Jesmond Aged Care

Performance Report

81-85 Albert Road   
STRATHFIELD NSW 2135  
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**Commission ID:** 2175

**Provider name:** Jesmond Aged Care Pty Ltd

**Site Audit date:** 30 November 2021 to 2 December 2021

**Date of Performance Report:** 7 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** | **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) | 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** | **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 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 30 November to 2 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 24 December 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.

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 and representatives who confirmed that they are treated with respect and their dignity is maintained. Consumers interviewed said they felt safe. Consumers felt they are supported to maintain relationships with others. Consumers and representatives confirmed consumers are encouraged to do things for themselves and staff know what is important to them. Consumers felt that their privacy is respected.

Consumers and representatives spoke about consumers being able to make choices and that maintaining independence was important

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 found that overall sampled consumers and representatives considered that they feel like partners in the ongoing assessment and planning of care and services.

The Assessment Team interviewed consumers and representatives who said that they were included and informed about outcomes of assessments and planning through case conferencing and receiving phone calls or emails from the service. Consumers and representatives said that they could access the care plans when requested and were able to understand them.

The Assessment Team found that the organisation demonstrated assessment and planning informs the delivery of safe and effective care and services and reflects an on ongoing partnership with consumers and representatives.

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 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 most sampled consumers and representatives considered that they receive personal care and clinical care that is safe and right for them.

#### The Assessment Team found care and service records supported that clinical care provided to the consumers sampled is best practice and optimises consumers’ health and wellbeing. Wound photos are taken with a measuring ruler and are taken in a consistent manner to monitor and review the progress of wounds. Wound chart review indicated that wounds are monitored by an appropriate staff member according to evaluation of the wound and this is well documented.

The Assessment Team found consumer’s experiencing falls at the service are provided with clinical care and treatment according to the service’s policy. Care plans are updated to reflect any changed needs of the consumer following falls and prevention strategies are implemented and documented in care plans.

#### Although there were some inconsistencies between the information contained in behaviour assessments and care plans, feedback provided by staff, consumers and representatives (on their behalf) was that the process of investigating the unmet needs of consumers and the implementation of personalised strategies to address any behaviour was of a satisfactory standard.

#### Although the service demonstrated some deficits in their understanding of restrictive practice authorisation, monitoring and review, this did not appear to have any adverse effects on the consumers involved.

The Assessment Team reviewed care documentation which shows effective management of high impact or high prevalence risks, especially in the areas of restrictive practice, behaviour management, falls, and wound management.

Care documentation reviewed shows that the service has referred to specialist behaviour services and mental health outreach teams for consumers who have displayed high-risk challenging behaviours that pose a risk to themselves or others and that this has occurred in a timely manner.

The Assessment Team identified that deterioration or change in consumer’s clinical condition is responded to in a timely manner where consumers have had recurrent falls or weight loss. Documentation of an End-of-Life care plan reflects the needs and preferences of the consumer as per consultation with the consumer representative.

#### Review of the systems in place for communicating information about the care of consumers indicated some inconsistency. Information about specialised care and high impact risks was not always documented in a consistent manner that outlined the nature of the risk, risk mitigating strategies or whether the consumer had expressed a certain choice to engage in the risk.

#### The organisation has policies and procedures relating to infection control, outbreak management and antimicrobial stewardship including the process to minimise the use of antibiotics. Whilst most staff demonstrated knowledge of strategies to minimise risk, there were some observations made by the Assessment Team that did not demonstrate the correct use of PPE and some COVID-19-related infection prevention and control practices.

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

*Minimisation of infection related risks through implementing:*

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

The Assessment Team found that the organisation has policies and procedures relating to antimicrobial stewardship including the process to minimise the use of antibiotics. The service has implemented appropriate COVID-19 preparedness procedures. Consumers spoke of actions taken by the service in response the recent period of lockdown during the COVID-19 pandemic. Generally, staff demonstrated appropriate infection control practices and could describe practices and procedures to minimise transmission of infections.

The Assessment Team interviewed consumer representatives who mostly said that they were aware of infection control protocols at the service and were very happy with the approach that the service took during the pandemic and through lockdowns to keep consumers safe.

Most consumer representatives said that where there were changes to visitor access to the service, they were always kept informed and the need for changes in protocol was explained to them by management.

The Assessment Team found that the service has outbreak management plans for influenza, gastroenteritis and COVID-19. Information relating to outbreak management is kept in an Infection Control folder, managed by the IPC lead. The service conducted a 30-minute COVID-19 lockdown drill in the week preceding the site audit, which was successful.

In addition to an IPC Lead, the service is training a secondary lead, to ensure continuity of management in the event of an outbreak.

I find that the approved provider is 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 interviewed consumers and consumer representatives who considered the services and supports for daily living offered were important for their health and well-being. Care plans sighted for activities and lifestyle reflected the preferences of the consumer. Consumers confirmed that they felt safe at the service. Staff interviewed could demonstrate their knowledge of the consumer and where to obtain information if care needs change. The service could demonstrate individualised care and services to support daily living for the consumers sampled.

