Blue Care Beenleigh Bethania Haven Aged Care Facility

Performance Report

67-71 Station Road
BETHANIA QLD 4205
Phone number: 07 3805 6600

**Commission ID:** 5182

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

**Site Audit date:** 19 April 2022 to 22 April 2022 and 5 May 2022 to 6 May 2022

**Date of Performance Report:** 24 June 2022

# Performance report prepared by

Kathryn Spurrell, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-Compliant** |
| Requirement 3(3)(a) | Non-Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Non-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 Commissioner’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, interviews with staff, consumers/representatives and others.
* the Approved Provider’s response to the Site Audit report received 10 June 2022.
* other information and intelligence held by the Commission in relation to the service.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Consumers considered staff treated consumers with respect and were aware of their heritage. Staff were observed interacting with consumers and their representatives in a respectful and friendly manner. Staff described consumers cultural backgrounds and showed an understanding of their needs and preferences. Lifestyle assessments were completed for consumers which included information relating to consumers’ backgrounds, spiritual and cultural practices, and preferences.

Consumers described the ways staff supported them to attend activities inside and out of the service that nourished their cultural identify and spiritual well-being. Staff encouraged consumers to be independent and respected their choices.

Consumers felt supported to make choices about their care and services using their own judgement. The service demonstrated it provided choice to consumers by consulting with them to ensure the impact of risk-taking behaviour is understood consent and care plans guided staff to provide care and services to consumers in accordance with their needs, preferences, and goals.

Management described the information provided to consumers upon entry to the service and the process used for care planning. Care documentation planning confirmed this had been undertaken for consumers of concern and that consumers were permitted to make decisions about these activities independently.

Consumers and their representatives said their privacy and confidential information is respected by the staff. Consumers said information provided to them was accurate, timely, clear and concise.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

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

Consumers and their representatives confirmed their involvement with assessment and care planning, on entry to the service and then during periodic reviews. Staff described how they used assessment and planning processes to inform safe care delivery, through identifying consumers’ needs, goals and applicable risks. Care plans included consumers’ preferences, including for advance care and end of life care.

Care planning documents reflected input from consumers, representatives and other organisations and services, including recommendations or directives from health professionals. Consumers and their representatives said staff explained information regarding care and confirmed they have access to care planning documents.

Care planning documents reflected regular reviews occurred, at least every three months and following any change of circumstances or condition of the consumer. Representatives said they are informed of changes. The service reviews clinical indicators and monitors trends to identify areas of risk and strategies for improvement and policies, procedures, pathways, and guidelines were available to guide staff on assessment and planning and delivery of care.

## 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 have been assessed as Non-compliant.

The Non-compliance is in relation to Requirements (3)(a). Detailed reasoning for the finding is detailed in the relevant Requirement below.

Consumers and representatives were satisfied with the care and services they received and felt that their needs and preferences were effectively communicated between staff. Consumers considered that they had access to medical and allied health professionals when needed.

Staff described strategies they used to manage skin integrity, pain management, behaviour management and restraint minimisation. Staff described the effective management of high impact or high prevalence risks for consumers within the service. Staff advised that information about changes in a consumer’s care and services were communicated via care plans, progress notes, handovers and monthly meetings.

The service had policies outlining how high impact or high prevalence risks associated with care of consumers were managed within the organisation, and policies and procedures regarding the minimisation of infection-related risks, infection control and antimicrobial stewardship.

However, the Assessment Team brought forward evidence of deficiencies in the service’s management of restrictive practices and processes.

### 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 brought forward evidence that consumers did not always receive safe and effective personal and clinical care that was best practice, tailored to meet the individual consumer’s needs and optimised their health and well-being.

