Charingfield

Performance Report

282A Bronte Road
WAVERLEY NSW 2024
Phone number: 02 9369 5444

**Commission ID:** 0384

**Provider name:** Apollo Care Operations Pty Ltd

**Site Audit date:** 15 December 2021 to 17 December 2021

**Date of Performance Report:** 17 January 2022

# Performance report prepared by

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# 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) | 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** | **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 conducted 15-17 December 2021, 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 10 January 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

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.

The Assessment Team found that overall, sampled 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.

The Assessment Team interviewed consumers who said that staff are respectful in the way they interact with them. They said most of the staff know them well, including what they like and don’t like. Consumers said they are supported to exercise choice and independence and are supported to take risks to enable them to live the life they choose. They confirmed that family and friends can visit anytime, and they are supported to maintain relationships of choice and make connections with others. They confirmed they are given information to help them make decisions and that their privacy is respected.

The Assessment Team observed staff interacting with consumers in a respectful manner and supporting their choices.

The Assessment Team reviewed care documents which demonstrated the service has identified each consumer's goals, needs, and preferences. This includes cultural and social needs and preferences and ways to support consumer’s choices and independence.

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.

The Assessment Team interviewed consumers and representatives who confirmed that they feel like partners in the ongoing assessment and planning of their care and services. The consumers and representatives interviewed confirmed that they are involved in the initial and ongoing planning of their care on entry to the service, third monthly as part of the resident of the day program and if there is a change to their needs, goals, and preferences.

While not all consumers/representatives interviewed said they had been offered or received a copy of their care plan, allstated they feel confident that they can have access to their care plans when they want to.

The Assessment Team found that most consumers and representatives said the service had discussed the end of life planning with them. Some representatives said end of life preferences were regularly discussed during care plan reviews and case conferences.

The Assessment Team reviewed the assessment and care planning documentation for consumers and identified that reviews are being completed regularly and in conjunction with the consumer and representatives. Assessment and care planning documentation reflected individual consumers' 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.

The Assessment Team found that overall, sampled consumers considered that they receive personal care and clinical care that is safe and right for them.

The Assessment Team interviewed consumers and representatives who confirmed that they get the care they need, including personal hygiene, meals, medication, wound and skincare, management of pain, mobility and exercise, and assistance with continence care needs. Consumers and representatives interviewed confirmed that they have access to a doctor or other health professional when they need it. Sampled consumers interviewed felt at home and feel staff are very kind, understanding and consumers feel "listened to".

The Assessment Team found that the service has policies and procedures to guide staff practice providing clinical and personal care tailored to their needs and preferences.

The Assessment Team identified that there is a system to identify and manage high impact or high prevalence risks associated with each consumer's care. Staff demonstrated they have access to relevant clinical information, and they can share this information with allied and medical health specialists.

End of life care is provided to consumers concerning their choices and preferences and allied health involvement. Referrals occur promptly, and consumers with changing conditions are recognised and responded promptly. While the information about the consumer's condition, needs and preferences is documented, it is not always communicated with others where responsibility for care is shared.

The Assessment Team observed some inconsistencies in staff practices around proper mask etiquette. The service’s existing infection prevention and control lead had resigned; and following discussion with the service, the care manager was enrolled for the course.

The Quality Standard is assessed as Non-compliant as one 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) 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) 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 interviewed consumers and representatives who confirmed that staff talked to them about minimising infection risk to consumers and outbreaks. They also said management provided information about the COVID-19 pandemic.

The Assessment Team interviewed registered nurses and found that some registered nurses interviewed for this requirement were able to show understanding of antimicrobial stewardship and could explain the practical strategies they would use to demonstrate infection control.

Staff were able to articulate strategies to minimise and manage infection risks or outbreaks under current guidelines. However, the service was not able to demonstrate it had a suitably qualified Infection Prevention and Control (IPC) lead registered with the Department of Health and the Assessment Team observed poor staff practice in relation to wearing masks.

