Daughterly Care Community Services - Northern Beaches

Performance Report

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**Commission ID:** 201280

**Provider name:** Daughterly Care Community Services Limited

**Quality Audit date:** 21 April 2021

**Date of Performance Report:** 9 August 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** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Non-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** | **Not applicable** |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Non-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 Quality Audit; the Quality 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 Quality Audit report received 2 June 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 service applies the requirements within this Standard, the Assessment Team interviewed consumers, service staff and reviewed relevant documentation.

Consumers, or their representatives, confirmed that they are treated with dignity and respect and can maintain their identity. Consumers interviewed said staff are respectful in the way they interact with them. They said the staff know them well including what they like, don't like and how they like things done. Consumers said they are supported to exercise choice and independence and to take risks to enable them to live the life they choose. Consumers are supported to maintain relationships of choice and make connections with others and are provided with assistance to do this. Consumers said they are given information to help them make informed decisions about their care and services.

Records sighted shows the service has identified the goals, needs and preferences of each consumer. This includes cultural and social needs and preferences and ways to support consumer's choice 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.*

Based on the information reviewed I find this requirement compliant.

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

*Care and services are culturally safe.*

Based on the information reviewed I find this requirement compliant.

### 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.*

Based on the information reviewed I find this requirement compliant.

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

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

Based on the information reviewed I find this requirement compliant.

### 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.*

Based on the information reviewed I find this requirement compliant.

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

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

Based on the information reviewed I find this requirement compliant.

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

The service’s assessment processes are generally adequate, however information regarding consumers’ assessed needs, risks and specific strategies to manage risks, are inconsistently documented between assessment, care plans and documented instructions provided to staff.

Care plans are updated when changes are identified, however, there is inconsistency in how these changes are documented across the registered nursing team. Dates are not always documented when changes occur or dates where actions are implemented are not consistently recorded. The Assessment Team found that care plans changes are often undated. The Assessment Team found that assessment and planning does not consistently trigger the use of validated tools to ensure safe care delivery across all care domains. In addition, while generally individualised care plans are developed in consultation with the consumer and their representatives, the provider was unable to demonstrate that this included advance care planning and end of life planning if the consumer wished.

All consumers and/or their representatives interviewed confirmed assessments are done in partnership with the consumer.

The service demonstrated care and services are reviewed for effectiveness when consumers’ circumstances change and when incidents occur.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-compliant

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

The Assessment Team found that while the service’s assessment processes are generally adequate, information regarding consumers’ assessed needs, risks and related strategies to manage risks was not consistently documented between assessments undertaken and care plan updates and subsequent instructions provided to staff. The Assessment Team also found that, while care plans are updated when changes are identified, there was inconsistency in how these changes were documented across the registered nursing team. Dates were not always documented when changes occur or dates where actions are implemented were not consistently recorded. The Assessment Team also found that care plans changes are often undated. The Assessment Team further found that assessment and planning, did not consistently trigger the use of validated tools to ensure safe care delivery.

In its response the provider did not dispute the Assessment Team’s findings and submitted a response that included several improvements that have been implemented since the Quality Audit. These improvements are supported by the provider’s plan for continuous improvement which it also supplied. While I acknowledge these improvements and the provider’s strong engagement with the issues, I consider that the provider will need to time to demonstrate that these improvements are effective and are sustainable, I find that at the time of the Quality Audit the provider was Non-compliant with this requirement.

I find this requirement Non-compliant.

### Requirement 2(3)(b) Non-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.*

The Assessment Team found that while individualised care plans are developed in consultation with the consumer and their representatives, the provider was unable to demonstrate that this included advance care planning and end of life planning if the consumer wished. The Assessment Team also found that care plans and documentation for consumers receiving palliative care did not document their end of life needs and wishes, or whether this had been discussed with the consumer or carers/representatives.

The provider submitted a response that provided further detail and clarified some information in the report. While the provider stated that advance care planning does occur with each consumer, it was unable to demonstrate this occurred at the time of those discussions or assessments. The provider acknowledged that it needed a written process to follow and to better document end of life planning for consumers requiring it. It identified several improvements in relation to end of life planning that have since been implemented since the performance review. While I acknowledge these improvements, I consider that the provider will need to time to demonstrate that these improvements are effective and are sustainable, I find that at the time of the Quality Audit the provider was Non-compliant with this requirement.

I find this requirement Non-compliant.