The Site Audit report found that the service demonstrated effective understanding and application of skin integrity and appropriately and effectively identified issues in relation to the management of pain. However, the Assessment Team inspected care documents that evidenced gaps of consent authorisations in relation to restrctive practices. Relevant (summarised) evidence included:

* consumer files indicated that consent for restraint needed to be followed up and obtained.
* a review of one named consumer’s care planning documentation who had been prescribed psychotropic medication as a restraint for disruptive behaviour, showed consent had not been granted from their representative.
* at the time of the site audit, management said that of the seven consumers for whom consent forms weren’t recorded, all the representatives for those consumers had been contacted to obtain consent.

In its written response of 10 June 2022, the Approved Provider provided some further context to the evidence brought forward by the Assessment Team and advised of the following (summarised) actions:

* a review and updates of behaviour risk assessment and consent authorisation for consumers named in the Site Audit report.
* the service had undertaken a full review audit of all resident’s restrictive practices assessments and care plans, with additional personalisation and expansion where appropriate.
* additional staff meetings and education session regarding restrictive practices documentation and consent authorisation.
* the release and implementation of an audit tool system which includes a restrictive practice audit is an additional best practice surveillance and monitoring tool.
* weekly and monthly restrictive practice register reviews to ensure that relevant parties were consulted and consenting to strategies in place.
* planned further education in June and July for staff on restrictive practice.

While I acknowledge the actions undertaken and planned by the Approved Provider, I remain of the view that at the time of the Site Audit the service did not demonstrate that each consumer was receiving safe and effective personal care and/or clinical care, I therefore find the service Non-compliant with this Requirement.

### 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.

Consumers considered that they received the services and supports for daily living that were important for their health and well-being and that enabled them to do the things they want to do.

Care planning documentation captured consumers’ activity preferences and outlined the individuals important to them. Staff demonstrated a shared understanding of the activities of importance to consumers and provided examples of how they support consumers, including those with physical impairments, to partake in these activities.

Consumers said that the service provide services that support their emotional, spiritual and psychological well-being and optimises their independence, health and quality of life. The service supports consumers to participate in their community within and outside of the service environment and maintain social and personal relationships. The service and lifestyle staff provide services and supports that cater to consumers' interests and values, through ongoing assessment and communication with consumer's and representatives.

Consumers and representatives generally expressed positive feedback regarding the quality and quantity of the meals provided by the service. Care planning documentation evidenced the identification of dietary requirements and preferences to inform the delivery of safe eating practices. The Assessment Team observed lifestyle equipment to be safe, suitable for consumer needs and well-maintained.

## 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 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 Compliant as three of the three specific requirements have been assessed as Compliant.

Consumers and representatives considered the service environment welcoming, safe, and comfortable. Consumers felt at home living at the service and noted the service was clean and well-maintained. Consumers said they feel independent and can interact with consumers and others when they want to. Consumers consistently reported that the way the staff treat them as well as the physical environment makes them feel safe and gave them a sense of belonging at the service.

The Assessment Team observed the service environment to be welcoming and noted recent refurbishments to some areas to improve the visual environment. The service was observed to be clean, and consumers were able to move freely throughout the facility, both indoors and outdoors. Consumers reported that all areas of their room and bathroom were cleaned regularly to a high standard. Consumers moving freely around the service using both indoor and outdoor areas.

Consumers expressed that furniture, fittings and equipment were safe, clean, and well-maintained, this feedback was consistent with observations made by the Assessment Team. Staff across all areas of the service said they have enough equipment to undertake their role and meet the needs of consumers.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

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

### Requirement 5(3)(c) Compliant

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

# STANDARD 6 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.

Consumers and their representatives said they were encouraged and supported to make complaints and provide feedback and felt comfortable doing so. The Assessment Team observed the various ways consumers and representatives could provide feedback or complaints, which included through meeting attendance, surveys, and verbal discussions with staff. Meeting minutes reflected the suggestions and complaints of consumers. Confidential mailboxes were observed in the service’s lobby for feedback forms to be deposited into. Staff described the process to escalate complaints when raised, which included making a record in the service’s complaints and compliments register.

The service demonstrated that consumers had access to advocates, language services and other methods for raising complaints. Staff described how they support consumers through using interpreters and engaging with representatives. Pamphlets for advocacy services were available in multiple languages at the service entry.

