Yallambee Lodge

Performance Report

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**Commission ID:** 0352

**Provider name:** Snowy Monaro Regional Council

**Assessment Contact - Site date:** 21 July 2020 to 22 July 2020

**Date of Performance Report:** 25 September 2020

# Publication of report

This Performance Report **may 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** |  |
| Requirement 1(3)(a) |  Compliant |
| **Standard 2 Ongoing assessment and planning**  |  **Non-compliant** |
| Requirement 2(3)(a) |  Non-compliant |
| Requirement 2(3)(e) |  Non-compliant |
| **Standard 3 Personal care and clinical care** |  **Non-compliant** |
| Requirement 3(3)(a) |  Non-compliant |
| Requirement 3(3)(b) |  Compliant |
| **Standard 4 Services and supports for daily living** |  |
| Requirement 4(3)(a) |  Compliant |
| **Standard 6 Feedback and complaints** |  |
| Requirement 6(3)(a) |  Compliant |
| **Standard 7 Human resources** |  **Non-compliant** |
| Requirement 7(3)(a) |  Non-compliant |
| Requirement 7(3)(c) |  Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) |  Compliant |
| Requirement 8(3)(d) |  Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Assessment Contact - Site report was informed by the site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Assessment Contact - Site report received 19 August 2020

# STANDARD 1 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 and interviewed staff and representatives. These interviews confirmed that consumers are treated with dignity and respect, and their identity, culture and diversity is valued. This was reflected in care plans reviewed and observations made by the Assessment Team.

The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

## 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.*

The Assessment Team found that consumers are treated with dignity and respect with their identity, culture and diversity valued. Consumers and representatives confirmed that staff interactions were kind, respectful and friendly. Most consumers interviewed said they would like staff to be able to spend more one-on-one time with them to support their well-being and lifestyle activities. The Assessment Team observed the use of aids to assist consumers with specific communication needs so that their dignity and identity was maintained. Staff were observed using a gentle

hand touch to engage consumers in conversation. Staff were observed to be respectful in their interactions with consumers, spoke about consumers in a respectful way and documentation of care plans reflected the diversity of consumers. Most consumers sampled had a lifestyle profile that identified the consumer’s life history, culture and ‘what is important to the consumer and how we can help’. The service has a new privacy and confidentiality procedure to guide staff in relation to maintaining privacy and confidently and to ensure consumers are supported with dignity and respect. The service has also delivered training in dignity in care and practice, personalised care, care planning, and person-centred risk.

I have reviewed these findings and consider that the organisation is compliant with this requirement as they have demonstrated in various ways that the dignity, respect, identity and culture of each consumer is valued.

# STANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### 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 and interviewed staff and representatives and reviewed records including assessments and care plans.

Some sampled consumers confirmed that they participate in the ongoing assessment and planning of their care and services. The Assessment Team found that consumers and representatives were involved in case conference discussions and were informed of and participate in the Resident and Relatives meeting.

However, care planning and documentation did not consistently evidence comprehensive assessment and planning. Care plans were not consistently individualised relative to the risks and needs of each consumer’s health and wellbeing. The Assessment Team found that care and services are not reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs of the consumer.

The Assessment Team assessed two of the five requirements. The Quality Standard is assessed as Non-Compliant as two of the five specific requirements have been assessed as Non-Compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-compliant

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

I consider the service is non-compliant with this requirement.

The Assessment Team identified that pain assessments were not consistently undertaken for a consumer who had acute and chronic pain; strategies and interventions were not recorded or implemented for one consumer at a high risk of developing pressure injuries; and, strategies and interventions were not recorded for one consumer who had a high risk of falling. Care plans reviewed provided evidence of assessment and planning that considered risks to the consumer’s health and well-being, however this did not consistently inform the delivery of safe and effective care and services.

In their response, the Approved Provider acknowledged documentation omissions during the period of transitioning to a new electronic system. I acknowledge the interventions that have been provided for the consumer with risks to skin integrity since the audit, however this does not demonstrate that the provider was compliant at the time of the visit. The Approved Provider acknowledged that a formal risk assessment had not been documented regarding choking risks but had identified the risk and implemented strategies to manage this risk. However, I am not convinced that consumer risks were consistently identified, documented and actioned at the time of the visit.

### Requirement 2(3)(e) Non-compliant

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

I consider the service is non-compliant with this requirement.

The Assessment Team identified that for consumers sampled, care plans and assessments did not consistently demonstrate evidence of review. The effectiveness of pain relief was not consistently documented for consumers sampled; falls risks re-assessment had not been undertaken for one consumer who had repeatedly fallen; and pressure injury risk assessments had not been documented for a consumer whose needs had changed. For two consumers sampled, assessments of mobility and skin integrity were not documented following hospital discharge as per the service’s policy.

