Gregory Lodge

Performance Report

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**Commission ID:** 4516

**Provider name:** Royal Freemasons Ltd

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

**Date of Performance Report:** 18 July 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) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the 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.
* Serious Incident Investigation conducted 9 – 11 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 organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall sampled consumers 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 stated that the consumers are always treated with respect by the staff. Consumers described how staff assist them where needed but also encouraged them to be independent where this can be achieved. They stated that staff know what is important to them and that their cultural wishes are respected.
* Consumers stated that they are able to exercise choice in how they spend their day including how their care is delivered. Consumers described how they decide daily activities such as time of rising and settling and choosing their daily activities.
* Consumers and representatives all reported that their privacy is respected, and personal information is kept confidential.
* Staff interviewed were able to describe the preferences of individual consumers and discussed how care is provided in line with consumer wishes. Staff demonstrated knowledge and understanding of individual consumer’s key relationships with family and friends. They described how they supported these relationships and consumers’ community engagement.
* Processes are in place to ensure care documentation reflects consumers’ goals, choice and personal strategies. Individual consumer’s care plans contain interventions describing how relationships are supported with key people in their lives. These processes are supported through organisational policies and procedures.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

Overall sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.

* Overall consumers and their representatives described satisfaction with their involvement in care planning on both a regular and as needed basis. Consumers and their representatives confirmed they sign the care plans to demonstrate their involvement and they can receive copies if requested.
* Assessment and care planning documentation considers individualised risk to consumers’ health and well-being to deliver safe and effective care and services.
* The service demonstrates that comprehensive assessments are completed, and care plans identify areas of risk along with mitigating strategies. Staff demonstrate understanding of the assessment and planning processes and demonstrate knowledge of individual consumer risks.
* Care planning documentation evidenced input from others such as consumers’ representatives, medical practitioners, allied health professionals and other health professionals who are involved in assessment, planning and review of consumers’ 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 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Overall sampled consumers considered that they receive personal care and clinical care that is safe and right for them. Representatives expressed satisfaction that safe and effective clinical and personal care is provided.

* Consumers and representatives interviewed confirmed that personal and clinical care delivered is safe and right for each individual.
* One consumer stated that they “are well cared for, the staff are lovely”, with another consumer stating that “the people are kind hearted and are lovely kind people”.
* Representatives confirmed that the consumers receive the care required with access to medical practitioners and other health professionals as needed.
* High prevalence risks for consumers are assessed and appropriate strategies to address risks are identified. Care staff are aware of risks and implement strategies to reduce risks. However, the service was unable to demonstrate that risks associated with swallowing problems are effectively managed for consumers with this condition.
* The service has a process to ensure any change in consumers’ condition is identified, assessed and that appropriate actions are taken in response to the change.
* Care staff have access to up to date information about consumers’ needs and preferences and the service provides information to organisations where sharing care.
* The service has a planned approach to assessment and planning of consumers’ personal care and clinical care which optimises each consumer’s health and well-being. There is a referral system to a variety of allied health professionals and the outcomes of referrals informs care and services provided to consumers.
* Appropriate strategies to minimise infection and strategies to promote appropriate antibiotic prescription are used and staff demonstrated an understanding of how these strategies are applied.

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

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

The Assessment Team found that consumers who may experience high impact and high prevalence risks such as responsive behaviours, weight loss and falls have risks identified, assessed and responded to, to reduce and mitigate risks to the consumer and others. The service has strengthened its processes since the previous audit to record more information about consumers’ risks and how best to manage these. There are systems to monitor unplanned weight loss, falls risks, adverse behaviours and wounds. These issues are identified, assessed and responded to, to reduce and mitigate risks to consumers and others.

Following a significant consumer incident which occurred two weeks after the site audit was conducted, an investigation undertaken by the Commission in June 2021 identified deficits in the service’s management of the risks for a consumer with swallowing problems. The Commission continues to work with the service to address the identified issues.

I have reviewed all the relevant information and I find on balance that this requirement is Non-compliant, as the approved provider did not manage the risks for a consumer with swallowing problems.

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and 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 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.

* Consumers/representatives discussed activities the consumers enjoy doing and how the consumer is assisted to attend events within the service and wider community.
* Consumers discussed how they have been provided with codes to doors or are assisted to leave the service when they wish.
* Consumers interviewed discussed how the service welcomes visitors and makes them feel welcome.
* Overall consumers sampled indicated meals are varied and of suitable quality and quaintly for them. Consumers explained when the menu is not to their personal preference that the chef provides them with an alternative.
* Consumers and representatives are satisfied with the services and support provided by the service.
* The organisation has a suite of documents and processes to gather consumers’ needs, goals and preferences. These are used to plan, form and review the lifestyle and leisure program to ensure it meets the needs of individual consumers.