Consumers and their representatives said the service acted promptly in response to complaints. Staff described how they apply open disclosure when responding to complaints and the service’s feedback and complaints register reflects all complaints were addressed with an appropriate response. The service reviews complaints trends regularly in meetings which informs areas for continuous improvement.

## 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 NON-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 Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

The Assessment Team found the service did not meet Requirement 7(3)(d). I have considered the evidence brought forward by the Site Audit Report and the Approved Provider’s response and found the service Non-compliant with this requirement. I have provided reasons for my findings in the relevant requirement below.

Consumers stated they received quality care and services when they needed them from staff who were knowledgeable, respectful, and caring. Some staff members and consumers felt the service would benefit from having more staff working on more shifts. However, this was not reported to have had a negative impact on the quality-of-care staff provide to consumers.

The organisation had appropriate processes in place to recruit, train and monitor staff. It also had a roster system in place to ensure adequate number of staff were working across all shifts and managing backfilling gaps in shift timeslots.

Management advised that staff performance was monitored through formal performance appraisals and informal monitoring and review annually. Management also advised of a new manual handling program being rolled out across the service.

However, the Assessment Team did identify some gaps in the completion of mandatory annual training such as consumer protection and infection control.

## 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) Non-Compliant

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

The Assessment Team found that while the service had governance policies in place to train staff, the training needs and due dates for completion of mandatory training had not been monitored effectively. Relevant (summarised) evidence included:

* a high number of staffs who had not completed training in topics needed to perform their job tasks and responsibilities.
* a lack of management oversight in tracking compliance with training.
* training and proficiency gaps in relation to catheter management.

In its written response of 10 June 2022, the Approved Provider acknowledged the need for staff to complete outstanding training modules. The service provided evidence that it had undertaken various actions to address the outstanding training, including one on one directives and staff wide communication.

The service has implemented a revised learning and training matrix that will be implemented on an organisational level form June 2022.

Whilst I acknowledge the evidence brought forward by the Assessment and the planned and commenced actions contained within the Approved Provider’s response, I am of the view that at the time of the Site Audit the service was unable to demonstrate a sufficiently trained workforce. Therefore, I find the service Non-compliant with this requirement.

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Consumers and representatives considered the service well managed and described ways they were involved in the development, delivery and evaluation of care and services which included, participation in food focus groups, resident meetings, suggestions to management, staff meetings and completing feedback forms and surveys.

Discussions with management, staff and consumers, as well as a review of the service’s documentation showed the service had effective governance systems in place. This included standard operating procedures for information management, financial management, continuous improvement and regulatory compliance. The Assessment Team reviewed the governance systems of the service and found them to be fit for purpose.

Staff described the risk management systems and practices that were used by staff at all levels within the service and clinical staff described the process to report a serious incident. The Assessment Team found the organisational systems aligned with sound risk management practices. Consumer risk assessments were undertaken at regular timeframes that manages risk and allows consumers to live the best life they can.

Management described how staff were kept up to date about legislation and policy changes. The Assessment Team reviewed policies and procedures and noted that they reflected legislative changes, including policies about restraint free environment and the Serious Incident Response Scheme. Staff demonstrated they were familiar with the risk management escalation process, how to respond to consumer abuse and neglect; and how to minimise and prevent incidents.

The framework included the service’s approach to antimicrobial stewardship, minimisation of the use of restraints and open disclosure policy. Staff demonstrated a shared understanding of these policies and their application in a practical setting.

## Assessment of Standard 8 Requirements

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

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

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

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

### Requirement 8(3)(c) Compliant

*Effective organisation wide governance systems relating to the following:*

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

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

# Areas for improvement

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

* Requirement 3(3)(a) – The service ensures that each consumer gets safe and effective care that is best practice, is tailored to their needs, and optimises their health and well-being.
* Requirement 7(3)(d) - The service ensures the workforce is recruited and trained to deliver the outcomes required by these standards.