Uniting AgeWell Ningana

Performance Report

1 The Circle
SORELL TAS 7172
Phone number: 03 6269 1000

**Commission ID:** 8048

**Provider name:** Uniting AgeWell Limited

**Site Audit date:** 2 November 2021 to 4 November 2021

**Date of Performance Report:** 22 December 2021

# Performance report prepared by

LGlass, delegate of the Aged Care Quality and Safety Commissioner.

# 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** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, 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 9 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.

Most 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. For example:

Consumers and representatives said they are treated with dignity and respect. They described in various ways how staff make them feel valued and accepted. Consumers and representatives confirmed staff know what is important to them and that they are encouraged to do things for themselves. Consumers and representatives interviewed expressed satisfaction with the way staff value their culture and diversity. Consumers confirmed feeling safe in relation to how they are treated by staff. Consumer care plans include information about the consumers’ background, needs and preferences, and this information was mostly consistent with information obtained through initial and on-going reviews with consumers and their representatives. Staff interviewed demonstrated their understanding of consumers’ individual lived experience, and how that influences the way they deliver care and services to each consumer.

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 and representatives considered that they feel like partners in the ongoing assessment and planning of care and services for optimising consumers’ health and wellbeing. The response from the approved provider to the Assessment Team’s report demonstrated that on-going assessment and planning occurs with each consumer and that the service considers risks associated with consumers care needs.

The service maintains a range of assessments and care plans, identifying and addressing each consumer’s current needs, goals or preferences. For example, complex care needs are documented on care plans related to palliative care. Behaviour support plans and lifestyle care plans contain information to assist with optimising consumers health and well-being.

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.*

Conflicting evidence from the Assessment Team and the approved provider was submitted regarding this requirement. The Assessment Team reviewed the files of six consumers and found assessments and care planning documents did not always consider or inform the delivery of safe and effective care for individual consumers. They found that staff do not always undertake care assessment and planning in accordance with the organisation’s clinical care assessment and planning policy.

The response from the approved provider included further documentation including policy and procedures, charting, assessments, support plans and progress notes some of which were not in the line of sight of the assessors at the time of the site audit.

In making my decision I have considered the Assessment Team report and the response from the approved provider. I am persuaded by the further information and details in the approved provider’s response. I find the service is compliant with this requirement.

### 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 majority of sampled consumers and representatives considered that consumers receive personal and clinical care that is safe and right for them. The Assessment Team identified the service’s processes and procedures for managing consumers care were completed in line with best practice or the services guidelines. The team noted the quality of care provided and documentation was mostly complete and management planned to follow up any gaps identified. Regular review of care is undertaken at the service.

The approved provider’s response demonstrates consumers’ psychotropic medications consent and authorisation is documented. High impact and high prevalence risks are managed effectively in relation to diabetic management, falls injury and pain management.

Consumers said staff communicate with them regarding their goals and preferences related to end of life wishes. The service has policies to ensure consumers receiving end of life care have their comfort and dignity maintained. Staff described how they recognise and respond to consumers end of life care.

Consumers and representatives expressed satisfaction in relation to staff communicating about deterioration or change of a consumer’s health and timely responses. The service has a process to ensure any change in a consumer’s condition is identified, assessed and that appropriate actions are taken in response to the change. Staff described the process used to identify and report deterioration in a consumer’s condition. Consumers and representatives confirmed that referrals occur to other health professionals when their care needs require specialised input.

Consumers and representatives expressed satisfaction with the service’s precautions to prevent and control infections. The service has policies and procedures related to outbreak management and anti-microbial stewardship. Staff demonstrated an understanding of COVID-19 infection control practices and antibiotic prescribing.

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.*

The Assessment Team reviewed three consumer files at the site audit and found high impact or high prevalence risks are not managed effectively in relation to diabetic management, falls injury and pain management. I have come to a different view.

In response to the Assessment Team report the approved provider supplied further documents and information for each of the consumers named. This includes assessment and reviews, general practitioner reviews and evidence of appropriate referral, policy and procedure for diabetic management, falls injury and pain management. The documents demonstrate high impact or high prevalence risks are effectively managed. There was evidence of dignity of risk processes and documentation and oversight for the consumer who chooses to smoke in a designated area.

In making my decision I consider that based on the available evidence, the service has demonstrated effective management of high impact or high prevalence risks with the care of each consumer. I therefore 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.*

### 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 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.

Overall sampled consumers considered that they receive the services and supports for daily living that are important for their health and well-being, that enable them to do the things they want to do, for enhancing their quality of life. For example, consumers said staff know what is important to them and they are supported to do the things they like. This includes, celebrating important personal or cultural events, and participating in one-to-one or group activities inside or outside of the service.

Consumers said they are satisfied with how staff supported their spiritual and emotional wellbeing needs and preferences and how they felt comfortable talking to staff if they were feeling low.

Consumers mostly provided positive feedback in relation to the choice and quality of food. Consumers said they provide feedback about their meals through resident meetings or conversations with staff.

The lifestyle program includes a range of activities, and consumer documentation includes information related to how consumers are supported to participate in the community and maintain their chosen friendships or relationships. The Assessment Team observed group activities in progress as well as one-to-one support during the site audit.

