Mercy Place Montrose

Performance Report

991 Mount Dandenong Tourist Road
MONTROSE VIC 3765
Phone number: 03 9724 6000

**Commission ID:** 4477

**Provider name:** Mercy Aged and Community Care Ltd

**Site Audit date:** 6 June 2022 to 9 June 2022

**Date of Performance Report:** 01 August 2022

# Performance report prepared by

Daniela Fekonja, 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** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | 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) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Non-compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Non-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 and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report received 05 July 2022.

# 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

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.

Assessments and care planning documentation for most consumers contain personalised information and reflect what is of importance to the consumer. This includes family history, personal interests, past experiences, past occupation and religious beliefs.

The Assessment Team observed kind and respectful interactions between staff, consumers and their visitors. Consumers and representatives described how staff value their culture, values and diversity and how it influences staff to deliver the care they receive daily.

Consumers and representatives said they are supported to exercise choice and independence about their care and services and form and maintain relationships. Consumers are supported to visit family outside of the service and have staff of the same sex attend to their personal care.

Consumers and their representatives said they receive support from the service for pursuing activities they enjoy that may have an element of risk. Staff were able to describe to the Assessment Team the risk assessment process that would be undertaken to ensure consumers are supported to undertake activities of choice when relevant.

Consumers and representatives interviewed are satisfied that the information they receive is current, accurate and communicated in a way that is clear and easy to understand. All consumers and representatives are satisfied with the communication received and timely updates about changes or incidents that have occurred.

Consumers and their representatives said staff are respectful of their privacy and maintain the confidentiality of their personal information. The service has a policy that provides guidance on respecting consumer privacy and information.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 NON-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 focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

Consumers consider they feel like partners in the ongoing assessment and planning of their care and services, however, the Assessment Team found that assessment and planning information does not always inform the delivery of safe and effective care and services.

The Assessment Team found the service did not adequately demonstrate a consistent approach to assessment and planning undertaken about risks such as challenging and responsive behaviours, falls and restrictive practices.

The service did not always demonstrate effective assessment and care planning for consumers new to the service. While the service has systems and processes to review consumer care and services when changes occur, the service did not adequately demonstrate effective reviews of care and services when an incident or change occurs.

Consumers consider they have a voice in their care and the service respects consumers’ choices about those who they wish to be involved in their care.

Consumers and representatives interviewed confirmed that they are generally informed about the outcomes of assessments and planning and are offered, or receive copies of care plans.

Care planning documentation provides evidence that others, such as consumers’ representatives, their medical practitioners, allied health and other health professionals are involved in assessing, planning, monitoring and reviewing each consumer’s care and services.

Assessment and planning documents generally identify and address the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.

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.*

#### A review of care documentation by the Assessment Team found assessment and care planning documents did not always identify and consider the risks relevant to each consumer’s health and well-being.

Care planning documents do not consistently provide evidence of comprehensive assessment and individualised care planning information for consumers in relation to health and wellbeing risks, specifically regarding behaviour management.

For one consumer with responsive behaviours, care documentation did not have any known triggers recorded, nor individualised behaviour support strategies documented for the consumer’s recent challenging behaviours. Their representative also wanted more discussion on non-pharmacological strategies that are used to manage these responsive behaviours.

For a second consumer, the care documentation did not address all risks associated with their needs. This includes not identifying the risk of infection due to the consumer’s suprapubic catheter or information about the size of the catheter required. There is also no record of the consumer’s anxiety disorder in their documented diagnoses. Although the representative of this consumer is satisfied with the care the service is providing they would like more discussion around the psychotropic medications prescribed for this consumer.

For a third consumer, the Assessment Team found there is no assessment or care planning documentation to effectively manage their responsive behaviours. A range of strategies have been attempted and documented regarding the management of the consumer’s behaviour however, there is currently no documented summary of triggers or evaluation of the effect of those strategies. The consumer does not have a behaviour assessment or a behaviour support plan to guide effective management of their responsive behaviour.

Staff told the Assessment team that they needed more strategies and interventions for managing consumers with challenging behaviours.

The Approved Provider in their response acknowledged there needed to be improvement made in the documentation of care planning. They also provided evidence that the first consumer’s behaviour care plan was updated during the site audit and again on 23 June 2022.

In relation to the second consumer, the Approved Provider provided evidence that the size of the catheter was included on the catheter chart which is available to all staff. The Approved Provider has also confirmed information related to the infection risk associated with a catheter has been included on the consumer’s catheter and continence care plans. The information about the consumer’s anxiety disorder has now also been added to their list of diagnoses.

