Wintringham Eunice Seddon Home

Performance Report

34-42 Potter Street
DANDENONG VIC 3175
Phone number: 03 8792 2800

**Commission ID:** 3881

**Provider name:** Wintringham

**Site Audit date:** 13 April 2021 to 15 April 2021

**Date of Performance Report:** 27 May 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** | **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 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
* the provider’s response to the Site Audit report received 3 May 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. For example:

* Consumers provided feedback staff always treat them with respect irrespective of the circumstances.
* Consumers stated that staff valued their culture and diversity.
* Consumers explained in various ways how they are supported to exercise choice and independence and maintain relationships of choice.
* Consumers confirmed that they were able to take risks to enable them to live their best life.
* Consumers are satisfied the information they receive is current and clear and provided examples how their choice is supported through information provided at the service.
* The majority of consumers sampled confirmed that their personal privacy is respected.

Staff demonstrated respect and an understanding of consumers’ personal circumstances and life journey. Staff provided examples of how they support and respect consumers’ cultural needs. Management described an open service philosophy where consumers are free to come and go as they please. Management described how consumers are empowered to make personal choices. Care staff described strategies to maintain consumer privacy.

Consumer care documentation guides staff in relation to cultural and other specific needs and preferences. Individual privacy preferences are recorded. Policies and procedures support consumer choice in relation to alcohol and cigarettes.

Interactions between staff and consumers were observed to be kind and respectful.

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 COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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. For example:

* Consumers are confident that risks are identified, and they receive the care that they need. Consumers described varying degrees of involvement in the care planning process.
* Consumers are satisfied that assessment and planning identify their current needs, goals and preferences. Consumers said staff have spoken to them about advance care and their wishes for hospital transfer and their end of their life preferences.
* Consumers are satisfied their care is reviewed regularly, and following a change in circumstances or incidents, such as a hospitalisation.
* Consumers interviewed described the how they or others they wish to include, are involved in assessment and planning of their care. Informal approaches can be made to staff at any time.
* While consumers could not recall they had a care plan and had seen their care plan, they were aware staff talked to them on a regular basis about their needs and were satisfied with this communication.

Management described the assessment process when consumers enter the service and care plans are developed from assessment results. Clinical staff identify risk and risk assessments are completed where consumers expressed their desire to do things, such as smoking and drinking alcohol. Clinical staff described initial and ongoing assessment process that involves both the consumers and or their chosen representatives. Staff described what is important to consumers in terms of how their care is delivered.

Care planning documents provide evidence of initial comprehensive assessment and planning for the sampled consumers with individualised plans identifying risks to health and well-being. Overall, assessment documents and care plans demonstrated partnership with consumers in their development with evidence that consumers are involved in care reviews. Care planning involves input from other organisations such as hospitals, in reach services, national disability insurance agency staff and medical specialists. Care documentation evidences consumer and other healthcare professionals’ involvement with information relevant to consumers. Care documentation is accessible for staff in a central location.

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 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. For example:

* Consumers were satisfied with pain and wound management.
* Most consumers expressed satisfaction with how communication occurs in relation to their care and that they do not need to repeat themselves.
* Consumers expressed satisfaction with access and referrals to their medical practitioner and other health professionals as needed.

The service demonstrates assessment and collaboration with specialists to ensure the care planned for consumers is safe, effective and tailored to their individual needs. Interventions to support behaviour management are identified for consumers receiving psychotropic medications. However, care documentation does not always reflect timely consultation with consumers or their representatives regarding the use of psychotropic medication.

Staff described the high impact and high prevalence risks for consumers including those with a lived experience of alcohol use and abuse and a history of homelessness and poorly managed medical conditions.

Care documentation reflects the needs and wishes of consumers nearing the end of life including the circumstances in which consumers want to be transferred to hospital or whether the consumer wants resuscitation attempted. Palliative care is supported by a specialist service when required and interventions such as pain management demonstrate that consumers comfort and dignity is maximised.

Documentation demonstrated that deterioration or change in condition is recognised and responded to in a timely manner. Staff were able to describe their role in identification and escalation of concerns.

Management and staff demonstrated that information about consumers condition, needs and preferences is documented in their care plan and progress notes, and communicated within the service.

Referrals to health professionals were noted to occur in a timely manner and resulted in improved outcomes.

Clinical staff demonstrated knowledge and understanding of infection control practices to reduce the spread of infection as well as of application of practices to promote antibiotic stewardship. Management support clinical staff through provision of training and personal protective equipment supplies to reduce cross infection.

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.*

# STANDARD 4 COMPLIANTServices 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 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. For example:

* Most consumers said they can join in with activities at the service when they want to. They know how to access them and how to talk to the recreation staff about help if they need it.
* Overall consumers who wanted to access the community said they were able to leave the service whenever they want.
* Consumers said they are encouraged to do the things they want to do and said staff are supportive when they are feeling low.
* Most consumers expressed satisfaction with the quality and quantity the food provided.

