Ainslie House

Performance Report

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**Commission ID:** 0768

**Provider name:** Inasmuch Community Limited

**Site Audit date:** 4 May 2021 to 6 May 2021

**Date of Performance Report:** 3 June 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Non-compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 28 May 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, consumers interviewed by the Assessment Team 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. Consumers and representatives interviewed confirmed that consumer’s privacy is maintained at the service.

Staff interviewed by the Assessment Team were able to describe how they support consumers to maintain relationships of their choice. Staff spoke about consumers respectfully and were able to describe how they respect the privacy of consumers. Although staff demonstrated they knew consumer care needs, not all staff were familiar with individual consumers’ backgrounds and interest. Staff detailed strategies for communicating with consumers who have cognitive and hearing impairments. The Assessment Team observed staff interactions with consumers that were respectful and kind.

Care plans reviewed by the Assessment Team contained information about the consumer’s needs and preferences for the delivery of their care and services. The Assessment Team found that the service was in the process of transferring information about consumer’s backgrounds, culture and interests onto the new electronic care management system.

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.

Consumers and representatives interviewed by the Assessment Team confirmed they feel like partners in the ongoing assessment and planning of their care and services. Consumers and representatives interviewed confirmed they are involved in the initial and ongoing planning of their care on entry to the service, every three months, and if there is a change to their needs, goals, and preferences.

Representatives interviewed confirmed they are informed and updated about clinical changes for the consumer. While not all consumers and representatives interviewed said they had been offered or received a copy of their care plan, all stated they feel confident that they can have access to their care plan if they choose.

Consumers and representatives interviewed said staff had given them and their family member the opportunity to discuss advanced care planning and end of life planning. Nursing staff interviewed by the Assessment Team were aware of the service’s end of life procedures and had a good understanding of consumer goals and preferences regarding end of life care.

The Assessment Team reviewed the assessment and care planning documentation for sampled consumers and identified that reviews of care and services are being completed regularly and in partnership with the consumer and representatives. Assessment and care planning documentation reflected individual consumer's current needs, goals and preferences.

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-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Overall, consumers interviewed by the Assessment Team considered they receive personal care and clinical care that is safe and right. This includes in relation to personal hygiene, meals, medication, wound and skin care, management of pain, mobility and exercise, and assistance with continence care needs. Consumers and representatives interviewed confirmed that they could access a doctor or other health professional when they need it.

The Assessment Team found the service has policies and procedures to guide staff practice in providing clinical and personal care tailored to consumer needs and preferences. The service has a system to identify and manage high impact or high prevalence risks associated with the care of consumers. Staff demonstrated they have access to relevant clinical information, and they share this information with allied and medical health specialists.

The Assessment Team found that palliative care and end of life care is provided in line with consumer’s wishes. Documentation reviewed and consumers and staff interviewed by the Assessment Team indicated that consumers are generally referred to appropriate services and specialists promptly in response to consumer needs.

The Assessment Team found that for some sampled consumers, changes in their health, cognition, capacity and condition were responded to appropriately. However, the service did not demonstrate that while changes in a consumer's physical deterioration were responded to, continuous monitoring and escalation has always occurred in a timely manner.

The service did not demonstrate the implementation of practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

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

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) 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.*

### 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) Non-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.*

The Assessment Team found that for most sampled consumers, changes in their health, cognition, capacity and condition were recognised and responded to appropriately. However, for one consumer documentation reviewed by the Assessment Team did not demonstrate ongoing assessment and monitoring or timely escalation in response to recognised clinical deterioration.

In their response, the approved provider identified continuous improvement actions that have occurred since the site audit to improve the response to recognised deterioration. This includes staff education, re-issuing of relevant policies and procedures to staff, and the recruitment of a clinical nurse educator to facilitate improved staff practices in relation to clinical care.

At the time of the site audit, the service did not demonstrate timely response to recognised deterioration for all consumers.

I find this requirement is Non-compliant.

### 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) Non-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.*

The Assessment Team found that the service implements standard and transmission based precautions to prevent and control infection and the service has policies and procedures relating to infection control and practices to reduce the risk of resistance to antibiotics. However, some nursing staff interviewed by the Assessment Team did not demonstrate a sound understanding of antimicrobial stewardship. Documents reviewed did not demonstrate that pathology testing consistently occurs prior to the commencement of antibiotics.

