmed they have access to consumer care plans.

Information relating to end of life planning and advance care planning is gathered on entry, and discussed at annual case conferences or when consumers’ health deteriorates. Consumer files sampled demonstrated palliative case conferences had been undertaken and end of life planning discussed. Additionally, care files included advance care orders outlining consumers’ end of life preferences.

Care files sampled demonstrated regular input from Medical officers and allied health specialists occurs. Care plans had been updated in response to changes in circumstance or incidents and care and services had been reviewed.

Based on the evidence documented above, I find Fresh Fields Aged Care Pty Ltd, in relation to Windsor Park Aged Care, to be Compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

## 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

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

The Assessment Team have recommended Requirement (3)(a) not met. The Assessment Team were not satisfied the service demonstrated consistency with best practice in relation to minimising use of restrictive devices and wound management.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Non-compliant with Requirement (3)(a) in Standard 3. I have provided reasons for my finding in the specific Requirement below.

In relation to all other Requirements in this Standard, the following examples were provided by consumers during interviews with the Assessment Team:

* + It is good living at the home and they are looked after.
	+ Staff know them quite well and they do not need to remind them regarding their care needs.
	+ They were satisfied they were able to see their Doctor when needed.

High impact or high prevalence risks associated with the care of consumers are identified through assessment processes, and management strategies developed and documented in care plans. Consumer files sampled demonstrated appropriate management of skin integrity and wounds, weight and falls. Clinical staff demonstrated an awareness of clinical risks and indicated they refer consumers to Medical officers and/or allied health specialists where additional support is required.

Care files sampled demonstrated the needs, goals and preferences of consumers nearing the end of life are identified. Care files included end of life wishes and advance care plans identifying consumers’ final wishes and cultural considerations. Trajectory documents are available to guide staff with care planning processes during the palliative phase and the service has close links with external palliative care services for additional support.

Documentation viewed by the Assessment Team demonstrated deterioration and changes to a consumer’s health and/or condition had been recognised and responded to in a timely manner. Staff stated they raise concerns with consumers’ health and well-being to clinical staff. Care files sampled demonstrated where changes to consumers’ condition, needs and preferences had occurred, assessments had been commenced, referrals to Medical officers and/or allied health specialists initiated and changes to care plans, including management strategies implemented.

The service has processes for referring consumers to Medical officers and allied health specialists and care files demonstrated recommendations are initiated, documented and communicated. Consumer files sampled demonstrated consumers are referred to a range of allied health professionals.

The service demonstrated processes to minimise infection related risks through standard and transmission based precautions and practices to promote appropriate antibiotic prescribing. Clinical staff were familiar with risks relating to antibiotic therapy and described strategies to minimise antibiotic use. Staff have received training in relation to infection prevention and control and staff stated additional training related to infection control practices has been provided in response to COVID-19. Policies and procedures relating to antimicrobial stewardship and infection management are available to guide staff.

Based on the evidence documented above, I find Fresh Fields Aged Care Pty Ltd, in relation to Windsor Park Aged Care, to be Compliant with Requirements (3)(b), (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) in Standard 3 Personal care and clinical care.

### 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 were not satisfied the service demonstrated practices consistent with best practice in relation to minimising restrictive practices and wound care. The Assessment Team’s report provided the following evidence relevant to my finding:

Consumer A

* A discharge Behaviour management plan indicated the consumer required a dignity suit due to incontinence and associated challenging behaviours and indicated the dignity suit had been worn prior to entry.
* A Physical restraint assessment, care plan and consent for a dignity suit to be worn at all times was completed 14 days after entry. There is no documentation identifying behaviours that would support use of the suit over this period.
* A Behaviour assessment conducted in October 2020 did not indicate behaviours to support use of the dignity suit were displayed. There is no information regarding trial of removal of the dignity suit or other strategies to mitigate the behaviour.
* A Behaviour assessment conducted in February 2021 identified one episode of faecal smearing. The episode was not investigated to ensure the dignity suit was being worn appropriately or if the suit was effective in mitigating the practice.
* A care plan review in February 2021 stated the consumer frequently removes clothes and continence aids, placing the contents inappropriately and staff to assist with clothing the consumer in a dignity suit at all times to maintain comfort and dignity. There is no information regarding trialling of alternatives to wearing an all-in-one garment 24 hours a day.
* The Physical restraint assessment reported the dignity suit is to be worn at all times due to removal of clothing, faecal smearing and consumption of faeces. Strategies documented as trialled before restraint included an activities box for activities, increased supervision and observation, an individualised routine, medication review, and the psychosocial program is for therapeutic touch.
	+ The consumer was not observed to be provided any programs in accordance with their needs during two days of the Site Audit. The consumer was noted to be touching their groin area at all times when observed.
* The representative indicated they were aware of the dignity suit but does not know why this is always required.
* Three incidents of skin rash/excoriation to the buttock area and/or groins have been identified since May 2021. In June 2021, a Medical officer review indicated chemical dermatitis related to incontinence. Skin rashes identified in May and June 2021 resolved. Excoriation identified in July 2021 is ongoing.
* The consumer has a history of spending a lot of time outdoors and enjoyed walking. The consumer does not have the opportunity for walking or physical exercise as they are no longer able to follow instructions in exercise, and there is no outdoor area they can access without staff supervision at all times.
	+ The care plan indicates the consumer requires one staff for assistance, but staff said the consumer is steady on their feet and walks with no assistance or frame.
	+ The representative said they would love to see the consumer get outside more as they used to love the outdoors but there is no access for them to walk outside. The representative stated the consumer loves to walk and is fully mobile and there is nothing much for them to do all day.

Consumer B

* While information regarding the consumer’s clinical status on entry included information regarding toileting, pad changes and showering, a Physical restraint assessment, care plan and consent dated on the day of entry included an all-in-one clothing worn day and night due to faecal smearing.
* The Physical restraint assessment, care plan and consent said the need for restraint was due to anxiety related behaviours if the consumer does not have bedrails on the bed and smear/faecal behaviour. The non-restraint alternatives trialled section of the assessment said at least two alternatives should be attempted before restraint is used. The assessment showed no strategies had been ticked in the boxes to show a trial had been undertaken.
	+ A section of the assessment reported that no strategies were trialled “due to the distress (the consumer) displayed when admitted and no rails were on the bed”.
	+ The Physical restraint care plan said bedrails are to be used when the consumer is in bed and the dignity suit is to be worn at all times and used as part of the consumer’s clothing during the day and night. Remove for showering.
* A report written the day after entry identified the consumer’s responsive behaviours, including physical and verbal aggression and refusal of meals and medications. Observations noted the consumer does not like to feel the cold and behaviours were noted as increasing for short periods when removing clothing. Strategies included bed wash only and turning the heat up.
* Progress notes for a 14 day period in July 2021 showed one occasion where the consumer removed clothing, another of agitation due to a wet pad and wanting to be changed and five occasions of stripping bed sheets and removing clothing. There are no reports of faecal smearing.
* Progress notes 13 days after entry indicate a dignity suit is required due to removing continence aids and faecal smearing and one occasion where the consumer was noted to be doubly incontinent and had faecal smear and to trial dignity suit.
* Behaviour assessments conducted over nine days in July 2021 did not identify behaviours of faecal smearing. Behaviours identified related to six occasions of stripping off the sheets and clothing, including one where the continence aid was thrown on the floor and the consumer wanting to be changed.
* A care plan completed for the consumer states the consumer removes continence aids and on occasion smears the contents. However, faecal smearing has not been identified on Behaviour assessments, and only once/or twice in progress notes.
* Management stated:
	+ The consumer had historical evidence of wearing all-in-one clothing prior to entry due to faecal smearing and said the all-in-one body suit was trialled over a number of days before it was introduced.
	+ The all-in-one was added to the Physical restraint assessment, care plan and consent at a later date, not on the day of entry as recorded on the plan. This was a mistake and probably made due to discussion regarding an all-in-one body suit with the consumer’s representative on entry and agreeing to the consumer wearing one.