In relation to the third consumer, the Approved Provider stated the consumer does have a behaviour assessment and behaviour care plan but that they did not contain a summary of triggers or evaluation of the effectiveness of strategies used to manage their behaviour. They also stated they rectified this during the site audit however no documentary evidence was produced about this in their response.

The Approved Provider provided evidence of face-to-face staff training in the area of behaviour management in February 2022.

Based on the information I find that although the Approved Provider has made some improvements to their assessment and care planning documentation these were not in place at the time of the site audit and are not yet fully embedded in their practices or evaluated for their effectiveness.

I find the service Non-compliant with this Requirement.

### 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) Non-compliant

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

The Assessment Team found this requirement not met because the service did not adequately demonstrate care and services are reviewed for effectiveness when an incident or change occurs. The Assessment Team found that not all consumers received effective reviews of their care plans following incidents.

For one consumer a review of their care plan on their return from a stay in hospital did not occur, including a physiotherapy review. The consumer’s dietary assessment was also not amended to include a reference to their weight loss until 2 days after it was noted during a resident of the day review. The dietary care plan had not been updated with the medical practitioner’s recommendations. There was also no indication to the Assessment Team that the consumer’s malnutrition risk had been reassessed due to recent complaints of diarrhoea.

A second consumer had steady weight loss since January 2022 and the Assessment Team found the consumer did not have a fluid and food chart. They also found that there were inconsistent progress note entries concerning the monitoring of the consumer’s food intake.

A third consumer only required blood glucose monitoring when they are unwell but this was not reflected in their care plan. The Assessment Team also found that a nutrition aid had been restarted but not included in the consumer’s dietary plan.

Several consumers’ care plans were not updated following a change in their condition or changes made to their care or services including one consumer with a fracture following a fall.

In their response, the Approved Provider acknowledged there were some deficits in the updating of some consumers’ care plans and stated these have since been rectified.

They refute however that a physiotherapy review was required for the first consumer due to the reasons for their hospital admission not requiring physiotherapy review on their return to the service and one was conducted when they commenced more rigorous activities in the service.

The Approved Provider also refutes that the nutrition aid for the third consumer has not been documented in the dietary care plan, claiming it is considered a medication to assist wound healing and is included on the medication chart. They also state staff are aware of only needing to monitor blood glucose levels for this consumer when they are unwell.

Based on the information provided I find the service Non-compliant with this Requirement as although they have updated and reviewed care plans for accuracy since the site audit this was not occurring at the time of the site audit.

# 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

Most consumers feel they received personal and clinical care that is safe and effective.

The Assessment Team found the service did not adequately demonstrate that each consumer gets safe and effective personal and/or clinical care that is best practice, tailored to their needs which optimises consumers' health and well-being in the following areas:

* The service was not able to demonstrate the identification and informed authorisation or consent for the use of chemical, mechanical and environmental restraint has occurred as per regulatory requirements.
* The service did not consistently demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer, especially in behaviour management, medication management and falls management.
* The service does not have an effective communication or handover process for sharing information where the care is shared. The service has a handover process that does not identify the high risk and high prevalence areas for individual consumers.
* Referrals to other health professionals although made are not timely.

The service was able to demonstrate that when end-of-life care is provided, it is focused on maximising consumer comfort and dignity.

The service effectively recognises and responds to changes in consumers’ physical, cognitive and emotional status and takes appropriate actions in response to health deterioration.

The service has an infection control policy and a comprehensive, recently practised outbreak management plan. Infections are identified with the usage of antimicrobials minimised and monitored. The service generally demonstrates effective infection prevention and control measures.

The Quality Standard is assessed as Non-compliant as three of the seven specific requirements have been assessed as Non-compliant.

### Assessment of Standard 3 Requirements

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

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

The Assessment team found the service did not provide safe, effective and tailored care to consumers subject to restrictive practices.

The psychotropic register to record psychotropic medications and chemical restraints was last reviewed in March 2022 and the Assessment Team found multiple consumers on psychotropic medications and chemical restraints were not listed on the register. This includes the following consumers:

* One consumer was prescribed an ‘as required’ antipsychotic following discharge from hospital in relation to their agitation. The Assessment Team found the medication has been administered three times without evidence in progress notes of any non-pharmacological strategies being trialled prior to its administration or any further assessment made on its effectiveness.

There is no authorisation for this medication but the consumer’s representative said they have discussed this medication with the clinical staff and understand the use of this medication is for agitation as they receive a call at times when it is administered.

* A second consumer has been prescribed a regular antipsychotic medication for responsive behaviours with a review to be done after a week. There is no restraint assessment, care plan or authorisation in place for this medication. The medication has not been reviewed for its effectiveness.
* A third consumer was prescribed an ‘as required’ psychotropic medication for panic attacks but their electronic file did not reflect a diagnosis of anxiety regarding this diagnosis. Management however was able to provide a paper copy of the diagnosis of anxiety. The consumer is also prescribed psychotropic medication for depression but there was no Cornell depression scale assessment for this consumer on file. The consumer’s representative was not aware of the ‘as required’ medication and would like to know more information about the other psychotropic medications.

