**Performance**

**Report**

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| Name: | All Home Caring Services |
| Commission ID: | 201498 |
| Address: | 6/190 George Street, Parramatta, New South Wales, 2150 |
| Activity type: | Quality Audit |
| Activity date: | 29 November 2023 to 30 November 2023 |
| Performance report date: | 22 January 2024 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Home Care Packages (**HCP**) included:

Provider: 10135 All Home Caring Services Pty Ltd

Service: 28309 All Home Caring Services Pty Ltd

**This performance report**

This performance report for All Home Caring Services (**the service**) has been prepared by Therese Solomon, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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 Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 2 January 2024.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# 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 required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | | HCP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | 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. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

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

The provider is treating consumers with dignity and respect while valuing the consumer's culture, identity, and diverse backgrounds. Care plans include the consumer's identity, background, culture, language spoken, and preferred language, if they require an interpreter and their living arrangements. Consumers and/or representatives were happy with how the staff treated them.

The provider demonstrated they provide culturally safe care and services for their consumers. The service matches consumers with staff who speak the consumer's preferred language and have the same or similar culture. Consumers and/or representatives stated they felt appreciated and are listened to by having these support workers. Support workers are aware of consumer’s languages and their cultural backgrounds, and where family is to assist with personal care. Consumer’s preferred language preferences is documented within the consumer's care plan.

The provider demonstrated how consumers are supported to exercise choice and independence in making decisions about who is involved in their care, how their care and services are delivered, communicating their decisions, making connections, and maintaining relationships of their choice. Support workers are aware of consumers' relationships with friends and families. Care plans are updated with consumers' substitutes or supported decision-makers.

The provider supports consumes to take risks to enable the consumer to live the best life they can. Support workers and case managers are aware of the risks consumers wish to take and work with them and their substitute decision makers when this changes.

Consumers and/or representatives stated they understand the monthly statements they received from the provider. The Assessment Team reviewed the statement which clearly set out consumer’s opening and closing balances, including how much funding they received and what their funding was spent on within the month. Information from the service was provided through one-on-one contact with their case managers, and consumers and/or representatives found this was an easy way to receive information. The provider has pamphlets with information available to consumers in different languages as required for their wide range of language backgrounds.

The service provides the relevant information required to care for their consumers. Consumer files are all documented electronically with password-protected devices, and consumers did not raise concerns about how the support workers and case managers respected their privacy.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | 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. | Compliant |
| Requirement 2(3)(d) | 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. | Compliant |
| Requirement 2(3)(e) | 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. | Compliant |

Findings

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

The service was able to demonstrate that assessment and planning considers risks to the consumer and informs safe delivery of care. At the commencement of the Home Care Package, a thorough assessment of consumer care needs is completed, utilising validated assessment tools. Risk assessments include environmental, falls, and skin assessments. Risks identified are included in the care plan and the care plan summary. When risks are identified, the case manager may refer to the registered nurse to review the risks and help develop risk mitigation strategies, with the care plan updated accordingly.

The service was able to demonstrate that assessment and planning meets current needs, goals, and preferences of the consumer. The initial assessment captures information about the needs of the consumer, and ongoing communication with staff and the case manager ensures that individual consumer preferences are kept up to date. Advanced care planning is addressed at the initial assessment visit and documented on the organisation’s emergency and disaster preparedness plan form and is also included as part of the organisation’s nursing assessment form.

The service was able to demonstrate that assessment and planning is performed in partnership with the consumer and those they wish to be involved in their care. Care and services provided include brokered services, private services and other organisations who provide services to meet the needs of the consumer. Consumers and/or representatives stated they are involved in care planning discussions and decision making and spoke about how often case managers are checking in and making sure things are being delivered in a way that the consumer wants.

The service was able to demonstrate that outcomes of assessment and planning are communicated to the consumer at the time of assessment and available in the care plan. Regular care plan reviews are completed in person by the case manager with the consumer, and consumers are offered the summary care plan following initial assessment and on review, at least annually or when changes occur. Management stated that all consumers and/or representatives are offered a copy of their care plan, and the care plan is signed if they agree.

The service was able to demonstrate that care and services are reviewed regularly for effectiveness and when circumstances change. Care is reviewed at least annually, and when circumstances change, including incidents. Staff and consumers were able to describe how they communicate with the case manager when changes occur impacting the needs of the consumer.