The Approved Provider response acknowledged the feedback provided by the Assessment Team. The Approved Provider’s response detailed the subsequent interventions implemented to manage the issues raised. These included the development of schedules and strategies to ensure that care plans and wound care plans are reviewed on a regular basis and that changes in consumer needs are identified and documented and actioned. I acknowledge the work carried out by the Approved Provider following the site visit and the interventions to manage the issues raised, however they were not compliant at the time of the visit.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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 including policies and procedures that support staff to deliver effective care.

Most consumers and representatives sampled were satisfied with the care and services provided. Consumers provided positive feedback about the kindness and caring nature of staff. Some consumers and representatives said that they did not always receive personal and clinical care to meet consumer individual needs.

The service did not consistently demonstrate that each consumer gets safe and effective personal care which is tailored to individual needs. The Assessment Team found that consumers pain, skin integrity and wound management was not consistently assessed, monitored and documented.

The Assessment Team assessed two of the seven requirements of this Standard. The Quality Standard is assessed as Non-Compliant as one of the two specific requirements assessed, was found 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.*

I consider the service is non-compliant with this requirement as the Assessment Team found, various consumers pain was not always monitored, appropriately actioned and the effectiveness of pain relief strategies not recorded in care documentation. In relation to two consumers, I am not satisfied that skin integrity management and wound monitoring and documentation was carried out in accordance with the service’s policies.

I acknowledge the Approved Providers response which has identified the need for further and continuous improvements in pain management. The Approved Providers response acknowledge the feedback provided by the Assessment Team. The providers response advised that the service is in the process of implementing a pain management application so that pain assessment, intervention and documentation is managed in a timely manner. The provider is undertaking staff education in pain management so that the organisations commitment to providing safe and effective care is ensured.

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

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

The Assessment Team found that the service demonstrated in most instances that it monitors and manages high impact risks for consumers including risks to swallowing, weight loss, falls and diabetes management. The Assessment Team documented several instances where consumers care plans and strategies were modified resulting from changes in clinical needs of the consumer. Interviews with management and nursing staff, and organisational documents reviewed, demonstrated that the service monitors and analyses the high impact or high prevalent risks for specific consumers, as well as across the service. Staff interviewed were able to describe high impact risks for specific consumers and the management of these risks. The Assessment Team observed that individual consumer risks are communicated to all staff during handover. The service has identified and actioned specific practice risks and has revised and implemented new policies to guide staff in these areas, for example, medication administration policy. The organisation has policies and processes to guide clinical care for consumers. The service has a restraint minimisation policy and procedure to guide staff in the minimisation and use of physical and chemical restraint. The service has released new guidance on restraint, skin integrity and pain management, all of which were issued in June 2020. Risks are monitored, reported and communicated using clinical care meeting forums which staff attend

I have reviewed these findings and consider that the Approved Provider is compliant with this requirement as they have demonstrated that high impact and high prevalence risks of individual consumers are managed.

# STANDARD 4 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 spoke with consumers about their experience, interviewed staff and representatives and reviewed a range of records including care and lifestyle plans and activity schedules.

Overall sampled consumers were satisfied with the support received for daily living and that they are provided with a choice of activities in which they could participate. Consumers and representatives interviewed said they are generally happy with the services and supports to meet the needs, goals and preferences of consumers that optimises their independence, health, wellbeing and quality of life. Most of the consumers interviewed said that staff supported them in the things that they wanted to do. However, some consumers, representatives and staff interviewed said that staff did not always have the time to assist with lifestyle activities in accordance with individual consumer needs and preferences.

Staff interviewed were able to identify consumer preferences and specific requirements based on functional ability. The organisation has demonstrated that the activities program is continually reviewed to meet any new requirements resulting from COVID 19 restrictions.

The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

## 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.*

Consumers and representatives interviewed said they are generally happy with the services and supports to meet their needs, goals and preferences to optimise their independence, health, wellbeing and quality of life. Consumer choice and preference is supported by staff for those consumers who prefer to engage in activities in their own room. Some consumers said that they would enjoy more one on one activities with staff if staff availability permitted. Staff feedback aligned with knowledge of consumer preferences and they could describe strategies utilised to encourage group activity participation when wanted. The newly appointed lifestyle officer provided the Assessment Team with successful strategies employed to increase levels of group activities and participation Consumer input and feedback inform the activities schedule, with strategies employed to meet the needs of consumers with varying levels of functional ability. The activities schedule is revised each season to accommodate the significant weather changes the region experiences. The service advised the activity schedule has been reviewed more frequently due to COVID-19 restrictions and other impacts such as the bushfires in January 2020. The service has a resident newsletter that is distributed every second month.