In their response, the approved provider demonstrated that education and training on antimicrobial stewardship has been delivered since the site audit and further training is planned for June 2021. The approved provider’s response identifies the service has increased monitoring of staff practices to promote appropriate antibiotic prescribing.

At the time of the site audit, the service did not demonstrate the implementation of practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

I find this requirement is Non-compliant.

# STANDARD 4 NON-COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team 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, consumers and representatives interviewed by the Assessment Team considered that the consumer gets 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. Consumers and representatives interviewed said staff are kind and supportive towards consumers, and they could access support which promotes their emotional, spiritual and psychological well-being. All consumers and representatives interviewed said they liked the food offered at the service, there is enough variety and they were never hungry.

The Assessment Team found that the service has a range of lifestyle activities available for consumers which includes options for consumers with varying levels of functional and cognitive abilities. Staff were able to describe the processes for engaging community groups and other providers to supplement the lifestyle program and supports offered at the service.

Consumers and staff interviewed confirmed that equipment used for services and supports for daily living is safe, suitable, clean and well-maintained. Staff said there is enough equipment to use with consumers, requests for more lifestyle equipment are always considered, and any maintenance requests are actioned quickly.

However, for most consumers sampled, the service did not demonstrate that each consumer’s leisure or lifestyle interests had been effectively documented or communicated within the organisation.

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

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

The service demonstrated that information about consumer’s condition and some care needs is communicated within the organisation and with others where appropriate. However, the Assessment Team found that information about the consumer’s needs and preferences in relation to services and supports for daily living were not documented or communicated within the service. Care plans reviewed by the Assessment Team had limited information about the consumer’s leisure and lifestyle preferences and some staff did not know about consumer’s interests or backgrounds and said they are not able to access this information. For one consumer, inadequate documentation about their preferences had a negative impact on the services and supports for daily living they were provided.

In their response, the approved provider demonstrated that consumer care plans have been updated to include detailed information about consumer’s background and needs and preferences in relation to services and supports for daily living. The approved provider’s response identifies the service has implemented a new form to inform the development and review of leisure and lifestyle care plans.

While the approved provider has implemented continuous improvement actions to address the gaps identified by the Assessment Team in relation to this requirement, at the time of the site audit, information about the consumer’s needs and preferences in relation to services and supports for daily living were not documented or communicated within the service.

I find this requirement is Non-compliant.

### 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.

Overall, consumers interviewed by the Assessment Team considered that they feel they belong in the service and feel safe and comfortable in the service environment. Consumers interviewed confirmed that their visitors are made to feel welcome and stated the service had managed the COVID-19 restrictions well. Consumers stated that the service is always kept clean and that staff are always available to help them tidy their rooms. Consumers said staff support them to make their rooms comfortable with items of importance to them displayed.

Consumers interviewed confirmed that the service is clean and well maintained. They said that the cleaning and maintenance staff are very good, and any requests are attended to in a timely manner.

The service environment was observed by the Assessment Team to be clean and well maintained. A review of the service’s electronic maintenance schedule demonstrated the service has an effective preventative and reactive maintenance system, to ensure that equipment is always safe and clean.

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.

Overall, consumers and representatives interviewed by the Assessment Team considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken in response.

The Assessment Team found that the service has written materials to support consumers in accessing external services to raise and resolve complaints, as well as advocates and language services.

The service demonstrated that appropriate action and an open disclosure process has been used when dealing with complaints and incidents. The service has an open disclosure policy to guide staff on these processes. The service demonstrated that complaint trends are analysed and reviewed by the service to inform continuous improvement.

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 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Most consumers and representatives interviewed by the Assessment Team considered that the consumer gets quality care and services when they need them and from people who are knowledgeable and capable. Consumers interviewed said that staff are kind and caring, and were satisfied with the staff at the service and that they attend to their needs in a timely manner. Consumers interviewed confirmed that staff know what they are doing and felt confident that they had the skills and knowledge to meet their care and lifestyle needs.

