Aegis Balmoral

Performance Report

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**Commission ID:** 7872

**Provider name:** Balmoral Aged Care Group Pty Ltd

**Site Audit date:** 31 August 2021 to 2 September 2021

**Date of Performance Report:** 20 October 2021

# Performance report prepared by

Samantha Hicks, 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** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the 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 5 October 2021.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The Team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall, sampled consumers confirmed 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. Consumers confirmed the service supports them to exercise choice and independence and that they are consulted about what is important to them, as well as matters involving their care and services.

In addition, consumers confirmed they are supported to exercise choice and independence and take risks to enable them to live the best life they can. Consumers also confirmed staff acknowledge them and treat them with respect and their privacy is respected.

The Assessment Team observed staff acting in kind and considerate ways towards consumers. Consumers were addressed respectfully by their names. Staff had knowledge of consumers and were able to explain to the Assessment Team what individual consumers preferred in terms of preference and choices relating to care and services being provided.

Staff interviews were consistent with consumer experiences and care planning documents about choice and maintaining relationships. Staff were able to discuss individual consumer’s likes and dislikes and what the service has done to ensure the service meets the consumer’s expectations.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Overall, sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services. Consumers reported staff regularly ask them for feedback regarding the care and services they receive. Representatives interviewed confirmed they were informed of outcomes of assessment and planning, and that they are invited to meet with the clinical manager annually or as needed to discuss the care and services their consumer receives at the service.

The service has processes in place to ensure there is comprehensive assessment and planning for consumers. The service involves the consumers and as appropriate the representative, in the assessing and planning of care and services provided to the consumer. Staff are encouraged to involve consumers in making decisions about care and services with an aim to improve the consumer’s health and well-being. The assessment and care planning process include information gathered from a variety of sources, including external services, the multidisciplinary team and other parties that may have been involved in caring for the consumers.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

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

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### Requirement 2(3)(e) Compliant

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

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The Team also examined relevant documents.

Overall, sampled consumers considered that they receive personal care and clinical care that is safe and right for them. Consumers/representatives confirmed the service discussed consumers’ care needs and provided them with the care they required and that they are provided timely personal and clinical care that is safe and in the manner, they have requested. In addition, consumers/representatives advised that consumers have access to a doctor or other health professional when they need it.

However, The Assessment Team found that the service does not provide clinical care that is best practice, tailored to the consumers’ needs or optimises consumers’ health and well-being. Consumers did not receive safe clinical care that is best practice in relation to the administration psychotropic medications and minimisation of restrictive practices. Care plans did not reflect care and services that is in line with consumers’ needs and optimises their health and well-being. Whilst, the service has policies and procedures that guide staff on care planning and restraint management, staff do not always follow these policies.

The Quality Standard is assessed as Non-Compliant as six 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 that the service was unable to demonstrate that they deliver safe and effective clinical care that is in line with best practice in relation to behaviour management and minimisation and use of psychotropic medications.

The Assessment Team found that six consumers to varying degrees, were not receiving the optimal, best practice care due to restrictive practices. There was a failure to recognise some practices as restrictive practices and alternatives were not always considered prior to the use of restrictive practices. In addition, behavioural triggers for agitation or aggressive behaviour were not always identified and recorded accurately.

Feedback was also received from representatives who were either not informed of the use of restrictive practises (use of psychotropic medications) or had expressed concern at their use and did not receive adequate responses from the service.

The Approved Provider submitted further information to refute most of the Assessment Team findings. It is acknowledged that some additional information has been provided to show that some reviews and alternative practices had been considered for some of the consumers seen by the Assessment Team. However, there remains an issue with the consistency of approach and whilst the service does have policies and procedures in place relating to restrictive practices it has not demonstrated that these are applied consistently. The Approved Provider also acknowledged there were some shortfalls in seeking written approval for the use of restrictive practices from consumers/representatives.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that 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.

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

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

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

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

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

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# STANDARD 4 COMPLIANT Services and 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The Team also examined relevant documents.

Overall, sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. All consumers interviewed said they are supported by staff to do things they like, within and outside of the service environment.

Consumers and representatives interviewed felt that staff supported consumers to maintain personal and social relationships within and outside of the service. In addition, consumers said they were happy with the food and the variety of meals offered and if they wanted to eat something that wasn’t offered on the menu that day, kitchen staff organise the alternative for them.

Staff interviewed were able to provide examples of how they organise services and supports to assist consumers in maintaining their independence, such as the provision of modified cutlery or equipment to assist consumers with completing daily tasks on their own. Staff said that different cultures and religions are recognised and promoted within the service.

Lifestyle staff explained how activities are organised, chosen and facilitated within and outside the service environment. The Assessment Team observed a number of activities taking place each day of the site audit in different wings, suitable to different consumer cohorts. Likes, dislikes and preferences in relation to activities are included in consumer care plans; and information of this nature is obtained through lifestyle staff undertaking lifestyle assessments on admission and on an as required basis.

The service makes referrals to individuals and organisations outside of the service to organise appropriate supports for consumers. Staff communicate information about changes to a consumer’s condition, needs or preferences through various means, such as multidisciplinary meetings, progress notes and handover.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

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

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

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The Team also examined relevant documents.

All sampled consumers considered they feel they belong in the service and feel safe and comfortable in the service environment and satisfied that the service is clean and comfortable. Consumers also confirmed they can move around freely indoors and out into courtyard areas.

The Assessment Team observed the service to be clean, safe and welcoming. Furniture, fittings and equipment were observed to be clean and well maintained. Outdoor courtyard areas were observed to be safe and used by consumers. Maintenance confirmed there are preventative maintenance schedules in place and there is regular checking of the environment and a process for staff to report maintenance issues.