# Standard 3

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| Personal care and clinical care | | HCP |
| Requirement 3(3)(a) | 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | 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. | Compliant |
| Requirement 3(3)(e) | 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

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

The service was able to demonstrate that consumers receive safe and effective personal care that is best practice, tailored to their needs and optimises their health and well-being. Consumers and/or representatives expressed satisfaction with the personal and clinical care provided and stated that they felt it was safe and effective.

Registered nurses are engaged by the service part-time and their subcontracted service partners also engage registered nurses that are trained and maintain currency in best practice. Weekly meetings between staff ensure any changes in consumers’ needs is effectively communicated and regular calls from case managers with consumers and/or representatives ensure consumers are receiving safe and effective care.

The service was able to demonstrate that high prevalence risks associated with the care of the consumers is effectively managed. The service has identified their high impact, high prevalence risks as deterioration, dementia related behaviours, continence, falls, and skin tears. Risks are identified within the care plan and mitigating strategies outlined for each risk. Incidents that occur for consumers are escalated to management and clinical staff complete an assessment and advise on any recommendations to assist in reducing risk of re-occurrence.

While the service does not currently or regularly manage consumers end of life care needs, the service communicates with the consumers and/or their representatives around their needs, goals, and preferences regarding end-of-life care. The service has policies and procedures around care planning, care of consumers of different faiths, expected and unexpected death of a consumer.

The service was able to demonstrate that deterioration of consumer’s health and condition is recognised and responded to in a timely manner. The service has a Deteriorating Client policy and procedure to support staff to recognise and manage deterioration. Changes observed by support workers and the consumer’s family are documented and escalated to the case manager. Weekly management meetings, involving case managers and clinical staff, review consumer changes and deterioration to assist with further care planning. The service has implemented training for all support workers to recognise signs of deterioration.

The service was able to demonstrate that information about the consumers condition, needs and preferences is documented and shared within the organisation and where responsibility for care is shared. The service utilises an electronic care management system and a corresponding online application available for staff to access while providing care and services to the consumer.

The care management system contains information about the consumer including contacts, care plan and risk information including allergies, falls and other risks. Staff have access to specific details of the service to ensure the needs and preference of the consumer can be met. Staff report that they have clear direction on the tasks that they are to complete at each visit. Staff record shift notes and progress notes every shift which are read by case managers daily. Incidents and/or time sensitive information is reported through a phone call immediately.

The service utilises service providers such as speech therapist, dieticians, physiotherapy, occupational therapy, remedial massage therapy and podiatry. The service also has contracts in place with several other home care providers to assist in providing care to their consumers in remote locations. These contracts contain conditions for communication requirements, ensuring the service stays informed of care and services delivered and their results.

The service was able to demonstrate that referrals to other services are made in a timely manner. Examples of these include medical specialists, dieticians, dementia services and occupational therapists. The case manager was able to explain the process of communicating with the consumer and staff that lead to referrals to meet the consumer needs.

The service was able to demonstrate the minimisation of infection related risks to prevent and control infection. The service has policies and procedure for infection control and to minimise the spread of infections. Staff were able to describe how they implement strategies to prevent the spread of infection, including recognising signs and symptoms and escalation to the case managers.

The service has an antimicrobial stewardship policy, and staff confirmed they will escalate any consumer changes including possible infections to the case manager if required. Consumers are encouraged to visit their medical officer for advice on treatment.

# Standard 4

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| Services and supports for daily living | | HCP |
| Requirement 4(3)(a) | 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. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | 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. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

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

The service provides consumers with safe and effective services that support their daily needs to meet their needs, goals, and preferences, optimising their independence, well-being, and quality of life. Consumers and/or representatives spoke positively of their support workers, indicating they spent time getting to know them and their preferences. Support workers and case managers told the Assessment Team about the preferences, goals, and needs of the consumers they provide care to, and this was also documented in the care plan.

The service supports consumers to manage their emotional, spiritual, and psychological well-being. Support workers recognise when a consumer is feeling low and is aware of what the consumer’s spiritual beliefs are. Consumers are supported if they are feeling down or would like to attend a spiritual place to worship. The service respects and supports all consumers, even when the consumer has no spiritual beliefs.