Care plans reviewed included a leisure, interests and activities domain and cultural, social and spiritual life domain that were developed from the consumer’s lifestyle profile.

The service continues to review and identify areas for improvement for activities available at the service. The service advised of some lifestyle and wellness activities that are currently in progress to commence at the service, however, have been delayed due to COVID-19 restrictions.

I have reviewed these findings and consider that the Approved Provider is compliant with this requirement as they have demonstrated care and services supports the daily living needs, goals and preferences for individual consumers.

# STANDARD 6 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

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 how they raise complaints and how the service responds. The team also examined documentation of complaints, follow up of complaints and actions and tested staff understanding and application of the requirements under this Standard.

Overall consumers and representatives considered that they are encouraged and supported to provide feedback and make complaints, and that appropriate action is taken. For example, most of the consumers interviewed felt that they could make complaints and felt safe to do so. Some consumers interviewed said that not all complaints are actioned, for example; one consumer said that there is ‘not much done’ with some complaints raised at the resident/residents which are escalated with management. The provider’s response did not specifically address this issue. The Assessment Team noted that the service’s resident and representative meeting agenda includes compliments and complaints as an agenda item. Any feedback is encouraged and feedback about other complaints or compliments relevant to all consumers is provided.

Feedback was noted in the improvement log spreadsheet which records any compliments, suggestions for improvement and complaints received to track follow up measures and outcomes. In general, actions have been undertaken to address these issues and to ensure that they do not occur again.

The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

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

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

The Assessment Team found that consumers and representatives felt safe and supported to raise concerns and provide feedback to the service. Overall consumers sampled said that complaints and feedback were actioned; however, some consumers felt that this did not always occur. The service’s response acknowledged this feedback and has implemented strategies to ensure that this does not occur again.

The Assessment Team noted that most staff interviewed were able to explain how they would respond and support a consumer if they raised an issue or concern. Staff were aware of the service’s feedback forms and locations. Staff described appropriate escalation processes to raise any concerns with their team leader or management. Care staff spoke about supporting consumers to complete a feedback form if needed and have assisted consumers with this process. Staff said they also use the feedback forms to identify and request improvements to assist daily operations and delivery of care for consumers at the service.

The Assessment Team observed feedback forms available at the main reception and throughout each house. The submission box is available in the main reception area. The service had the Aged Care Charter of Rights displayed and ‘Do you have a concern’ brochures available next to the feedback forms in each house.

I have reviewed these findings and consider that the Approved Provider is compliant with the requirement as they have demonstrated that consumers and family are supported and encouraged to provide feedback and make complaints.

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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 and their representatives, interviewed staff and reviewed a range of records including staff rosters and training records.

The Assessment Team found that most consumers sampled said that they get quality care and services they need and from staff who are capable and caring. Most of the consumers sampled said that staff are kind and caring and that they respect their culture, diversity and the care and services choice they make. Some consumers and representatives said that there were insufficient staff to spend time with them, provide care in a timely manner and assist with leisure activities.

The Assessment Team reviewed documentation and records sampled found that the organisation has a record of all staff and their qualifications so that appropriately qualified staff are allocated on the roster. The service has a plan to meet staff absences, however, short notice leave is not always replaced.

Management advised that the organisation is implementing a ‘house’ model of care where one staff member is allocated to each house for that shift. The transition to the new model of care had not been completed in its entirety during the assessment audit and the service is working to address issues arising from these changes. The Assessment Team found that workforce planning did not consistently demonstrate the delivery of timely and quality care and services.

The Assessment Team assessed two of the five requirements. The Quality Standard is assessed as Non-Compliant as one of the two specific requirements assessed, was found Non-Compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-compliant

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

I consider the service is non-compliant with this requirement.

Consumers, representatives and staff provided the Assessment Team with feedback regarding staffing shortages. Positive feedback indicated some improvements in staffing levels, however, consumers and staff identified that staff were not always able to provide the support required to meet consumers care needs and wellbeing and lifestyle activities. Consumers said that they often had to wait for their personal care needs to be attended to. The Assessment Team reviewed rosters and found that unplanned shift absences were not always replaced.

In their response, the Approved Provider submitted information about a restructure being undertaken to a ‘house model’ concept of care delivery. The restructure has created a significant increase in permanent positions which are being advertised. The Approved Provider acknowledges that the layout of the home is not conducive to staff visibility and are working to address these issues. The Approved Provider acknowledged that shift absences were not filled on the dates reviewed by the Assessment Team. The Approved Provider also noted that a new call bell system had recently been implemented and that technological issues were being addressed. While I acknowledge that the service is currently transitioning to this new model of care delivery, it was not implemented in its entirety at the time of the site assessment.