All consumers interviewed reported that they were able to have family members and friends visit and can attend social activities outside the service if they chose. Consumer representatives interviewed said they felt welcomed at the service. Consumers sampled said that the food was good.

The Assessment Team found that the service could demonstrate that cultural, spiritual and emotional care was being delivered and external services were used if required.

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 interviewed consumers and representatives who overall considered that they feel they belong in the service and feel safe and comfortable in the service environment. Consumers and consumer representatives interviewed spoke positively about the environment saying they are able to move freely within the service environment and it was clean and well maintained.

The Assessment Team observed lifters and weigh chairs that were clean and being charged.

The Assessment Team observed wayfinding at the service was currently being painted, turf was laid in the garden, basins had been removed and were being replaced by wash stations. Management produced a timeline of estimated works, which were planned in consultation with Dementia Services Australia to ensure the service was dementia friendly.

The Assessment Team also observed few communal spaces for socialisation throughout the service but observed a covered rotunda outside and outdoor seating and tables outside the main entrance where consumers were seen sitting with visitors.

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 interviewed consumers and representatives who confirmed that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. They said they know how to provide feedback or raise a concern or complaint. They indicated they were comfortable raising matters with management and were confident management are responsive to matters raised.

The Assessment Team identified that information is provided to consumers about feedback and complaints processes including internal and external complaints mechanisms and advocacy services.

The service demonstrated it takes appropriate action in response to complaints and they are resolved in a timely manner. The organisation has an open disclosure policy, and the service demonstrated it is using an open disclosure process when things go wrong.

The Assessment Team found the service has a continuous improvement process and the service demonstrated feedback and complaints are used to identifying areas for improvement.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 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 that 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 they were satisfied with the care and services provided. They said the staff are very good and were responsive to their needs. They confirmed that staff responded to call bells in a reasonable time. Consumers interviewed reported they are treated with care and respect and the Assessment Team observed staff interacting with consumers in a kind, caring and respectful manner.

Consumers were confident that the staff are trained and competent to deliver the care and services they require. They said staff generally know what they are doing and did not identify areas where further education and training are required.

The Assessment Team interviewed staff who stated they normally have enough time to complete their duties on their shifts and said staff on sick leave are replaced. They confirmed they have participated in training provided at the service and said they have the resources and equipment they need to deliver appropriate care for consumers.

The service demonstrated it has a system for the planning and management of its workforce to ensure safe and quality care and services are delivered to consumers. There are systems to ensure staff are competent and have the qualifications and knowledge to perform their roles effectively. The service also has systems to ensure staff are recruited, trained, equipped and supported to deliver care and services in line with the Quality Standards. Management demonstrated they regularly monitor and review the performance of staff.

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 NON-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 that 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 confirmed that the service is well run and they have the opportunity to attend consumer meetings and provide feedback and suggestions by other means. They said they feel comfortable talking with management, and management are responsive when matters are raised.

The Assessment Team found that the service demonstrated the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

The organisation also demonstrated it has governance systems, a risk management plan and clinical governance framework in place for the delivery of safe and quality care and services.

However, while the service has systems in place for minimising the use of restrictive practices, the Assessment Team found two consumers were receiving chemical restraint without authorised consent. The service failed to recognise that being under the public guardian meant that the two consumers required substitute decision makers, and these were not sought and/or named prior to the site audit.

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.*

### 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) 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 while the organisation has a clinical governance framework, including policies relating to antimicrobial stewardship, minimising the use of restrictive practices, and open disclosure, the service was found to be using chemical restraint for two consumers without authorised consent.

The service has a clinical governance framework which is underpinned by policies and procedures. At organisational level there is a clinical governance committee, which meets monthly and reports to the Board. There are reporting mechanisms and processes in place for the collection and reporting of data relating to clinical indicators, incidents, complaints, surveys and audits. This information is analysed by the committee and actions are taken as necessary. Policies are reviewed by the committee and updated as necessary. A review of the clinical governance committee meeting minutes showed the committee conducts comprehensive reviews of all aspects of care across the three services operated by the organisation.

The Assessment Team were provided with current policies for antimicrobial stewardship, open disclosure and restrictive practices which reflects current legislation. There are processes for reporting and recording the use of restrictive practices. Education records and staff interviews confirmed staff have been trained in minimising the use of restrictive practices. However, while the service has systems in place for minimising the use of restrictive practices, the Assessment Team found two consumers were receiving chemical restraint without authorised consent. The service failed to recognise that being under the public guardian meant that the two consumers required substitute decision makers, and these were not sought and/or named prior to the site audit.

The approved provider responded to the Assessment Teams report and furnished additional documentation to support actions that have been initiated since the assessment to obtain appropriate consents. I acknowledge the immediate attention to this requirement, however find that the approved provider did not have the appropriate consents in place at the time of the site audit.

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

# 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 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 approved provider must demonstrate:

* Legislative requirements around the use of restrictive practices are in place for all consumers.
* Training and education are provided to all staff to improve their knowledge around restrictive practices.