The service supports consumers in having social and personal relationships that are important to them. Consumers are supported to attend activities and outings of interest and are supported to do things that interest them. Consumers and/or representatives provided positive feedback in relation to services and supports available to them to participate in the community, including day respite for group outings.

The service has detailed care plans identifying consumers' needs and preferences, and support workers could describe the consumers' conditions, needs, and preferences. Where subcontractors are utilised, processes are in place to communicate the consumers' conditions, needs, and preferences. Communication with subcontractors occurs monthly through reports provided by the subcontractor case managers. Apart from the monthly communication, all urgent matters or changes to the consumer needs are to be reported to the service immediately.

The Assessment Team identified areas for improvement in relation to timely and appropriate referrals to individuals, other organisations and/or providers of other care and services. However, the Approved Provider responded with additional documentation demonstrating how the service meets this Requirement.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 4(3)(e) is found Compliant.

The provider is assisting consumers with meal preparations, shopping, and prepared meals through a meal delivery service. Consumers and/or representatives provided positive feedback in relation to the assistance they receive in the preparation of meals and meals being delivered.

The provider assists consumers in sourcing equipment that is safe and suitable for consumers to use.

# Standard 6

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| Feedback and complaints | | HCP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

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

The service demonstrated that consumers and/or representatives are encouraged and supported to provide feedback and make complaints. Consumers and/or representatives stated they were given information about how to make complaints as part of their Consumer Welcome Pack and that they would feel comfortable in making a complaint if required.

Care staff demonstrated an understanding of the service’s complaints process and explained how they would assist consumers if they wished to make a complaint or provide feedback, such as making progress notes and notifying the case manager. The service has policies and procedures in place that states the service acknowledges that consumers and/or representatives have the right to raise concerns and make complaints about the care and services they receive and encourage them to do so. In September 2023, the service issued a consumer experience survey to each consumer and/or representative requesting their feedback about their satisfaction with the quality of services provided.

The service demonstrates that appropriate action is taken in response to complaints and open disclosure is used when things go wrong. Consumers and/or representatives who have made complaints stated they were satisfied with the way the service resolved their complaints. Care staff were able to demonstrate an understanding of the open disclosure process and the importance of reporting, responding to, and communicating with consumers about complaints. The service’s complaints register contains details about complaints made and the actions taken in response. The complaints register also shows that the service engaged in open disclosure in the resolution of complaints, such as contacting the complainants, acknowledging the error, and providing progress updates.

The service demonstrated that feedback and complaints are reviewed and used to improve the quality of care and services. The service’s complaints register shows actions taken in response to complaints and the improvements made to ensure improved quality in the future. While the consumer experience survey results were mostly positive, some negative feedback in relation to staffing and rostering were reported. The service engaged an external consultant who compiled a report in relation to the survey results with recommendations for the service to improve the quality of services. These recommendations have been captured in the service’s plan for continuous improvement.

# Standard 7

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| Human resources | | HCP |
| Requirement 7(3)(a) | 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. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

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

The service demonstrated that 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. Consumers and/or representatives stated they were satisfied with the quality of services received and that there were no instances of support worker arriving late. Support workers stated they are informed of their shift times through the rostering app and are informed of any changes to their shifts. Support workers stated they believe there is enough time for them to do their work effectively.

The service demonstrated that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity. Consumers and/or representatives stated support workers and other staff are caring and respectful when delivering services to consumers. Support workers displayed knowledge of consumers, including knowledge about the consumers’ identities and unique attributes, and demonstrated how this knowledge influenced the provision of care and services to the consumer.

The service demonstrated that the workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles. Consumers and/or representatives stated they are satisfied with the competency of the service’s support workers. Support workers stated they had relevant qualifications and that the service adequately trains them and builds their skills and knowledge, starting at induction.

Management stated that all subcontractors utilised by the service were subjected to a rigorous process where they were assessed for their competence and their knowledge of aged care, including through a psychological assessment to assess whether their values matched the service’s values. The position descriptions for various roles outline the various competencies required for roles within the service. Further, each staff member is provided with a Worker’s Handbook, which contains relevant information for workers to perform their role, including information about the Code of Conduct.