There are 68 consumers subject to environmental restraint without documentation outlining their need for this restrictive practice and no authorisations or consents are in place.

The Assessment Team found the service effectively responded to and managed consumers’ skin integrity, wound care needs and pain management.

The Approved Provider acknowledged the deficits in the management of restrictive practices. In relation to the errors in the psychotropic register, the Approved Provider stated the register is to be reviewed weekly, but the staff member performing the role temporarily was unaware of this requirement. The Approved Provider was unaware the staff member had not performed this task and has undertaken to ensure proper induction training is provided for this role.

They have also conducted training in Restrictive Practices and all required documentation has been reviewed for accuracy.

Based on the information provided by both the Assessment team and the Approved Provider, I find the service is Non-compliant with this Requirement.

### Requirement 3(3)(b) Non-compliant

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

The Assessment Team found the service did not consistently demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer, especially concerning behaviour management, medication management and falls management.

The Assessment Team found that in relation to dementia and responsive behaviours the service did not adequately demonstrate the development or implementation of planned individualised strategies to manage these behaviours. Care planning documents are not always updated for effectiveness following a behaviour-related incident and input from general practitioners, Dementia Support Australia, the geriatrician and the hospital was not evident in the consumers’ behaviour management plans.

The ongoing behaviour charting for one consumer includes responsive behaviour documented as wandering, declining assistance of daily living, trying to throw a heater and wanting a knife to kill someone. The interventions recorded are reassurance, explanation and playing the footy on television. Their behaviour care plan does not reference any of these responsive behaviours and no strategies to manage the behaviours are documented in the behaviour care plan. The consumer’s risk plan does not reference the risk of self-harm or suicidal ideation.

The consumer was admitted to hospital four times due to possibly ingesting hand sanitiser, falls and as a result of their behaviours. The consumer was reviewed by their medical practitioner on 6 occasions concerning falls, responsive behaviour and post-hospital return which involved multiple medication adjustments and a reference to the consumer’s alcohol use.

The consumer kept alcohol in glass bottles in their room and the service did not see this as a risk given his responsive behaviours and suicidal ideation. The Assessment Team provided feedback to the service about this matter and a dignity of risk form was subsequently completed by the representative of the consumer during the site audit.

There was no involvement of any other specialist to assist with the management of this consumer’s responsive behaviours, self-harm and suicidal ideation. The consumer was discharged from the hospital on 4 June 2022 with the hospital requesting an urgent geriatrician review, which the Assessment Team reported had not been completed.

Three care staff interviewed by the Assessment Team were unaware of this consumer’s responsive behaviours and the associated risks.

A second consumer with 10 entries on their behaviour chart from 1 May 2022 to 30 May 2022 including wandering, disturbing other consumers and refusal of care. This consumer’s behaviour care plan was last updated on 2 March 2022. The care plan has three entries regarding the wandering behaviour. However, the care plan does not specify that the consumer wanders into other consumers’ rooms. Other consumers reported to the Assessment Team that they felt distressed by this consumer’s wandering behaviour. The interventions to manage the behaviour are recorded as reassurance, explanation, spending one on one time and redirection. The consumer’s sleep care plan was last updated in July 2021 and does not refer to their responsive behaviours of wandering at night time.

The progress notes do not evidence any follow-up regarding the responsive behaviours. The consumer was seen by their medical practitioner on 4 occasions from 1 May to 30 May 2022, however, no review concerning their responsive behaviours was evident to the Assessment Team.

Staff reported to the Assessment Team that the only strategy to manage this consumer’s responsive behaviours was reassurance and giving them space.

There was also a medication incident where the incorrect medication was packed by the pharmacy and the incorrect medication was subsequently administered to a consumer. There have also been other incidents reported where medications have not been provided as required to consumers.

The Assessment Team reported there were inconsistencies with the post-fall care for one consumer who had a fall on 8 May 2022. Neurological observations were conducted as per the falls protocols but a pain chart was not viewed by the Assessment Team. However, progress notes demonstrate regular monitoring of the consumer by care staff and clinical staff. The service was made aware of the fact the consumer had a fracture two days after the fall occurred but a progress note documenting the fracture was not completed until three days following the notification. The representative was informed by the hospital that the consumer needed bed rest for two weeks following the fall but the representative told the Assessment Team the consumer was up from their bed the next day.