Wound care

* The service has a high number of wounds including four Stage 2, one Stage 3 and three consumers with deep tissue wounds. Wounds are treated according to care plan instructions and photographed weekly and wounds sampled were noted to be healing.
* Progression of wound length, width and depth is not generally recorded. Management said this should be done weekly.
* The organisation’s Wound specialist is assisting with care of the wounds and includes measurement of the wound on wound assessments and care plans.

The provider’s response provided further clarification relating to the issues identified in the Assessment Team’s report as well as identified opportunities for improvement. The provider’s response included, but was not limited to:

In relation to Consumer A

* The respite period prior to permanent admission was not considered at the Site Audit. The Assessment Team missed trial of the dignity suit for the first three weeks of respite. Notes during these weeks record multiple episodes of behaviours.
* The restrictive practice is reviewed monthly and was considered a clinically appropriate decision with the least restrictive practice and was assessed as reducing exposure to this harm. Wearing the suit has been effective in minimising behaviours.
* A trial of removal of the dignity suit commenced during the Site Audit and was unsuccessful. Our harm based approach has informed the cessation of this trial as we do not feel it is in the consumer’s best interest to consistently expose them to this harm.
* The dignity suit has been in place for 14 months and the consumer has only recently experienced skin issues. Changes to the consumer’s bowel habits are being investigated.
* A meeting was held subsequent to the Site Audit to support the representative’s understanding of the use of the dignity suit and alternative strategies and options. The representative chose for use of the suit to continue and required documentation has been signed.
* The risk of going outside is not a falls related risk. One staff member is required to direct and support when walking through populated parts of the home due to behaviours that put them at risk from others and exit seeking behaviours.
* Direct access to the outdoor courtyard has since been enabled. It has now been designed as a loop to facilitate more walking for future consumers. The consumer will be required to be supervised in this space.

In relation to Consumer B

* The consumer was very agitated and distressed at not having bedrails in place on entry and constantly complained of being cold, which was described in behaviour assessments as a trigger for physically aggressive behaviours towards staff and consumers.
* The dignity suit consent form did state the reason was for faecal smearing, however, the other more impactful reason was to keep the consumer warm and prevent distress at feeling cold.
* Alternatives to the suit were trialled over 15 days, including bed wash only, extra blankets and socks, environmental modification temperature of room, sitting outside in the sunshine.
* Risks and benefits were assessed when the suit was trialled. Physical aggressive behaviours changed from most days, and on some occasions, many times a day to only one episode in two weeks. This is likely because the consumer is able to remain warm.
	+ Every day of the 14 day trial without the suit, the consumer was noted to have physically aggressive behaviour or inappropriate removal of clothes. A two week trial with the body suit only identified one episode of removing continence aid and three of verbal aggression.
* The dignity suit has been very effective in reducing the number of responsive behaviour incidents triggered by feeling cold. Attempts to reduce usage of the suit has resulted in immediate evidence of distress. Monitoring will continue.
* Consent for the suit was gained verbally from the representative on entry only to be used if required after a trial without it.
* Throwing faecally contaminated pads around the room poses an unacceptable risk of harm to other consumers. When a continence pad is thrown around a room, the effect is faecal smearing.

In relation to wound care

* Two Wound care specialists are employed and attend and assist the home team with wound care as required.
* Staff photograph wounds, which includes use of a disposable ruler to document scale.
* Wound healing rates indicate wound care is achieving excellent results and the ruler assists with understanding scale.

I acknowledge the provider’s response to the Assessment Team’s report, the actions taken in response to deficits identified and the additional information provided. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, the service did not ensure safe and effective personal and/or clinical care was provided in line with best practice care or which optimised health and well-being, specifically in relation to Consumer B.