The service will be better placed to demonstrate sustainability and improvements of the new systems once complete implementation occurs at the time of the visit the Assessment Team found that consumer and staff feedback and documents reviewed did not consistently demonstrate that the workforce is planned and enabled to deliver safe and quality care and services.

### 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.*

The Assessment Team found that sampled consumers were generally satisfied that staff had the skills to meet their care needs and were competent. Some consumers said that the service has recently employed several new staff and some of these staff require more training to effectively meet their care needs.

The Assessment Team identified some deficiencies in staff competence to deliver safe and quality care in Standards 2 and 3 of the Quality Standards which I have addressed in the compliance decision related to the relevant requirements. However, the service demonstrated continuous improvements for the workforce through the organisational restructure. The service uses consumer and representative feedback and audits to inform staff training and support performance of their roles.

The organisation retains a list of all staff qualifications so that appropriate rostering and skill monitoring can occur within the service. Mandatory competencies are monitored.

I have reviewed these findings and consider that the organisation is compliant with this requirement as the Approved provider has demonstrated that workforce is competent and have the qualifications to perform their roles effectively.

# STANDARD 8 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

Most consumers sampled said that they could partner with the organisation. Most consumers and representatives interviewed were aware of the Residents and Relatives meeting, attend these meetings on a regular basis and that all consumers were presented with minutes of the meeting to keep them informed.

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 which support the delivery of safe and quality aged care services. The Assessment Team reviewed the systems in place to monitor risk and drive improvement in the quality and safety of care that is provided.

The organisation has systems to monitor and escalate high impact risks to consumers with policies and procedures to guide staff in the management of these risks to deliver safe care.

The Assessment Team noted that the service has implemented a range of new systems relating to information management, continuous improvement, regulatory compliance, complaints/ feedback, financial and workforce governance. The provider’s response has indicated that the service is proud of these achievements and confirm their commitment to providing safe services to their consumers. As these changes are relatively recent, the service has not yet evaluated the effectiveness of these improvements to support the delivery of safe services. Feedback from staff are generally positive and say they are supported with relevant training and education during the implementation phase. The service has identified areas for further development due to ongoing barriers experienced including network black spots and regional workforce procurement. The service continues to make improvements to minimise the impact of these such as implementation of their new electronic call bell system, electronic care planning system and commencement of an organisational restructure to assist staff availability and skill mix.

The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 8 Requirements

### 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.*

The Assessment Team found that the Approved Provider has effective governance systems relating to information management, continuous improvement, regulatory compliance, feedback and complaints and financial governance. This was demonstrated in various ways such as consumer satisfaction, interviews with staff and document reviews.

The Assessment Team found that the organisation has made several improvements to information management systems which has enhanced communication and gives staff access to information that helps them in the performance of their roles.

Management provided evidence of continuous improvement processes that are used within the service to drive changes.

Management provided examples of the use of the financial budget in response to consumers clinical needs, with the purchase of continence equipment and weighted blankets.

Management provided evidence of how workforce requirements and governance has been reviewed in response to previous Commission findings and workforce challenges in the region. A new model of care and service is being introduced and is supported by clearer responsibilities and accountabilities for staff roles at the service. Management advised that staff have agreed to the restructure being introduced.

The Assessment Team found that regulatory compliance is monitored, and changes communicated using a variety of technologies to staff and consumers where applicable.

I have reviewed these findings and consider that the Approved Provider is compliant with the requirement as they have demonstrated in various ways that there are effective widespread governance systems in place to manage key areas within the organisation.

### 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.*

The Assessment Team found that the organisation has made improvements to risk management systems and processes to assist in the delivery of safe care and practices. The organisation has a risk management framework, including policies to manage high impact risks; abuse and neglect of consumers and to support consumers to live the best life they can. Staff are aware and educated in these policies and were able to provide examples of the relevance of these policies to their work. Staff were able to provide examples of when risks were escalated and how to obtain clinical support in the management of these risks. The service delivers mandatory face-to-face training about reportable assault on an annual basis to all staff. Management review and triage all reports to ensure appropriate escalation and actions in response to any suspected abuse or assault. The service maintains a mandatory reporting register. Consumers dignity of risk and choice is supported.

I have reviewed these findings and consider that the Approved Provider is compliant with this requirement as they have demonstrated they have effective risk management systems and practices to manage high prevalent and high impact risks.

# 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. These include:

* Reviewing how the workforce is planned to ensure the number and mix of members of the workforce deployed, enables the delivery and management of safe and quality care and services.
* Reviewing pain, wound and skin integrity management to ensure that risks to consumers are consistently monitored, assessed and appropriate actions implemented, and that the effectiveness of strategies used are documented and reviewed.