In their response, the Approved Provider acknowledged that the management of the first consumer has not been optimal but this is being addressed. The geriatrician review did occur on 6 June 2022 at the time of the site audit. Care handovers (for care companions) have been changed from the standard communication book to the eCase handover document including the last three progress notes and staff have been given clear directions as to monitoring, documentation and reporting on the consumer’s responsive behaviours. The consumer has also been placed on a 30-minute sighting chart to ensure there are no sharp objects present.

In relation to the second consumer, the Approved Provider stated that time pressures may have prevented staff from documenting the wandering behaviours on the behaviour chart, however they were recorded in progress notes. Sleep charting has now commenced for this consumer.

In relation to falls management, the Approved Provider was able to provide evidence concerning the hospital discharge notes and agrees that the mobility and transfer plan had not been appropriately updated when further information was provided by the hospital.

Based on the information provided by both the Assessment Team and the Approved Provider I find the service is not adequately managing the risk in relation to consumers with behaviours of concern which impacts other consumers negatively as well as themselves. The care plans and behaviour plans do not provide adequate information to inform and guide staff to better manage these behaviours. Although the documentation about the consumer who had a fall was not updated as required, the care provided was appropriate and there was no negative impact on the consumer.

I find the service Non-complaint with this Requirement.

### 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) Non-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.*

A review of consumer files by the Assessment Team demonstrated assessments and care plans do not all contain sufficient information to guide staff in relation to relevant consumer care needs such as responsive behaviours and complex catheter needs. The Assessment Team found that the service does not have a handover process for effective sharing of information where care is shared.

Care staff informed the Assessment Team they do not receive a handover from clinical staff but rely on a communication book that is not updated regularly. Care staff could not demonstrate to the Assessment Team an understanding of consumers with acute responsive behaviours. The service has a handover sheet that identified the allergies, mobility and dietary needs of consumers, however, the high impact and high prevalence risks are not adequately communicated.

The handover sheets viewed by the Assessment Team did not identify two consumers with catheters, one consumer with insulin-dependent diabetes or another consumer’s risk of falls and pain requirements.

The Assessment Team reviewed a communication book about a consumer with responsive behaviours. The book did not demonstrate any information in relation to the consumer’s responsive behaviours, risk of falls or risk of self-harm in relation to hand sanitiser and knives. There was also confusion around an incident where the consumer injured themselves and the cause of the incident as reported to the representative by staff. As a result of the incident, all sharp objects were removed from the room, however, the consumer said the cause of the injury was from a fall. There was no communication to staff about possible risks in relation to sharp objects and this consumer.

The service at the time of the site audit advised that a new handover process has commenced with the last three progress notes included for the consumers.

The Approved Provider stated that the handover process has now been changed as reported in the site audit report. They also stated that the communication record is available for all staff to access and there is the expectation that staff make themselves aware of consumer care requirements and they can access the electronic care system which contains full records for each consumer. The Approved Provider stated that handover documents can be accessed from any device as the information is cloud-based.

Although I find that information is available to staff, I find it was not effective in communicating information regarding the high prevalent risk for some consumers. I acknowledge the Approved Provider has made changes to the information that is to be communicated to staff via handover but this change has not yet been evaluated for effectiveness.

I find the service Non-compliant with this Requirement.

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

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

Although the Assessment Team found that the service was not met this requirement I have come to a different decision. Consumers and their representatives were satisfied with access and referrals to their general practitioners and other health professionals as needed.

The Assessment Team found that a referral to a geriatrician for one consumer with responsive behaviours had not occurred in a timely manner. The Approved Provider provided evidence that a referral made by the hospital for this consumer was completed two days following the request during the site audit. The information in relation to this consumer was that they have been reviewed by their medical practitioner on several occasions.

The Assessment Team was told that only the medical practitioners can make the referrals, which the Approved Provider in their response confirmed.

The Assessment team noted that other referrals were made to specialist services in a timely manner.

Based on the information provided by the Approved Provider I find the service Compliant with this Requirement.

### 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 NON-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 Assessment Team found consumers and representatives were dissatisfied with the lifestyle engagement and activity program, with concerns there are not enough staff to provide these services. Consumers and representatives said they were dissatisfied with the quantity and variety of activities offered by the service and the service does not assist them to do the things of interest to them.

Consumers isolated in their rooms through choice or due to their medical conditions are not being provided with individualised activities or one-on-one support. The activity program offers only limited options for consumers and does not meet the needs of many consumers.

Staff described ways they identified and assisted consumers when they felt low, however, are not able to offer one-one support due to staff shortages and are not aware of outside supports or referral streams used by the service for further support. Care planning documentation included generic, not individualised information on emotional, spiritual and psychological needs and preferences.