In relation to Consumer B, I have considered that the service has not effectively utilised assessment, monitoring and review processes to identify and/or establish appropriate management strategies for the consumer’s responsive behaviour resulting in implementation of a restrictive device. The provider asserts apart from faecal smearing, the other more impactful reason for the dignity suit is to keep the consumer warm and prevent distress at feeling cold. While I acknowledge use of the restrictive device has reduced the incidence of responsive behaviours, I find the reason provided for application of the restrictive device is not in line with best practice care. Additionally, information gathered through assessment processes did not identify consistent behaviours relating to faecal smearing. Furthermore, I have considered the alternative strategies trialled prior to implementation of the restrictive practice were not sufficient and additional strategies to mitigate and/or minimise responsive behaviours were not sufficiently explored resulting in a restrictive device being applied to the consumer 24 hours a day.

In relation to Consumer A, I have considered that behaviours associated with incontinence were present prior to entry and documentation included in the provider’s response demonstrates the behaviours continued during the consumer’s respite period. To mitigate and/or minimise the consumer’s responsive behaviours, a restrictive device has been implemented and has been successful in minimising the behaviours. For Consumer A, monitoring and review processes have been initiated in relation to use of the restrictive device and strategies implemented have been effective in maintaining the consumer’s dignity and minimising risk to Consumer A and others.

In relation to Consumer A’s access to outdoor areas, I have considered that the evidence provided is more aligned with Standard 5 Organisation’s service environment Requirement (3)(b) and have considered this information and the provider’s response in my findings for that Standard and Requirement.

In relation to wound care, I have placed weight on information in the Assessment Team’s report indicating wounds are treated in line with management plans, photographed weekly and wounds sampled were noted to be healing. I have also considered that the service has access to Wound care specialists to assist with wound management and to provide support to the clinical team.

Based on the evidence documented above, I find Fresh Fields Aged Care Pty Ltd, in relation to Windsor Park Aged Care, to be Non-compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

### 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 COMPLIANTServices and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

The Assessment Team found most consumers sampled considered that they get the services and supports for daily living that are important for their health and well-being and enable them to do the things they want to do. The following examples were provided by consumers during interviews with the Assessment Team:

* + They generally feel supported to do the things they want to do.
	+ Their emotional, spiritual and psychological well-being needs, goals and preferences are supported.
	+ They are supported in an independent lifestyle and the service is responsive to their preferences.

Initial and ongoing assessment processes assist to identify each consumer’s goals, needs and preferences. Information relating to consumers’ background and emotional, spiritual and cultural needs and interests was noted to be reflected in care plans sampled. Staff were aware of emotional, spiritual and psychological well-being supports for consumers sampled.

Care plans include current information about how consumers participate in the community and maintain relationships. Therapy staff described how they work around barriers that may prevent consumers from being active in their communities to ensure they have opportunities to connect socially, maintain personal relationships and do things that interest them both within and outside of the service. The service has a Back to country program which assists Aboriginal consumers to return to their regional and desert communities. The program has assisted 44 Aboriginal consumers to return to their communities.

The service’s activities program varies month-to-month and includes a range of activities tailored to consumers’ needs and preferences. All consumers stated the service is proactive in ensuring they are supported in an independent lifestyle and are responsive to their preferences. Consumers gave examples of taking part in social activities of interest to them, and representatives said the service encourages social and personal relationships.

Care files included information about consumers’ conditions, needs and preferences and there are processes to communicate this information within the service and with others where responsibility is shared. There are processes to connect consumers with services and other supports in the wider community to deliver specific supports and services which align with consumers’ choices. Consumers and representatives confirmed there are processes to communicate important information about consumers’ services and supports and how to deliver them and therapy staff know what the consumers need.

Consumers provided positive feedback about the food. Consumers’ dietary requirements, including likes and dislikes, are identified on entry and documented in consumer care plans and the organisation’s dietary requirements system. Meals are provided by the organisation’s central kitchen and regenerated onsite. Kitchen staff were familiar with individual consumer’s dietary requirements and described how they are updated where there are changes. Consumers are consulted about meal services and feedback and suggestions in relation to meals are actioned.

