Amaroo Village McMahon Caring Centre

Performance Report

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**Commission ID:** 7909

**Provider name:** Amaroo Care Services Inc

**Assessment Contact - Site date:** 5 July 2022 to 6 July 2022

**Date of Performance Report:** 3 August 2022

# Performance report prepared by

Michelle Glenn, 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 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |

# 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 Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and management;
* the provider’s response to the Assessment Contact - Site report received 27 July 2022;
* a Notice of Decision to Impose Sanctions and Notice of Requirement to Agree to Certain Matters dated 15 July 2022 issued in response to the Assessment Team’s report for the Assessment Contact undertaken from 5 July 2022 to 6 July 2022; and
* the Performance Report dated 17 March 2022 for an Assessment Contact undertaken on 16 December 2021.

# STANDARD 3 NON-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

The Quality Standard is assessed as Non-compliant as two of the seven Requirements assessed have been found Non-compliant. The Assessment Team assessed all Requirements in Standard 3 Personal care and clinical care as part of the Assessment Contact and have recommended Requirements (3)(a) and (3)(b) not met and Requirements (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) met.

Requirement (3)(a) was found Non-compliant following an Assessment Contact undertaken on 16 December 2021 where it was found staff were not aware of alternate strategies to use to manage responsive behaviours, resulting in four consumers being administered psychotropic medication to manage responsive behaviours without attempting other strategies first. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified. However, at the Assessment Contact undertaken from 5 July 2022 to 6 July 2022, the Assessment Team were not satisfied the service was providing safe and effective clinical care that was based on best practice guidelines to optimise consumers’ health and well-being, specifically in relation to restrictive practices.

In relation to Requirement (3)(b), the Assessment Team were not satisfied the service demonstrated each consumer is provided effective management of high impact risks, specifically in relation to management of pain.

In relation to all Requirements in this Standard, I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and based on this information, I find Amaroo Care Services Inc, in relation to Amaroo Village McMahon Caring Centre, to be Non-compliant with Requirements (3)(a) and (3)(b) and Compliant with Requirements (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) in Standard 3 Personal care and clinical care. I have provided reasons for my findings in the specific Requirements below.

**Assessment of Standard 3 Requirements**

**Requirement 3(3)(a) Non-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.*

The service was found Non-compliant with Requirement (3)(a) at an Assessment Contact undertaken on 16 December 2021 where it was found staff were not aware of alternate strategies to use to manage responsive behaviours, resulting in four consumers being administered psychotropic medication to manage responsive behaviours without attempting other strategies first. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including providing training to staff in relation to the clinical database that was being implemented during the Site Audit and pressure care management and referrals to other health providers when deterioration of consumers’ clinical status is identified.

However, at the Assessment Contact undertaken from 5 July 2022 to 6 July 2022, the Assessment Team were not satisfied the service was providing safe and effective clinical care that was based on best practice guidelines to optimise consumers’ health and well-being, specifically in relation to restrictive practices. The Assessment Team’s report provided the following evidence relevant to my finding:

Consumer A

* The consumer is administered an antipsychotic once a day; the medication has been prescribed since 6 July 2021. A Behaviour support plan states the consumer has a restrictive practice to manage behaviours of concern. Minimal behaviours have been identified on Behaviour record charts.
* Staff said Consumer A is quiet and sits in the community area, and when they start wandering around or getting anxious, they take them to the toilet as this is what they need.