The consumers expressed dissatisfaction with the current activities on offer and most consumers stated they were bored and activities did not really interest them.

Consumers and representatives were satisfied information required to meet consumers’ needs and preferences is communicated within the organisation and with external providers when required. Staff described how information about services and support needs and preferences is effectively communicated. Care plans mostly document specific requirements to meet consumers’ needs.

The service works with other organisations to provide additional support for consumers. Care plans confirm visits from physiotherapists and other allied health providers. Visiting entertainers provide live a weekly music concert. The service is not currently utilising community-based organisations to support consumers in lifestyle activities and social participation.

There was mixed feedback about the quality and quantity of meals. Consumers said meals and snacks provided are enjoyable and they never go hungry, but representatives said meals are not of suitable quality, variety and taste. All meals are prepared onsite in each house by the care staff from a rotating seasonal menu. Dietary needs and preferences are catered for and nutritional supplements are provided as required. Consumers are offered opportunities to provide feedback and comments on meal satisfaction.

Various mobility aids and equipment available to consumers were observed to be clean and well-maintained. A wide range of clinical equipment including wheelchairs, hoists and lifting machines were located throughout the service.

The Quality Standard is assessed as Non-compliant as two of the seven specific requirements have been assessed as Non-compliant.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Non-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.*

The Assessment Team found the service did not provide activities that met all consumers’ goals, needs or preferences to optimise their independence, health, well-being and quality of life. They provided evidence from consumers stating activities were inadequate and there were not enough staff available to provide support to all consumers in order for them to participate fully. There are no activities scheduled on the weekend.

One consumer did not have all their cultural interests included in their lifestyle care plan. Another consumer would like the bus outings to recommence and is not happy with the small numbers allowed per bus trip.

The activities available are not of interest to all consumers and staff commented that due to staff shortages, activities that are dementia specific, tailored to the male consumer needs and tailored to the cultural and linguistically diverse community are not currently being offered.

Staff also commented that they are not always able to support consumers to participate in their preferred activities due to staffing shortages.

The Approved Provider in their response stated they are looking to see whether lifestyle hours can be extended into the weekend. They stated bus outings would restart in July but the numbers will remain reduced for now.

In relation to the consumer without cultural interests recorded in their lifestyle plan, this has now been updated. They also stated that the consumer prefers to stay in their room and does not wish to participate in activities.

In relation to the range and variety of activities on offer, they stated volunteers used to assist with these but currently, this is not happening. However, recruitment is currently underway for volunteers.

The Approved Provider further stated as the service runs as a small house model care staff are responsible for facilitating a range of activities for the consumers such as board games, reading, and discussing news and current affairs. Each house also has an activity box that can be used by consumers.

Although there are activities available for consumers to participate in these are not always of interest to the consumers and therefore not meeting their current needs and preferences to optimise their quality of life. The only activities available for the consumers on weekends according to the schedule are a knitting group scheduled on Saturday and an in-house church service on Sundays.

The small house model relies on staff being able to provide activities and interactive engagement with consumers in each house, but this is not always occurring due to the care and housekeeping tasks staff are also required to do.

Overall, I find the service Non-compliant with this requirement.

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

Consumers told the Assessment Team that emotional, spiritual and psychological wellbeing was promoted at the service. Staff were also able to describe ways they identified and assisted consumers who were feeling low.

The Assessment Team found care planning documentation included information about emotional, spiritual or psychological well-being, however, the information was generic and did not provide all of the consumers’ preferred interventions.

The Assessment Team observed service’s activities schedule reflects opportunities to participate in one-to-one activity, spiritual services and social activities such as Wednesday café day, knitting group on Saturdays and in-house church service on Sundays. Three consumer care plans described that they were to have one-to-one time with staff and be encouraged to reflect on memories. However, staff said they were not always able to provide one on one support due to staff shortages. One representative said there is no one-to-one time for the residents because carers are ‘run off their feet’.

One staff member said that an unexpected consequence of the small household care model was social isolation and this had become more apparent due to the impact of COVID-19.

The Approved Provider in their response refuted the information about the small household care model and said it worked better than regular care models as only individual houses needed to be isolated in the event of a positive COVID-19 case rather than all areas. Although staff were not able to tell the Assessment Team of external services to provide support for consumers, the Approved Provider stated a list of external services, as well as local services that can support social, emotional and spiritual engagement, are available at the home.

Although the Assessment Team found this requirement not met I have come to a different decision. Consumers indicated to the Assessment Team that their emotional, spiritual and psychological wellbeing was promoted at the service. The service has ensured that care planning documentation contained information albeit generic, in relation to the consumer’s emotional, spiritual and psychological needs. Staff were able to describe how they understand when a consumer in their care requires emotional support and how they provide it. There are church services on Sundays for those consumers who wish to participate and cultural celebrations are also celebrated when they occur.