Equipment provided was observed to be safe, suitable and well maintained. Equipment is monitored through a reactive and preventative maintenance program and reports sampled demonstrated equipment used for clinical care and mobility is regularly checked and tested. Assessment processes, including risk assessments are conducted by allied health staff prior to providing equipment to consumers to ensure it is used for its intended purpose and suitable to consumers’ needs.

Based on the evidence documented above, I find Fresh Fields Aged Care Pty Ltd, in relation to Windsor Park Aged Care, to be Compliant with all Requirements in Standard 4 Services and supports for daily living.

## 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 NON-COMPLIANTOrganisation’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

The Quality Standard is assessed as Non-compliant as one of the three specific Requirements has been assessed as Non-compliant.

The Assessment Team have recommended Requirement (3)(b) not met. The Assessment Team were not satisfied consumers were able to move freely both indoors and outdoors, and the service environment was comfortable and well maintained.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Non-compliant with Requirement (3)(b). I have provided reasons for my finding in the specific Requirement below.

In relation to Requirements (3)(a) and (3)(c), the Assessment Team found most consumers considered that they felt they belong in the service and feel safe and comfortable in the service environment. The following examples were provided by consumers and/or representatives during interviews with the Assessment Team:

* + The service environment has spaces to interact with others, encourages a sense of belonging and is welcoming to them, their friends, family and others.
	+ They can find their way around easily and can easily get to key locations.
	+ They feel safe when staff are using equipment with them.
	+ The design of furniture and fittings helps consumers to be independent and adds to the comfort of the consumers.

The Assessment Team found the service to be welcoming to consumers, their representatives and community members. Communal areas open onto outdoor courtyards and external areas are equipped with outdoor furniture. Environmental strategies, such as navigational aids, seating areas, lighting, mobility aids and colour contrast assist to improve independence and function for consumers with sensory deficits, limited mobility and cognitive impairment.

There are processes to assess and plan what furniture, fittings and equipment are required to ensure they are safe and suitable for consumers. There are preventative and reactive maintenance processes and staff described how they report maintenance issues and alert others to hazards. Staff stated shared consumer equipment is cleaned by them and cleaning staff were observed undertaking cleaning tasks during the Site Audit.

Based on the evidence documented above, I find Fresh Fields Aged Care Pty Ltd, in relation to Windsor Park Aged Care, to be Compliant with Requirements (3)(a) and (3)(c) in Standard 5 Organisation’s service environment.

## 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) Non-compliant

*The service environment:*

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

The Assessment Team were not satisfied consumers were able to move freely both indoors and outdoors or that the service environment was comfortable and well maintained. The Assessment Team’s report provided the following evidence relevant to my finding:

* Both of the service’s houses restrict most consumers’ movement, preventing them from leaving the buildings due to their cognitive impairment and risks associated with absconding.
* An end section of one house is separated by a glass key coded door from the rest of the building. This section includes the Lodge where six consumers reside. The Lodge has another glass key coded door where six consumers do not have free access to the outdoors.
* All six consumers were observed not to be able to freely access any areas of the house and are restricted to an outside courtyard.
* A representative described one consumer as previously being a very active person but was confined to living in that environment which does not have access to any private outdoor area.
* Staff are aware of this but stated the consumer tries to abscond when outdoors that is why they are confined to the area.
* One consumer said the glass door that separates the main section and the end section of one house is slammed by staff and consumers multiple times a day which causes disturbance to those living in that section.
* One consumer from the other house, who prefers to keep their room door open, said there was an ‘annoying’ noise generated by trays, cutlery and equipment handling coming from the main kitchen.
* The kitchen door was observed to be left widely open throughout Site Audit.
* A consumer from the end locked section of one house said electricity to power outlets in their room has been an issue for the last eight to nine days and they are unable to use electrical items.
* Management acknowledged the reduction of power and lighting to certain rooms within the house stating they had received an authority to replace the wiring in that area.
* Two bedroom door defects had not previously been reported. The service could not show the closing issue of the fire exit door in one house’s locked end section was reported.
* The Assessment Team observed:
* Doors to double-bedded rooms in one house would not close; these were never reported in the maintenance book.
* The internal environment was unpleasant at times with urine and stuffy odours in one house, and wafting cigarette smoke in the other. Shared bathroom doors left open, laundry commercial skips were waiting for collection and smoking area not been sealed at all times.
* An elevated level of noise in both houses that presented an environmental stressor to some consumers.
* Shared bathroom main door joinery and trims appeared to be rusted and rotted; the vinyl floor covings around the same areas were lifting.
* A representative survey conducted in April-May 2021 indicated 17% of respondents strongly disagreed with the home’s environment being welcoming and safe.