The service demonstrated that the workforce is recruited, trained, equipped, and supported to deliver the outcomes required by the Quality Standards. Support workers described the comprehensive induction process where they discussed their skills and competencies with management, and were provided with the Worker Handbook, which contains the service’s procedures and policies. Support workers stated that the service ensures that they complete regular training, such as manual handling, mental health care, and Serious Incident Response Scheme training.

Support workers reported they feel supported and can communicate with their case managers about any issues or with any queries they may have. The human resource manager stated the workforce training starts from the job interview, with candidates screened with interview questions to test their experience and knowledge of the role. As part of the onboarding process, certified copies of qualifications will be obtained, and the service will undertake reference checks. The service’s training records show that all staff have completed relevant aged care training.

The service demonstrated that there is regular assessment, monitoring and review of the performance of each member of the workforce. Support workers stated their case managers are frequently in contact with them to discuss their shifts and any issues arising with the consumer.

The Recruitment Policy and Procedure document outlines the service’s approach to managing underperformance or misconduct. Management stated there are currently no staff under performance management or who have been terminated for misconduct or underperformance. Management stated that they are in constant contact with consumers and/or representatives for feedback on staff performance. Management stated performance appraisals will be conducted annually.

# Standard 8

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| Organisational governance | | HCP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | 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. | Compliant |
| Requirement 8(3)(d) | 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. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

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

The service demonstrated that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. Consumers and/or representatives described how they recently completed a feedback survey sent to them from the service and provided positive feedback about the process.

Support workers stated the service was well-run and recognised the importance of communicating any feedback from consumers to their case managers. Management said that the service promotes collaborative engagement with consumers throughout the care planning and service delivery processes. Furthermore, as part of the Strengthening Provider Governance changes commencing on 1 December 2023, the service has sent emails to all consumers and/or representatives inviting them to join a consumer advisory board.

The service demonstrated that its governing body promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery. As part of promoting a culture of safety and quality care, management requires all staff providing home care services to complete the Aged Care Code of Conduct Training. As part of the Strengthening Provider Governance requirements, the service has established a quality advisory board, which came into existence on 1 December 2023.

The service demonstrated that it has effective organisation wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

The service’s Finance Policy and Procedure Manual relates to the financial transactions procedures that staff must follow. The finance manager stated the service is aware when consumers have unspent funds and how much funds is available when the monthly statements are prepared. Case managers will discuss the issue of unspent funds with the finance manager on a weekly basis, but also on an ad hoc basis. The finance manager reported that it is the role of the case managers to communicate with consumers and assist them with utilising their package funds.

The Aged Care Policies and Procedures Manual, as well as individual policies and procedures, contain references to relevant legislation and explain how the policies and procedures have been designed to ensure that the service satisfies the legislation.

The service demonstrated that it has effective risk management systems and practices. The Aged Care Policies & Procedures Manual outlines the service’s risk management framework, which identifies and records potential risks, including health, safety, well-being, quality, personal care, and clinical care, and assesses the level of risk associated with each of the potential risks. The service is in the process of developing a new risk management policy, which is scheduled to be signed off by the board at the next board meeting in December 2023.

The Incident Management Policy outlines the service’s policy in safely and effectively managing all incidents. The policy outlines staff responsibilities in relation to identifying and reporting incidents and in identifying incidents required to be reported to the Commission as part of the Serious Incident Response Scheme.

The service demonstrated that it has an effective clinical governance framework. The Aged Care Policies & Procedures Manual outlines how the service has integrated clinical care and governance with the Quality Standards. The policy also outlines the core elements of the services clinical governance which is leadership and culture, consumer partnerships, monitoring and reporting, and communication and relationships.

The manual states that the service minimises the development and spread of antimicrobial resistance in line with national guidelines. This includes educating staff regarding antimicrobial resistance due to incorrect use of antimicrobials, using antibiotic prescribing guidelines as required, and promoting appropriate antibiotic prescribing practices.

The manual outlines the service’s approach to restrictive practices, which states that the service will not use a physical restraint unless an approved health practitioner with knowledge of the consumer has assessed the consumer as posing a risk of harm to themselves or others and the restraint is the least restrictive form of restraint possible, and will not use a chemical restraint unless a medical or nursing practitioner has assessed the consumer as requiring the restraint and has prescribed the medication for the purposes of the restraint. The manual further states that if a restraint is proposed to be used, consumers and/or their representatives are given informed consent through a consumer consent form.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)