Based on the information provided I find the service overall Compliant with this Requirement.

### Requirement 4(3)(c) Non-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.*

The consumers expressed their dissatisfaction to the Assessment Team in relation to the current activities on offer and most consumers stated they were bored and activities did not really interest them. The Assessment Team observed consumers seated in the communal lounge of their house with no activities to engage in on most days of the site audit. The consumers with dementia were observed to have escalating responsive behaviours in the afternoon with no interaction or structured program available to them.

One consumer would like to enjoy time in the vegetable garden but their representative said this area has been neglected. Another feels the monetary cost of the coffee club prevents them from participating. There are currently limited activities on a weekend for consumers to participate in. One consumer would like to have more activities just for males.

Two consumer’s care planning documents did not include a life story, or a lifestyle care plan with goals, needs, interests and preferences that are important to them to contribute to their wellbeing and quality of life. For one of the consumers, there were no preferences or activities listed to assist with stimulation and addressing dementia care needs.

Staff said it was difficult for them to be able to support consumers to attend activities of interest in the communal areas due to having to attend to other consumers in their house. They also said that social interactions were generally limited to those consumers who reside in the same house. Staff said the lack of activities has a big impact on the consumers as they often sit around just watching television.

The Assessment Team observed consumers watching the television in their respective houses, socialising with family/visitors and each other at a group craft activity and the coffee club, and with staff during the site audit as documented under Standard 1 (3) (c). However, there was no evidence provided that the service assists consumers to participate in the community outside of the organisation. There are also currently only limited activities available to consumers on weekends as noted in Standard 4 (3) (a).

The Approved Provider in their response acknowledged that lifestyle and care planning assessments need to improve and have updated the two consumer files mentioned. They are also reviewing all assessment and care plans for each consumer. They stated that the consumer who wished to have more activities for male consumers recently declined to participate in the last men’s lunch but does participate in ‘happy hour’.

The Approved Provider reiterated the benefits of the small house model. They stated the small household living model has always used consistent assignment of staff so the care companions, located in the house provide one-on-one interaction with each of the seven or eight residents in their house as they know the resident well and can easily identify when a resident is not quite themselves and may need a chat or keeping an eye on. They added that staffing shortages over the past few months have put all processes under stress.

The Approved Provider also stated each pair of houses has a floating staff member who can be used to either take consumers to an activity or who can support the house while the regular staff member takes the consumer to the activity. The Approved Provider also stated communal gathering areas such as the café, the pub and the activities room replicate an outing, such as the consumer would have undertaken before entering residential aged care.

Although the Approved Provider states that there is staff that can take consumers to activities, this does not always appear to occur as noted by feedback from both staff, consumers and representatives in this requirement and other requirements under this Quality Standard. Activities of interest for the consumers have not been facilitated due to staffing shortages.

Based on this information I find the service does not support consumers to do activities that are of interest to them and is Non-compliant with this Requirement.

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

Overall consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment.

The service has 16 households split over two levels, each level has 8 houses and each house has 8 single rooms each with an ensuite, kitchen, laundry and sharing of a dirty room with one other house. There is an onsite grocery store, a pub, a café, a hairdresser and communal areas on the ground floor.

Consumers and representatives said the service environment is comfortable, welcoming, easy to understand and has a homely feel. Observations confirm the environment encourages consumers to be independent within their ‘household’ and the communal areas.

Signage is displayed throughout the service providing consumers and visitors with information to locate wings and consumer rooms.

The service has multiple large internal and external areas, including balconies for consumers to socialise and enjoy the group and independent activities. Smaller internal communal areas are also available.

The service environment appeared safe, clean and well maintained, with comfortable furniture available in all communal areas. Consumers can freely move around the service, including indoors and outdoors. The gardens were neat, and outdoor furniture settings were available in the courtyards, which are accessible to consumers.

Furniture, fittings and equipment in the service are clean and well maintained. There is a variety of equipment available suitable for individual consumer needs. Overall, consumers said maintenance staff were prompt and responsive to their requests. Reactive maintenance is undertaken by maintenance staff Monday to Friday, and if identified after hours, staff report issues through the computer system.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Most consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Some consumers stated they had not had any reason to voice a complaint about the service.

Upon entry to the service, consumers and their representatives are informed of the complaints procedure and are provided with a copy of the ‘resident handbook’ that outlines the complaints process.

Consumers and representatives said they can raise feedback at the resident and relative’ meeting, which they described as a good forum. All aspects of care are discussed.

One representative raised a concern with the Assessment Team during the Site Audit as they don’t like confrontation but when the issue was raised with management a solution was provided immediately.