The provider’s response provided further clarification relating to the issues identified in the Assessment Team’s report as well as identified opportunities for improvement. The provider’s response included, but was not limited to:

* All ambulant consumers residing in the Lodge require support and assistance when outside of the area.
* The impact of the Lodge’s design issue on the current consumers was minimal as none of the consumers are safe to go out to the garden unassisted.
* The issue of access has been rectified by installing a direct entry and exit door for consumers from the Lodge and a ramp to the garden.
* In relation to the consumer who was described as not having access to a private outdoor area, the consumer’s access needs to be supervised and facilitated, so there is no barrier to going outside, because staff would be available to open key padded doors.
* In relation to the door being slammed, the door is periodically kept open and consumers in this area have the pin code and staff open the door freely and upon request.
* A memorandum was sent to kitchen staff about the noise and the kitchen door is now closed during periods of activity. Additionally, a noisy door has been repaired.
* The manager has downloaded a decibel reading application and has been auditing the sounds during the day, especially during meal service. The noise was noted to peak on two occasions on the first two days of the audit. This was addressed with improvements noted.
* Electrical works have been completed and doors to double-bedded rooms have been repaired.
* The lack of reporting issues has been addressed from an organisational perspective and a new maintenance officer has been appointed.
* An Asset management system is in the process of being implemented to improve responsiveness and track maintenance.
* The bathroom has been inspected and quote of works and schedule completed.
* The survey was conducted in COVID conditions and shortly after lockdown. The comments from the survey were taken into account and staff provided with further education about the importance of reporting maintenance requirements.

I acknowledge the provider’s response to the Assessment Team’s report, the actions taken in response to deficits identified and the additional information provided. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, the service environment was not comfortable or well maintained and did not enable all consumers to move freely both indoors and outdoors.

In coming to my finding, I have considered feedback provided by three consumers which indicated the environment was not a comfortable space for them to live in. I have also considered observations made by the Assessment Team which indicated maintenance processes have not been effective in identifying issues related to the service environment and reporting of maintenance tasks did not consistently occur. Furthermore, I find that the Lodge environment did not allow all consumers to move freely both within and outside of the area, including outdoors. While I acknowledge improvements made subsequent to the Site Audit, feedback from a representative and staff indicated a consumer did not have access to a private outdoor area and was confined to the Lodge environment.

Based on the evidence documented above, I find Fresh Fields Aged Care Pty Ltd, in relation to Windsor Park Aged Care, to be Non-compliant with Requirement (3)(b) in Standard 5 Organisation’s service environment.

### Requirement 5(3)(c) Non-compliant

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

# STANDARD 6 COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

The Assessment Team found that overall, consumers considered that they are encouraged and supported to give feedback and make complaints, and appropriate action is taken. The following examples were provided by representatives during interviews with the Assessment Team:

* + In response to a complaint, clinical staff contacted them and made changes to resolve the issue.
	+ They will speak to Registered nurses if they have an issue and where informal complaints have been made, these are usually followed up and actioned.
	+ Following a complaint, management contacted them to discuss the issue and there is no longer a problem.

Consumers are provided with information in relation to internal and external complaint avenues on entry and on an ongoing basis through meeting forums and monthly newsletters. Information in relation to complaints processes and advocacy services was also observed displayed around the service, accessible to consumers, representatives, staff and others. Staff described how they would respond when an issue is raised, including reporting any complaints to registered staff.