Staff reported an emphasis on person-centred rather than group recreation, along with the promotion of the independence of the individual. Staff provided specific examples of how they support individual consumer’s emotional and spiritual wellbeing. Staff were confident they have access to information they need to provide safe and effective care to consumers. Staff described how they communicate care needs, and how they would know if an aspect of care had changed. Staff can describe how referrals are made to external providers of care however recent restrictions meant most external provider visits, other than essential clinical care supports, were limited.

Recreation care plans describe consumer activity preferences as well as the support that is required for participation. Consumer emotional, spiritual and psychological well-being needs are identified at initial assessment and documented in care plans. Care plan documents sampled included information about how consumers who participate in the external community are supported to do so.

Recreational and other equipment is provided from a yearly budget.

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 COMPLIANTOrganisation’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:

* Most consumers said they feel safe and comfortable living at the service.
* Consumers are satisfied their rooms and the service environment are clean and well maintained.
* Consumers said they were able to access both indoor and outdoor spaces at the service and were also free to leave the service when they wish.

The service provides a range of communal spaces which are comfortably furnished, clean and free of clutter. Reactive maintenance occurs as required and there are recurring schedules for maintenance and cleaning with regular checks of equipment taking place. Furniture, equipment and fittings in the service were observed to as clean and well maintained.

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 COMPLIANTFeedback 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 consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. For example:

* Consumers are satisfied with the feedback and complaints process and feel encouraged and supported to speak up when they have concerns.
* Consumers are generally satisfied with the outcomes and actions taken by management in relation to feedback and confirmed open disclosure was used when something went wrong.

Staff described how they support consumers and representatives to raise any concerns and documentation reviewed identified how feedback and complaints were actioned and assisted in improving the service. Staff described the advocacy and language services available to consumers and examples of how this was used.

Management has demonstrated how action is taken to improve the quality of care and services. Complaint documentation reviewed identified prompt action taken by management.

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 COMPLIANTHuman 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, 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:

* While some consumers stated that they did have to wait a while for the call bell to be responded to, all consumers interviewed expressed staff at the service are respectful, kind and caring.
* Consumers advised that the staff are well trained and know what they are doing, however some consumers advised that agency staff are not as knowledgeable as the regular staff.

Overall, staff are generally satisfied there are sufficient staff to complete their duties and that staff are replaced. Staff expressed satisfaction with the quality of training provided both face to face and on-line modules available through the organisation’s education programme.

Management demonstrated systems to ensure that staff have the appropriate qualifications to perform their roles.

Roster documentation demonstrates coverage of shifts and replacement of unplanned leave. Documentation demonstrates a mandatory suite of mandatory and other training is available to staff.

Regular assessment, monitoring and review for the workforce occurs, including a yearly performance appraisal on the anniversary of employment.

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 COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

To understand how the 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.

Management demonstrated how consumers are actively engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

Management described how the governing body promotes a culture of safe, inclusive and quality care. Consumers expressed satisfaction the organisation provides safe, inclusive and quality care and services.

Management demonstrated effective organisation governance systems in relation to information management, continuous improvement, financial and workforce governance and regulatory compliance.

Management demonstrated a quality and safety governance framework, including policies describing how high impact or high prevalence risks associated with the care of consumers is managed.

The organisation has a clinical governance framework that includes policies for open communication and antimicrobial stewardship. The organisation has established governance structures to minimise the use of restraint. However, while policy includes use of psychotropic medications in relation to symptoms of dementia as possible chemical restraint, this was not recognised for a small cohort of consumers. The organisation’s response sets out remedial action subsequently taken to address this.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

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

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

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

### Requirement 8(3)(e) Compliant

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

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

The Assessment Team found that the organisation’s restraint policy recognises the use of psychotropic medications in relation to treating symptoms of dementia as possible chemical restraint, however this is not applied by the service’s management for a small number of consumers with a diagnosis of dementia prescribed these medications. Management’s response to the Assessment Team during the audit drew attention to the low use of these medications for these consumers and the difficulty obtaining a broader diagnosis than dementia for the consumers due to their disadvantaged lived experience and substance abuse related injuries. The Assessment Team also noted minimal use of and regular review the medications for the small number of consumers falling into this category.

The provider’s post visit response acknowledges the Assessment Team’s evidence. The provider also emphasised the organisation’s fora and other processes in place in relation to clinical governance, and in particular how the governing body is made aware of and monitors the use of psychotropic medications. The provider’s response also acknowledges the organisation ‘now has a better understanding of the Commission’s expectations’ and has reviewed the organisation’s processes and practices to meet this definition, including the introduction of monitoring control sheets.

While I note the Assessment Team’s evidence in relation to the organisation’s interpretation of chemical restraint for the consumers described, I have taken a holistic view of the evidence available that illustrates the organisation has governance systems and fora to minimise the use of restraint within the organisation and service. I have also taken into consideration the immediate actions taken by the organisation to remedy the misinterpretation. Thus, I have come to a view that differs with the Assessment Team’s recommendation and find the service meets this requirement.

# 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.