The Assessment Team observed posters and brochures displayed on notice boards throughout the service on external advocacy and complaints organisations.

Most consumers stated their representatives would advocate on their behalf when required. Two consumers were familiar with the external advocacy and complaints organisations, however, both said they were confident they were able to raise issues and follow the process to get a satisfactory resolution.

The service has a policy and procedure that outlines the process of providing open disclosure to consumers and their representatives.

Consumers and representatives generally expressed satisfaction in the service’s management team using their feedback and resolution of complaints to promote continuous improvement. Management described how feedback and complaints data is reviewed and the actions taken to improve the quality of care and services.

Two consumers stated following feedback from other residents, a new ‘resident committee’ has been formed to drive improvement in the number and variety of activities to be available.

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

## Assessment of Standard 6 Requirements

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

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

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Most consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

The majority of consumers interviewed by the Assessment Team said staff were kind, friendly and caring. Consumers believed the permanent staff knew about their personal care needs and preferences and are committed to providing care to all consumers in their house. Consumers stated the care staff are very busy, having multiple tasks to complete including cooking meals, cleaning and laundry as well as providing care. Consumers and representatives raised concerns in relation to limited activities due to staffing shortages which have been addressed in Standard 4.

Consumers and representatives commented on how the service has been short-staffed for two years but expressed satisfaction with the recruitment the service has undertaken to improve the situation including food service, laundry and cleaning staff. Consumers prefer that new and agency staff be put with a permanent staff member to show them the routines and duties.

The Assessment Team found that the staffing levels are being met the majority of the time by part-time and casual staff picking up additional shifts, and the roster is being bolstered by the use of agency staff.

Consumers stated the staff treat them with dignity and respect but the new and agency staff are learning and need guidance. Consumers spoke of staff as kind, caring and responsive.

The service has systems to ensure staff are competent and have the qualifications and knowledge to perform their roles effectively. The key responsibilities for each role are set out in role descriptions. Consumers and representatives interviewed expressed satisfaction with the staff performing effectively in their roles.

There is a traineeship program currently in progress at the service, which has provided the service with the opportunity to partner with a registered training organisation, to select and train care staff into the specialised ‘Care companion’ role required to staff the small household model of care at the service.

The service maintains a register to ensure all annual competencies are assessed as per the training and education program. Competencies include medication administration, hand hygiene and infection and prevention control (IPC) measures. The service was previously found Non-compliant in the assessment contact site visit of 18-19 January 2022 as they did not have an IPC lead. The service now has an IPC lead in place and therefore are now Compliant with this requirement.

Staff are supported with an ongoing education/training program that provides a number of components including the following:

* All staff have a range of mandatory modules to complete and are notified by email to complete modules as they become due.
* Orientation for new staff involves the completion of a range of mandatory modules within 3 months of commencement. The modules include attainment of competencies for IPC measures including hand hygiene, manual handling and emergency procedures.
* New staff are employed for a six-month probation period with a probation review process undertaken between the service manager and the employee.

A formal process is in place for annual performance review. Management also informally reviews performance through observation and supervision of staff practice, and the auditing and feedback processes of the service. Staff confirmed that appraisal of their performance occurs on an annual basis.

Although the service was found Non-compliant at the assessment contact site visit of 18-19 January 2022, its current staffing levels are adequate and mostly meet consumer needs. On the whole, the service is meeting its requirements in relation to staffing and has acknowledged that more staff are required which they are attempting to redress by actively recruiting more staff including lifestyle staff.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

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

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

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

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

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

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

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

# STANDARD 8 NON-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

Overall, the consumers felt the organisation is well run, however some consumers felt the service should improve how consumers can partner and have a positive influence on the services available.

The service has a documented risk management framework and management said incidents are reported, investigated and outcomes are used to improve the consumers’ care. However, the Assessment Team found the service did not effectively manage incidents involving consumers wandering into other consumers’ rooms resulting in a negative impact on the affected consumers.

The Assessment Team found that the review of consumers in consultation with their medical practitioner and restrictive practice decision maker has not been consistently documented and the psychotropic register was not updated with the latest information or reviewed for minimisation.

A new resident committee has been formed to drive change to increase the range of activities available in the service. Consumers described having opportunities to provide feedback through the monthly ‘resident and relative’ meetings and the ability to submit feedback by various modes.

Consumers and representatives generally expressed satisfaction that consumers feel safe and are living in a supportive environment, and are provided with satisfactory care and services. Some consumers voiced concerns over cleaning and meal services not being to their standard.

The service is supported by an organisation that ensures effective governance systems are in place. Staff had concerns over not receiving effective handover information and the service has now put measures in place to rectify this situation.