The approved provider responded to the Assessment Team’s report and advised that the organisation has directed the staff that they may temporarily remove (drop or pull down) their masks in line with the Chief Health Officer’s instructions for various circumstances, however the team observed that staff were not wearing their masks correctly or at times where the temporary circumstances would apply. The approved provider also stated that the IPC Lead arrangements are outside the scope of the requirement and that they do not feel that there is a requirement in law or within the Aged Care Quality Standards for an approved provider of residential aged care to have an IPC lead trained to a specific standard (beyond requirements related to the 2020 Covid 19 grant funding). However, the ‘Aged Care Quality and Safety Commission’s Guidance and Resources for Providers’ (published in March 2021), clearly articulates under Requirement 3(3)(g) that “*Residential aged care services are required to appoint at least one clinical staff member as infection prevention and control IPC lead(s). This ensures that these organisations are prepared to prevent and respond to infectious diseases, including coronavirus (COVID-19) and influenza. The IPC lead(s) must be a designated member of the nursing staff who has completed an identified IPC course*”.

I find that the approved provider is not compliant with this requirement.

# 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.

The Assessment Team found 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.

The Assessment Team interviewed consumers who confirmed the staff are kind and supportive and provide individual emotional support as needed. Consumers confirmed they are supported to keep in touch with people who are important to them and to do things of interest to them. There is an activities program with a variety of group activities run in the service to support consumers leisure interests and social needs. Consumers interviewed were satisfied with the meals provided at the service. They confirmed they are given choice, there is variety on the menu, special dietary needs and preferences are catered for, and they are given enough to eat.

The Assessment Team reviewed care documentation which reflects the background, life story, interests, needs and preferences of each consumer.

The Assessment Team interviewed staff who demonstrated a thorough understanding of the background, interests, and lifestyle needs and preferences of the consumers. They described ways they can support the consumers’ wellbeing.

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.

The Assessment Team found overall, sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment.

The Assessment Team interviewed consumers who confirmed that the service environment is welcoming, and they feel at home at the service. The service environment provides both private and communal space to cater for consumers personal and social needs and support their sense of belonging, independence, interaction and function. Consumers interviewed confirmed the service is clean and well maintained, and they can move freely within the facility and outdoors.

The Assessment Team observed that the service is decorated with paintings, pictures and ornaments to create a home-like environment, and consumers had personalised their own rooms.

The service environment was observed to be safe, clean, well maintained and comfortable. Consumers were observed to have free access to indoor and outdoor areas. There are systems in place to clean and maintain the service environment and ensure it is safe.

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.

The Assessment Team found overall, sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

The Assessment Team interviewed consumers who felt they could make complaints and felt safe to do so. Most consumers said they did not have any complaints about care and services. Consumers interviewed felt that changes were made at the service in response to complaints and feedback.

Overall, feedback from sampled consumers and a review of the service’s feedback and complaints register showed that although few complaints have been received about care and services in the last three months, consumers feel comfortable raising their concerns with staff, and they are confident that appropriate action will be taken. This is supported by the “complaints actions” and “outcomes” sections of the register, that recorded actions completed corresponding to issues raised in complaints and consumer and representative feedback sought regarding their satisfaction with outcomes.

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.

The Assessment Team found overall sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

The Assessment Team interviewed consumers and representatives who confirmed that staff are kind and caring and they know what they are doing. Consumers interviewed confirmed that they think there are adequate staff.

The service completed a report on the number of full-time equivalent personnel working at the service in the week preceding the audit. The report confirmed the (increased) staff ratio that the service manager said had been approved. The recent representative experience survey results reviewed by the Assessment Team, showed the service achieved a high overall rating average of 4.1/5, which was consistent with consumer and representative feedback received on site, and the high rate of mandatory training, competency assessment and performance appraisal completions.

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 Assessment Team found overall sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services.

The Assessment Team interviewed consumers and representatives who could provide examples of how they are involved in the development, delivery and evaluation of care and services. Consumers/representatives said they are consulted regarding needs, preferences and goals, and they are satisfied with the way staff to deliver their care needs. Consumers confirmed that recently the chef had asked them about their food and they are able to attend the food focus group if they wish.

The Assessment Team found that overall the service’s governing body and systems support a culture of and deliver safe, inclusive and quality care and services. The service has a governing body and corporate structure that has put in place risk management, monitoring and accountability systems throughout the service. This has, enabled effective management of strategic and high impact, high prevalence care risks, evidenced by improved clinical indicator trends, and largely positive consumer representative feedback on, and input to the quality of care and services.

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.*

# 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)(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 antibiotic*

The approved provider must demonstrate:

* All staff are educated in correct mask use and wear masks and other PPE appropriately.
* An IPC Lead is appointed for the Service and undertakes the required specialist IPC Training requirements and is subsequently registered as an IPC Lead with My Aged Care, as per the Requirement.