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.

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

* Consumers interviewed confirmed they feel safe at the service and feel at home.
* Consumers described how they access activities in different areas of the service including lounge areas for conversation.
* Consumers interviewed confirmed that the service is clean and well maintained.
* The service was observed to be welcoming with the layout of the service enabling consumers to move around freely with suitable furniture, fittings and areas for use as preferred.
* Consumers had ready access to tidy outdoor courtyard areas with gardens, benches and communal areas.
* Consumers were observed to come and go from the service independently and access the local shopping centre.

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

For example:

* All consumers/representatives were able to describe how they could provide feedback regarding care and services provided and felt confident to do so.
* Information about internal and external complaints systems is on display and included in the ‘resident’ hand book.
* Feedback forms are available at the front reception. Forms are also available in other languages and include information about external advocacy services.
* Where consumers/representatives indicated they had raised a comment, complaint or suggestion they said that they have been satisfied with the response from staff and or management.
* The organisation encourages comments, complaints and suggestions and has documented processes to ensure all feedback is addressed in a timely manner.
* Where appropriate, issues or suggestions are included on the service’s plan for continuous improvement which is reviewed at site and organisational level.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

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

For example:

* Consumers confirmed that staff are kind, caring, and respectful when providing care.
* Consumers described how staff know what they are doing in relation to their personal care needs and did not describe any areas where they feel staff require further training.
* Consumers interviewed confirmed that they feel there are adequate staff and they receive the care they need.
* Staff described how they have enough staff and time to complete their tasks and to provide safe and quality care and services to consumers.
* The Assessment Team observed adequate staff, providing care with respectful interactions toward consumers.
* The service has recruitment processes to ensure quality and experienced staff have the qualifications, skills, and knowledge to successfully complete their job. The service monitors and reviews staff performance in relation to these requirements.

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).

Overall most sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services.

* Consumers described how they feel the service is well run, the living environment is clean and they feel comfortable to provide feedback which is attended to promptly.
* The service communicates monthly clinical data to consumers and representatives and feedback from consumers is used to improve the living environment, identify staff training needs and ensure the menus reflect their preferences.
* The service has systems in place to manage high impact and high prevalence clinical risks which are generally identified, monitored and managed.
* Mandatory reporting occurs as required and management understands requirements and obligations.
* There are effective clinical governance processes in place. Restraint usage is the least restrictive possible with monitoring and review occurring.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

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

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

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

The Assessment Team found that the organisation has a risk management framework. Risks are reported, escalated and reviewed by management and the Board. The service demonstrated components of the risk management system which includes incident reports, hazard forms, audits, meetings with consumers, representatives and staff. Feedback is communicated through service and Board meeting cycles leading to improvements to care and services for consumers.

The organisation provided a documented risk management framework, including policies describing how:

* high impact or high prevalence risks associated with the care of consumers is managed
* the abuse and neglect of consumers is identified and responded to
* consumers are supported to live the best life they can.

Policies and procedures are reviewed according to a schedule and on an ad hoc basis as informed by best practice, industry changes and changes in legislation. The service identifies and addresses high impact and high prevalence clinical risks for their population of consumers. The risk highest areas identified include skin integrity, hydration/nutrition and behavioural symptoms of dementia. These risks are addressed in policies and procedures and the workforce operate within these. The service continually monitors risks. The organisation has recently established the automatic creation of monthly reports for the facility manager that detail the site’s areas of risk.

Following a significant consumer incident which occurred two weeks after the site audit was conducted, a Serious Incident Response investigation undertaken by the Commission in June 2021, has identified some gaps in the approved provider’s investigation and response to the incident as required under the Quality of Care Principles 2014. The Commission continues to work with the approved provider to address these gaps.

Having considered all the available information, on balance I find this requirement is Compliant. While gaps have been identified in the implementation of the organisation’s incident management system in relation to a significant incident which occurred at the service, these are being addressed by the approved provider to ensure ongoing compliance with this requirement.

### 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.

* Ensure risks associated swallowing problems are identified, assessed and managed and reviewed for each consumer as required.
* Ensure staff have required skills and knowledge to implement required interventions for consumers with swallowing problems including the skills to manage choking episodes.
* Ensure consumers with swallowing problems are reviewed by appropriate health professionals as required.