The service approaches ongoing monitoring, review and service improvement by being actively involved and seeking feedback from consumers, representatives, staff and other relevant stakeholders. The service reviews outcomes of audits, surveys and meeting minutes for opportunities for continuous improvement.

The service has effective financial and reporting systems that are required to ensure safe and quality care and services are provided, with extra funds to be committed to staffing and activities.

The service has processes and systems to ensure compliance with regulatory and legislative requirements. The service has a comprehensive open disclosure policy and complaints process that ensures actions are taken that lead to improvements at the service.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

### Requirement 8(3)(d) Non-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.*

Although the service does have an incident management system and risk management framework, this was not effective in the management of two consumers with behavioural issues. The Assessment Team reviewed incident reports, and for two consumers, there were multiple entries in the progress notes that had not been identified as reportable behaviour incidents, nor feedback from other consumers actioned with incident reports on alleged wandering behaviour. Consumers felt that their concerns were not taken seriously and their well-being had been negatively impacted. Some staff stated they were unsure as to whether verbal behavioural incidents were serious enough to be reported.

In relation to a second consumer who had increasing behaviours of concerns, there did not appear to be adequate action taken in relation to the risk presented. The consumer was not assessed for risk in relation to having glass bottles in their room although they had commented on wanting to kill someone.

In their response, the Approved Provider stated that they had the incident reporting system in place but staff are not entering incidents as required. They stated that annual education is provided and further education and monitoring of staff knowledge will be undertaken. They will also ensure regular reviews are undertaken to ensure incident reports are submitted as required.

Based on the information at the time of the Site Audit, the service was not effectively ensuring that incidents were reported and managed and are Non-compliant with this Requirement.

### Requirement 8(3)(e) Non-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 service does have policies in relation to a clinical governance framework, antimicrobial stewardship and minimising the use of restraint. However, the Assessment Team found the service did not consistently document reviews of consumers in consultation with their medical practitioner and restrictive practice decision maker. The psychotropic register did not have updated information in relation to the medications for two consumers and has not been reviewed since March 2022.

The Assessment Team also noted inconsistencies in the documentation related to assessment, care planning and clinical care for consumers who require behaviour management and restrictive practices.

Although the restrictive practices register showed there were 68 consumers subject to environmental restraint there was no documentation relating to the need for environmental restraint (perimeter restraint) and no informed consent documentation.

Although the service was responsive to this feedback during the Site audit this was not in place at the time.

The Approved Provider acknowledged the deficits and has reviewed each consumer and obtained the required authorisation. They have also ensured the staff members responsible are aware of their obligations for ensuring the psychotropic register is reviewed for accuracy.

Based on the information I find that at the time of the Site Audit the service was Non-Compliant with this Requirement.

# Areas for improvement

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

### Requirement 2(3)(a)

* Ensure care plans contain information that identifies and considers the risks relevant to each consumer’s health and well-being.
* Care planning documents must contain evidence of comprehensive assessment and individualised care planning information for consumers in relation to health and wellbeing risks, specifically regarding behaviour management.

### Requirement 2(3)(e)

* Ensure care plans are reviewed for effectiveness following a change in a consumer’s condition or when an incident has occurred.

### Requirement 3(3)(a)

* Ensure non-pharmacological interventions are trialled prior to psychotropic medications being administered.
* Ensure the psychotropic medication when administered, is evaluated for its effectiveness and any ill effects.

### Requirement 3(3)(b)

* Ensure documents are updated to reflect individualised strategies to manage responsive behaviours.
* Ensure input from specialists is incorporated in all behaviour support plans.
* Ensure all consumers have risk assessments in place for activities or items that present a risk to the consumer or others.
* Ensure staff are aware of consumers with behaviours of concern and the strategies to manage them.

### Requirement 3(3)(e)

* Ensure handover documentation provides clear guidance for staff about consumers’ conditions, needs and preferences to better care for them.
* Ensure all information regarding consumers with behaviours of concern and associated risks are included to guide staff.

### Requirement 4(3)(a)

* Provide services and supports for all consumers that meet their goals and needs and ensure there is adequate staffing to ensure this occurs.
* Ensure activities of interest are available to consumers on weekends.

### Requirement 4(3)(c)

* Ensure there are activities provided both within and outside of the organisation that are of interest to the consumers and facilitate their ability to fully participate in these activities.

### Requirement 8(3)(d)

* Ensure all incidents are reported by staff and investigated fully to prevent further occurrence.
* Ensure staff are aware of their responsibilities to ensure incidents are reported.

### Requirement 8(3)(e)

* Ensure all consumers subject to restrictive practice have the correct authorisations in place and reviews are conducted regularly.
* Ensure the Psychotropic register is reviewed regularly and updated with any changes.