The service has processes to ensure each consumer’s nutrition and hydration is monitored and reviewed to ensure good health is maintained and risks related to weight loss and dehydration are reduced.

Consumers expressed satisfaction with the provision and maintenance of equipment. The service has a system for checking, cleaning and maintaining equipment. Staff confirmed they have enough well-maintained equipment and resources.

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 sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. For example, consumers interviewed confirmed they feel at home and described what this means to them. Most consumers and representatives said the environment is clean, well maintained and safe. Staff confirmed they have access to the equipment they need and how shared equipment is cleaned between use. Staff were able to describe how requests for maintenance are submitted and actioned.

The Assessment Team observed the service, both internally and externally, to be mostly clean and well maintained. There are signs and navigational aids for consumers and visitors, with a reception and hairdressing salon near the entrance. Consumers’ rooms are personalised, with rooms overlooking gardens or courtyards.

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.

Most sampled consumers and representatives consider that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. For example, consumers and representatives said they understand how to make complaints and provide feedback and gave examples of how the service dealt with their feedback.

All consumers and representatives said they are comfortable raising issues directly with the service. Most consumers and representatives expressed satisfaction with the service’s response to issues raised.

Consumers and representatives confirmed they are aware of internal and external complaints mechanisms, including advocacy. Staff described how they use internal and external resources to support consumers, such as advocacy. Information relating to advocacy and language services are available throughout the service to consumers and representatives.

Management described how complaint data is reviewed and how subsequent action is taken to improve the quality of care and services. Complaint documentation identified appropriate action is taken by management and data and statistics are prepared for senior management and the Board.

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.

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, most consumers and representatives interviewed expressed satisfaction with the way staff interact in a kind, caring and respectful manner. Most consumers confirmed that staff have the knowledge and skills to meet their care needs.

Most consumers and representatives said there are sufficient staff to meet their care needs. Roster documentation demonstrates shifts are filled including unplanned leave. Documentation demonstrates staff have qualifications relevant to the role and their competency is monitored. Documentation demonstrates staff participate in an induction program and are supported through both mandatory and other training that is need-based.

The service has processes and procedures to monitor and review staff performance. Management described and demonstrated processes to assess, monitor and review the performance of staff working at the service. Staff confirmed appraisal of their performance occurs and said they feel supported to discuss any performance issues or improvement opportunities.

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 sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. For example, consumers and representatives described how they are involved in the care planning and review process. Some consumers and representatives said they attend resident/relative meetings and provide feedback to improve care and services.

Staff described how they engage with consumers and their representatives to ensure the consumer gets the care that is right for them. Management described how the governing body promotes a culture of safe, inclusive and quality care

The service demonstrated effective governance systems in relation to information management, continuous improvement, financial and workforce governance.

The service demonstrated that high impact or high prevalence risks associated with the care of consumers are effectively managed, and how incidents are managed and prevented.

Management described how their clinical governance framework was developed and introduced, and how this provides an overarching monitoring system for clinical care. The framework addresses antimicrobial stewardship, open disclosure and minimising the use of restraint.

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.*

The Assessment Team found the service demonstrated effective governance systems in relation to information management, continuous improvement, financial and workforce governance. The Assessment Team found the service did not demonstrate effective regulatory compliance in relation to reporting incidents to the Serious Incident Response Scheme.

Evidence provided in the approved provider’s response demonstrates this has not been a systemic failure at the service and disputes the Assessment Team’s analysis and finding of facts.

While the Assessment Team have found some deficits in sub requirement (v) during the site audit this has not been of a systemic nature and I am persuaded by the analysis and interpretation of facts supplied in the response.

Based on the evidence summarised above, the service complies with this requirement.

### 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 approved provider did not comply with this requirement and found failures in sub requirements (i) and (ii). The approved provider asserts risk management systems and practices are in place and submitted further evidence to support this assertion. It is evident that at the time of the site audit the purpose of the various risk management systems were not effectively explained or alternatively not fully understood.

While the Assessment Team found issues in sub requirements (i) to (iv) during the site audit these have not been of a systemic nature.

Based on all the evidence available the approved provider has satisfactorily demonstrated that an effective risk management system is in place. I find the approved provider complies 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.*

The Assessment Team found the service did not comply with this requirement, noting inconsistencies in the service’s documentation of informed consent for the use of psychotropic drugs related to specific diagnoses, chemical restraint and risks about medication use have been discussed.

The team also found the organisation has a suite of documents such as a fact sheet ‘how to support a restraint free environment in residential aged care’, ‘minimising restraint’ flow chart, and a ‘restrictive practice’ policy last reviewed in June 2021. The procedure includes definitions of chemical and environmental restraint, and examples of physical restraint.

The response from the approved provider refutes the findings of the Assessment Team and provides documentation. I am satisfied that for the consumers sampled, consent has been obtained and discussion about the risks and benefits of restraint has been discussed with consumers and or consumer representatives. Where appropriate notation is recorded that a general practitioner’s discussion with the consumer has occurred. Further evidence was provided that information about psychotropic administration and requirements is shared with residents, families and staff via newsletters and meetings. A psychotropic medication register is in use and staff education has been undertaken about minimisation of all types of restrictive practices.

Based on the available information, I find this requirement met.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.