### 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.*

Based on the information reviewed I find this requirement compliant.

### 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.*

Based on the information reviewed I find this requirement compliant.

### 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.*

Based on the information reviewed I find this requirement compliant.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

The service demonstrated consumers receive safe personal care and clinical care that is tailored to their needs. High impact and high prevalent risks to consumers were identified and managed. Although improvements required to documentation were identified for consumers nearing the end of life, generally the provider could demonstrate that the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

Where consumers receive care and services through other health providers, there are effective processes to monitor consumer outcomes. Additionally, the service demonstrated appropriate referrals to individuals, other organisations and providers of other health related services occur in a timely manner.

The service demonstrated when deterioration in a consumer’s health is observed that it is responded to in a timely manner.

The service demonstrated ways they minimise infection related risks to consumers, including during the COVID-19 pandemic However, the service did not demonstrate a sound understanding or application of antimicrobial stewardship in the care of at-risk consumers. Its policy did not clearly articulate how the service would respond in this area to support appropriate antibiotic prescribing and strategies to support consumers at risk.

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.*

Based on the information reviewed I find this requirement compliant.

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

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

Based on the information reviewed I find this requirement compliant.

### 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.*

The Assessment team found that care plans and documentation for consumers receiving palliative care did not document their end of life needs and wishes, or whether this had been discussed with the consumer or carers/representatives. Consumers are receiving palliative care from home nursing and palliative care services.

Although improvements required to documentation were identified for consumers nearing the end of life, I have considered these matters under Standard 2 requirement 2(3)(b). I find that generally the provider could demonstrate that the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

I find this requirement compliant.

### 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.*

Based on the information reviewed I find this requirement 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.*

Based on the information reviewed I find this requirement compliant.

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

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

Based on the information reviewed I find this requirement compliant.

### 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 while the service has policies and procedures to minimise infection control risks and guide staff practice, and staff have a sound knowledge of how to minimise these risks and implement infection control practices, the service did not demonstrate a sound understanding or application of antimicrobial stewardship in the care of at-risk consumers. Care managers and registered nurses were not able to confirm the service’s response to antimicrobial stewardship.

In its response the provider acknowledged it did not have an Antimicrobial Stewardship Policy in place and noted it had since implemented one. Its response included other additional improvements that have since been implemented, supported by a plan for continuous improvement. However, I consider that the provider will require time to ensure these improvements are effective and sustainable.

While I acknowledge the improvements, I find that at the time of the Quality Audit the provider was Non-compliant with this requirement.

I find this requirement Non-compliant.

# STANDARD 4 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

The service demonstrates consumers get services and supports for daily living that are important for their health and well-being and enable them to do things they want. Sampled consumers/representatives told the Assessment Team they are satisfied with services they receive and are able to attend appointments, socialise with friends and social groups and remain connected to their community.

Care and services for daily living are planned through assessment with consumers and/or their representatives. Care plans reflect consumers goals, needs and preferences regarding emotional, spiritual and psychological well-being, services to help them participate in the community, have social and personal relationships and do things they like to do.

The service demonstrates referral to other services to ensure consumers receive services that are right for them and they are supported to do the things they like to do. Safe equipment is provided through the Home Care Packages to maximise consumers’ independence.

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.*

Based on the information reviewed I find this requirement compliant.

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

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

Based on the information reviewed I find this requirement compliant.

### 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.*

Based on the information reviewed I find this requirement compliant.

### 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.*

Based on the information reviewed I find this requirement compliant.

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

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

Based on the information reviewed I find this requirement compliant.

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

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

Based on the information reviewed I find this requirement compliant.

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

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

Based on the information reviewed I find this requirement compliant.

# 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 service provider’s response. The team also examined the complaints records and tested staff understanding and application of the requirements under this Standard.

Consumers/representatives interviewed advised they feel comfortable in speaking with the service at any time about the quality of care and services and appropriate action is taken. They confirmed the service’s approach is open and transparent and they are consulted regarding options and preferred solutions. Staff receive regular training in supporting consumers to provide feedback and raise concerns. The service demonstrated that appropriate action is taken in response to a complaint and that an open disclosure process underpins the approach to management of complaints. Feedback and complaints are reviewed and used to improve the quality of care and services and are reflected in the continuous improvement activities.

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.*

Based on the information reviewed I find this requirement compliant.

### 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.*

Based on the information reviewed I find this requirement compliant.