Consumers and representatives are encouraged to provide feedback through a range of avenues, including feedback forms, surveys and meeting forums. Management described processes for resolving complaints, including undertaking discussions with the complainant to ensure appropriate action is taken. Following resolution, the complainant is contacted at a later date to ensure they are satisfied the issues are resolved. Management and staff were aware of open disclosure principles and complaints documentation viewed demonstrated open disclosure processes had been implemented.

A Complaints register is maintained and demonstrated feedback is addressed, actioned and evaluated. Complaints and investigations are collated and information is used to identify improvements to the quality of care and services.

Based on the evidence documented above, I find Fresh Fields Aged Care Pty Ltd, in relation to Windsor Park Aged Care, to be Compliant with all Requirements in Standard 6 Feedback and complaints.

## 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 COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

The Assessment Team found overall, consumers sampled considered they get quality care and services when they need them and from people who are knowledgeable, capable and caring. The following examples were provided by consumers during interviews with the Assessment Team:

* + Staff are kind, caring and gentle when providing care and they are sensitive to their culture and characteristics.
	+ Staff know what they are doing and meet their needs and preferences.
	+ They think there are adequate staff, call bells are answered reasonably quickly and staff support and interact with them.

There are processes to ensure the workforce is planned and the number and mix of staff deployed enables delivery of quality care and services. Staff sufficiency is monitored through review of consumers’ care needs, feedback processes and observations. There are processes to manage planned and unplanned leave. Consumers and representatives sampled confirmed there are generally enough staff, they are attentive to consumers’ needs and when consumers ring their call bell, it is answered reasonably quickly. Additionally, staff across designations stated coverage of shifts is generally maintained and they are able to manage workflows.

Staff were observed interacting with consumers in a kind, caring and patient manner. The service has a person-centred care approach which guides staff in the delivery of care, and is dignified, respectful and culturally safe. Additionally, the organisation’s Code of conduct outline expectations of staff in relation to attitude and behaviours.

Recruitment processes, quality indicators and essential and competency training assist the service to determine staff competency and capability in their roles. Various staff described regular and core training and other related training opportunities to assist them to improve their knowledge and enable them to effectively perform their roles. There are processes to monitor currency of professional registrations and police certificates; all were noted to be current and up-to-date.

A training calendar is in place which includes a range of mandatory and non-mandatory education opportunities and there are processes to monitor staff attendance. Additional training needs are identified through feedback processes, audits, performance appraisals and legislative changes. Care staff felt supported by clinical staff and management and stated they feel comfortable asking for assistance or advice as required.

A staff performance appraisal process is in place, including probationary, annual and bi-annual reviews. Management described how staff performance is monitored, including through information gathered through audits, feedback processes, incident data and surveys. Staff confirmed they undertake regular performance reviews to support their development and additional training is organised when required. Management also described the service’s performance management processes, implemented where poor staff performance is identified.

Based on the evidence documented above, I find Fresh Fields Aged Care Pty Ltd, in relation to Windsor Park Aged Care, to be Compliant with all Requirements in Standard 7 Human resources.

## 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 COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

The Assessment Team have recommended Requirement (3)(e) not met. The Assessment Team were not satisfied the organisation demonstrated effective clinical governance in relation to minimisation of restrictive practice.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Compliant with Requirement (3)(e). I have provided reasons for my finding in the specific Requirement below.

The Assessment Team found that overall, most consumers sampled considered the organisation is well run and they can partner in improving the delivery of care and services. Consumers and representatives felt they are encouraged to contribute to the way care and services are delivered. Consumers are supported to engage in development, delivery and evaluation of care through meeting forums, surveys and care evaluation processes.

The organisation demonstrated how the governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. A range or reporting mechanisms are in place to ensure the Board is aware and accountable for the delivery of services.

The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. There are processes to ensure these areas are monitored and reported on.

The organisation has a documented risk management framework which includes managing high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live their best life and managing and preventing incidents, including use of an incident management system. Staff sampled demonstrated an awareness of policies relating to these areas, including in relation to the Serious Incident Response Scheme, and described how they implement these within the scope of their roles.