The service demonstrated a comprehensive recruitment and orientation process to ensure the workforce is competent and have the qualifications and knowledge to effectively perform their roles. The service demonstrated that there are systems in place for the regular assessment, monitoring and review of the performance of each member of the workforce. The Assessment Team found the service has a comprehensive mandatory annual training program that includes training on the Quality Standards. However, some nursing staff interviewed by the Assessment Team did not demonstrate a sound understanding of antimicrobial stewardship.

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

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

Staff interviewed by the Assessment Team confirmed they receive regular and appropriate training for their roles and if they identified any additional training required this is organised by the service. The Assessment Team found the service has a comprehensive mandatory annual training program that includes training on the Quality Standards. However, some nursing staff interviewed by the Assessment Team did not demonstrate a sound understanding of antimicrobial stewardship and the implementation of practices to promote appropriate antibiotic prescribing.

In their response, the approved provider identified the service has recruited a clinical nurse educator to facilitate improved staff practices in relation to clinical care. The approved provider demonstrated that education and training on antimicrobial stewardship has been planned for June 2021.

At the time of the site audit, the service did not demonstrate that staff are trained to deliver the outcomes required by the Quality Standards in relation to antimicrobial stewardship.

I find this requirement is Non-compliant.

### 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).

Overall, consumers interviewed by the Assessment Team considered that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers could provide examples of how they are involved in the development, delivery and evaluation of care and services as representatives on various committees, and by attending by attending relevant meetings held by the service. Management described the comprehensive range of consumer feedback and engagement strategies used by the service, and consumers also discussed these with the Assessment Team.

The service is part of the organisation wide-governance structure and framework. The service was able to demonstrate the governance systems, through which the governing body engages in, ensures the provision of safe, quality and effective consumer care.

The service has risk management systems in the areas of high impact and high prevalence risk, identifying and responding to abuse and neglect of consumers, and supporting consumers to live the best life they can, and managing and preventing incidents. Staff interviewed by the Assessment Team demonstrated they apply these frameworks in their day-to-day practice.

The service demonstrated that it has a clinical governance framework that outlines the responsibilities, structures and expectations regarding the provision of quality clinical care to ensure the safety health and wellbeing of consumers. However, staff interviewed by the Assessment Team could not demonstrate a sound knowledge of antimicrobial stewardship.

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.*

### 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 the service has a clinical governance framework that outlines the responsibilities, structures and expectations regarding the provision of quality clinical care to ensure the safety health and wellbeing of consumers. The service provided policies related to antimicrobial stewardship, minimising the use of restraint and open disclosure. Most staff interviewed by the Assessment Team demonstrated they had been educated about these policies. However, some nursing staff interviewed by the Assessment Team did not demonstrate a sound understanding of antimicrobial stewardship and the implementation of practices to promote appropriate antibiotic prescribing.

In their response, the approved provider demonstrated that education and training on antimicrobial stewardship has been delivered since the site audit and further training is planned for June 2021.

While the Assessment Team found that some nursing staff did not demonstrate a sound understanding of antimicrobial stewardship and the implementation of practices to promote appropriate antibiotic prescribing, I have considered this in my assessment of Standard 3, Requirement 3(3)(g) and Standard 7, Requirement 7(3)(d). The service demonstrated a clinical governance framework is implemented that includes antimicrobial stewardship, minimising the use of restraint and open disclosure.

I find this requirement is Compliant.

# 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)(d)

*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.*

The approved provider must demonstrate:

* Deterioration or change of a consumer’s health, function, capacity or condition is recognised and responded to in a timely manner by the service.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### Requirement 3(3)(g)

*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.*

The approved provider must demonstrate:

* The service has implemented practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.
* Staff have a sound understanding of antimicrobial stewardship and the application of practices to promote appropriate antibiotic prescribing.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### Requirement 4(3)(d)

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

The approved provider must demonstrate:

* Information about the consumer’s needs and preferences in relation to services and supports for daily living are documented and communicated within the service.
* Consumer care plans provide adequate information to support staff in meeting consumer’s needs and preferences in relation to services and supports for daily living.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### Requirement 7(3)(d)

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

The approved provider must demonstrate:

* Staff are trained and supported to deliver the outcomes required by the Quality Standards.
* Staff have a sound understanding of antimicrobial stewardship and the application of practices to promote appropriate antibiotic prescribing.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.