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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The Team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

All sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Most consumers and/or representatives stated that they understand how to report any concerns or complaints. All consumers interviewed were aware of the mechanisms by which they could report their concerns. For example, directly via staff, attendance at the resident/relative meetings, or to the chef at meal service if food related, or via submission of a feedback form.

Staff were able to describe the ways in which they assist consumers when they wish to provide verbal or written feedback and complaints. Management maintains an electronic and hard copy file of feedback received and responds to all complaints using an open disclosure approach.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Overall, sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, respectful, capable and caring. Consumers interviewed felt that there was adequate staffing to deliver their care and that staff knew what they were doing, and knew their preferences surrounding the provision of care and services.

Management explained how they allocate additional staff to wings when needs change, stating that float staff are allocated jobs each day depending on consumer needs. Management provided evidence that they do not utilise agency staff on a regular basis, stating that most of their staff are permanent employees. Call bell analysis records reviewed did not indicate any deficits with call bell response times.

The service ensures prospective employees are equipped with knowledge and skills through requiring them to undertake a comprehensive orientation process. Staff are provided opportunities for upskilling and options for additional training, which can be completed online or onsite.

Registrations are monitored by administration staff to ensure that only qualified staff are working at the service. Personnel files reviewed contain up to date registrations and evidence that staff have completed competency tests relevant to their roles. Staff are updated when changes are made to their position descriptions to ensure they are working within their scope of practice.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

The service was able to demonstrate that consumers are engaged in the development, delivery and evaluation of care and services. Consumers and representatives felt they were involved in the process of care planning and management were able to provide examples of how they actively encouraged consumers and representatives to be part of this process. Consumers and representatives are invited to provide feedback about care and services in different ways which is used by management to feed into continuous improvement initiatives.

The organisation’s leadership team promotes a culture of safe, inclusive and quality care and services. Leadership team members bring a variety of experience to the organisation’s governing body and as well as at a site level, the leadership team has an organisational plan for continuous improvement where feedback from consumers is used to drive different initiatives at an organisational level. The service has effective governance systems in place in relation to information management, continuous improvement, regulatory compliance, workforce governance, financial governance and feedback and complaints. All above mentioned are supported by a suite of policies and procedures that are reviewed and updated on a regular basis depending on legislative changes.

However, the service was unable to demonstrate that it uses its information management systems in accordance with regulatory requirements and organisational policies and procedures. Additionally, the service was unable to demonstrate that it recognises and acts to minimise the use of physical and chemical restrictive practices.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

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

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

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

The Assessment Team found that whilst the organisation was able to provide evidence that it has effective risk management systems and practices in place to manage high impact or high prevalence risks, there were shortfalls in effective incident management systems and reporting obligations.

The Assessment Team found that the unexpected death of a consumer was not reported under the Serious Incident Response Scheme (SIRS). Management stated that they considered this incident including would it meet the threshold of a Priority One report under SIRS. They advised that given the consumer had comorbidities and that the medical officer provided a death certificate, that the incident did not warrant a report under SIRS. Additionally, management advised the Assessment Team that they have identified an error in one of their policies and this led to some confusion in relation to this incident. The Assessment Team acknowledged management’s explanation in relation to the mistake in the current procedure.

Furthermore, the Assessment Team also found that an incident/complaintfor a consumer was not thoroughly investigated. Management further advised that it was not reported as an incident as the consumer did not sustain any injuries, that there was no intent to harm the consumer.

The Approved Provider submitted further information to provide clarity around the two incidents, this included documented proof of actions taken. This information did show that the Approved Provider had acted in accordance with their policies and procedures and had taken steps to ensure that the appropriate actions were taken. On consideration, whilst there was some confusion relating to the reporting of a SIRS incident the Approved Provider predominantly responded appropriately and has already amended policies to eliminate confusion.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated that effective risk management systems and practices, including but not limited to the following:

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

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

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

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

The Assessment Team found evidence that the service was unable to demonstrate that when providing clinical care, staff act to minimise the use of restrictive practices prior to their implementation. The Assessment Team reviewed four consumers currently receiving psychotropic medications and identified that the service did not consider that psychotropic medications for all four consumers were used for the purpose to restraint or review alternatives to reduce their use.

In contrast, the Assessment Team found the service has an antimicrobial stewardship policy in place and staff are provided training on antimicrobial stewardship suitable to their role. Care staff said they understand the principles surrounding antimicrobial stewardship. In addition, the service has an open disclosure policy to guide staff with the management and processing of complaints. Staff provided examples of how they exercise open disclosure when a consumer or representative submits a complaint. Staff said it is important to acknowledge the complaint and apologise; and further, keep the relevant parties updated throughout the complaints process.

The Approved Provider submitted further information to provide clarity around the robust clinical framework they have in place, particularly in relation to restrictive practices. These are current and include changes to legislation that occurred recently. The Assessment Team did see evidence on the day of the site audit relating to the consistency of how this is applied to the care of consumers as noted in requirement 3(3)(a), however, the clinical governance framework provided is extensive and up-to-date. This combined with the Assessment Team seeing acceptable clinical framework relating to antimicrobial stewardship and open disclosure the Approved Provider has demonstrated their commitment to strong clinical frameworks to enhance the quality care of consumers.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated that where clinical care is provided—a clinical governance framework, including but not limited to the following:

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

# Areas for improvement

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

### Requirement 3(3)(a)

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

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*
* Continue to review restrictive practices for ongoing continuous improvement.
* Ensure restrictive practices are reviewed so they are reduced as much as possible. Where they are still required ensure that there have been other strategies tried, evaluated and recorded. There should also be the right consents in place.
* Seek feedback from consumers on their care concerns and seek to resolve them.