Based on the evidence documented above, I find Fresh Fields Aged Care Pty Ltd, in relation to Windsor Park Aged Care, to be Compliant with all Requirements in Standard 8 Organisational governance.

## 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.*

The Assessment Team were not satisfied these approaches demonstrated effective clinical governance in relation to minimisation of physical and environmental restraints or restraints being used as a last resort. The Assessment Team’s report provided the following evidence relevant to their finding:

* Consumer A’s care planning strategies did not demonstrate appropriate environmental supports were in practice to manage absconding behaviour without the need for environmental restraint or to be used as a last resort and/or in a least restrictive way.
	+ The consumer has no access to the outdoors unless staff take them out to the courtyard.
	+ Staff said they could take the consumer over to the other house where they would have access to the outdoors but said they have not tried that as the consumer would get over stimulated. No other strategies to minimise the use of the locked area were advised.
	+ The representative said they would love to see the consumer get outside more but there is no access for them to walk outside.
* The service has restricted free movement of the consumer in the form of an all-in-one garment to be worn all day and night and has not ensured best practice clinical care in relation to skin care.
* Restraint records did not show the use of the consumer’s restraint was being used as the last resort, or that other strategies have been trialled to maintain dignity in continence care.
* Records did not show the restraint, used over the past 13 months, has been reviewed with the view to removing the restraint as soon as possible.

The provider’s response provided further clarification relating to the issues identified in the Assessment Team’s report as well as identified opportunities for improvement. The provider’s response included, but was not limited to:

* Organisational policies clearly outline the requirement for using restraint as a last resort, for the least amount of time and managing risks associated with restraint.
* Information relating to a restraint free trial for Consumer A have been included as part of the response.
* A restraint register is maintained and risk assessed on a high risk portal. The register and portal are reviewed at clinical risk meetings.

Based on the Assessment Team’s report and the provider’s response, I have come to a different view from the Assessment Team’s recommendation of not met and find the service Compliant with this Requirement. In coming to my finding, I have considered that the evidence presented does not indicate systemic issues with the organisation’s clinical governance framework, specifically minimising the use of restraint. As such, I have considered the evidence in other Requirements which reflect the core deficiency associated with the evidence.

I have considered that the evidence provided is more aligned with Standard 3 Personal care and clinical care Requirement (3)(a) and Standard 5 Organisation’s service environment Requirement (3)(b) and have considered this information in my findings for those Standards and Requirements.

In coming to my finding for this Requirement, I have considered information in the Assessment Team’s report indicating the organisation demonstrated a systematic approach to clinical audits, data comparison and monitoring best practice processes to manage risks associated with best practice care. The organisation is committed to quality care and services and the best interests of consumers. Clinical care is overseen by a Clinical excellence safety and quality committee ensuring care is safe and of the highest quality. The clinical governance framework considers processes and practices relating to antimicrobial stewardship, minimising use of restraint and open disclosure. Management demonstrated evidence of strategies and practices implemented to ensure antimicrobials are prescribed in line with best practice guidelines and complaints documentation viewed demonstrated open disclosure processes are implemented.

Based on the evidence documented above, I find Fresh Fields Aged Care Pty Ltd, in relation to Windsor Park Aged Care, to be Compliant with Requirement (3)(e) in Standard 8 Organisational governance.

# Areas for improvement

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

**Standard 3 Requirement (3)(a)**

* Ensure staff have the skills and knowledge to:
* Initiate assessments, develop appropriate management strategies and monitor effectiveness of strategies relating to behaviour management.
* Implement appropriate behaviour management strategies to minimise the impact of these behaviours and use of restrictive devices.
* Ensure policies, procedures and guidelines in relation to best practice care relating to behaviour management and restrictive practices are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to behaviour management and restrictive practices.

**Standard 5 Requirement (3)(b)**

* Review processes in relation to consumers’ ability to move freely both indoors and outdoors.
* Continue to monitor consumers’ satisfaction with the service environment.

Ensure processes to monitor the service environment are effectively implemented and issues identified actioned.