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

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

Based on the information reviewed I find this requirement compliant.

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

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

Based on the information reviewed I find this requirement compliant.

# 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 service provider 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 service delivery schedules, staff qualification and training records.

Consumers and representatives interviewed were complimentary regarding the staff who provide their care and services and said staff always treat them with respect. They said they get the care they need, staff come on time and the staff know how they like to be assisted. Some consumers said staff will go the extra mile and adapt care and services to include things that are important to them.

Staff interviewed said they have the information they need and resources to enable them to perform their roles and they feel supported and valued by the service provider. Staff confirmed they receive mandatory training and further education for personal development. Staff said performance development occurs and they are able to make suggestions for topics to be included in the service’s training and education program.

The service provider monitors the workforce to ensure that there are sufficient appropriately qualified staff to plan and provide safe quality 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 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.*

Based on the information reviewed I find this requirement compliant.

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

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

Based on the information reviewed I find this requirement compliant.

### 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.*

Based on the information reviewed I find this requirement compliant.

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

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

Based on the information reviewed I find this requirement compliant.

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

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

Based on the information reviewed I find this requirement compliant.

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

To understand how the service provider 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).

Consumers and their representatives confirmed they are involved in care consultations and are engaged on a day to day basis. Consumer surveys, feedback, suggestions and complaints feed into continuous improvement of care and service delivery.

The service provider demonstrated that consumers are actively involved in the design of their care and services, how these are delivered and provide feedback from their perspective into continuous improvement activities. The governing body meets regularly and has skilled representation, sets clear expectations for the service to follow and regularly reviews organisational and consumer risks including evaluation of outcomes. There are organisation wide governance systems to support effective information management, the workforce and compliance with regulatory requirements. There is a continuous improvement program in place which identifies areas for improvement and these activities are documented in the service’s continuous improvement log.

Overall consumer and representative feedback is that consumers receive safe quality care and services and that the personalised focus of the service provider is highly valued and appreciated by consumers.

However, the service provider did not demonstrate that the clinical governance framework ensured best practice was applied consistently.

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

## Assessment of Standard 8 Requirements

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

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

Based on the information reviewed I find this requirement compliant.

### 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.*

Based on the information reviewed I find this requirement compliant.

### 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.*

Based on the information reviewed I find this requirement compliant.

### 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.*

Based on the information reviewed I find this requirement compliant.

### Requirement 8(3)(e) Non-compliant

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

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

The Assessment Team found that the provider has policies and procedures, however the provider did not demonstrate that processes are effective and applied in daily practice. The service did not demonstrate that the clinical governance framework is effective in ensuring best practice clinical care is embedded in daily practice. While the service provider’s self-assessment states that they use a range of validated assessment tools, there was no evidence of these tools being implemented in practice to ensure comprehensive assessment to inform care planning. Principles of anti-microbial stewardship were not evidenced in practice and in consumer care.

The approved provider submitted a response that provided further detail and clarified some information in the report. The response also included several improvements that have since been implemented since the performance review, including implementation of an Antimicrobial Stewardship Policy.

The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

While I acknowledge the improvements, I consider that the provider will require time to demonstrate that the improvements are embedded and can be sustained, and find that at the time of the Quality Audit the provider was Non-compliant with this requirement.

I find this requirement Non-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 2(3)(a)

*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.*

* Ensure that information available about each consumer is considered, including risks to the consumers health and well-being, and assists to inform the safe and effective care and services. Ensure any changes to recommendations are documented, along with monitoring and ongoing assessment to ensure the safety of the consumer.

### Requirement 2(3)(b)

*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.*

* Demonstrate that assessment and planning identifies and addresses the consumers current needs, goals and preferences, in particular but not limited to advance care planning and end of life planning if the consumer wishes
* Demonstrate that care plans and documentation for consumers receiving palliative care documents their end of life needs and wishes, as well as discussions with them and with those they choose to have or are involved in their care.

### 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.*
* Ensure effective policies and practices are in place to support optimal care and reduce the risk of increasing resistance to antibiotics.
* Ensure staff understand and apply the principles and practices of anti-microbial stewardship.

### Requirement 8(3)(e)

*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.*
* Demonstrate that the clinical governance framework is effective in ensuring good quality care and results, including use of validated assessment tools to ensure comprehensive assessment to inform care planning, and embedding anti-microbial stewardship in practice and in consumer care.