Consumer B

* Consumer B is administered an antipsychotic medication twice a day and while the medication is also prescribed on an as required basis, this has not been used. The medication has been administered since 17 March 2020.
* Behaviour record charts indicate the consumer has many behaviours. This information is used to develop a Behaviour support plan. However, the Behaviour support plan does not identify the restrictive practice.
* Recent behaviour charting showed 11 episodes of wandering and five episodes of verbal aggression on two consecutive days in July 2022. Ten episodes of physical aggression were noted on two consecutive days in July 2022. Staff reported the consumer is confused and requires a regular routine.
* Staff are not providing the General practitioner with information regarding the consumer’s ongoing management related to the restrictive practice. General practitioner notes from December 2021 to June 2022 show at each review, the General practitioner has written “Continue all meds”. No other information is included relating to discussions regarding the antipsychotic being used for the least amount of time or as the last resort. A Registered nurse indicated they were not aware of a review related to medication.
* Staff stated Consumer B sleeps most of the day, is awake in the evening and is up and down all night. They said the consumer’s sleeping during the day has increased but they think it is because they are up a lot at night.

Consumer C

* Consumer C is administered regular antipsychotic medications which were commenced on 16 April 2022. General practitioner notes do not show regular review of the medication.
* The consumer has Behaviour management plans relating to physical, verbal and wandering, however, an Antipsychotic medication record and Behaviour support plan are not in place.
* Progress notes for one day in June 2022 indicate the consumer appeared restless and was pulling clothes out of the cupboard. No other progress notes showed restless behaviour. General practitioner notes on the day indicate to continue with the antipsychotic and review as required.

Consumer D

* The representative was unaware the consumer was on a regular antipsychotic. They stated on entry, several years ago, the consumer had difficult behaviours, however, this had resolved over the years and they did not believe there were ongoing issues with behaviour. They stated when they visit, they often find the consumer is in some sort of pain and asleep.
* The Behaviour support plan documents behaviours exhibited on entry. Clinical staff agreed the consumer does not have these same behaviours. There is no evidence recorded demonstrating the service has tried to minimise the use of the chemical restraint.
* The consumer had sustained a skin tear the previous day and stated the area was sore. The consumer is prescribed regular analgesia for pain; as required pain relief is also prescribed, however, has not recently been administered.
* A pain scale was completed at the time of the skin tear indicating the consumer had no pain, however, no further assessment of pain was noted.
* In June 2022, the General practitioner recommended considering a leg elevating device to assist swelling. The consumer’s legs were observed to be very swollen and on all three occasions observed, the consumer was in the wheelchair with their legs down. While some documentation in June 2022 indicated the consumer had been put back into bed and legs elevated, this was not consistently documented or observed.

Consumer E

* Consumer E requires a fluid restriction and regular weighs, however, this is not occurring. Fluid balance charts are not being completed consistently to monitor their fluid intake.
* The consumer no longer wishes to attend hospital to manage their condition. Clinical staff were unsure of why they should monitor the consumer’s condition if they were not for further treatment or transfer to hospital for this condition.

Consumer F

* The representative wanted to complain about a staff member who left the consumer on the toilet unattended. The consumer rang the bell for assistance and when no one came, the representative heard them making their way out of the toilet alone. The representative went to assist them to ensure they did not fall.
* Staff told the representative they would not take responsibility for the consumer falling as they should have waited to be assisted. The consumer is noted as a high falls risk, requires one person to assist with ambulation and while a sensor alarm mat is in place, the consumer is not compliant with using the bell and waiting.

The provider acknowledged the findings in relation to Consumers A, B, C and D and for Consumers C, E and F the provider’s response included commentary, directly relating to the evidence in the Assessment Team’s report. The provider’s response included actions, completed and ongoing, in response to the deficits identified in the Assessment Team’s report, as well as supporting documentation. The provider’s response included, but was not limited to:

* For Consumers A, B, C and D, commenced clinical assessment, including charting related to behaviour, pain, continence and food and fluid; scheduled a meeting with the General practitioner to discuss psychotropic medication; and arranging case conferences, including in relation to a psychotropic withdrawal plan and Behaviour support plan for Consumers A, B and D.
* Consumer C was admitted with antipsychotic medication for management of progressive Dementia. The General practitioner has conducted several medication reviews, including antipsychotic management, since entry. Consumer C has not received as required antipsychotic medication since entry. A Behaviour recording chart and support plan was provided, outlining non-pharmacological strategies which the provider asserts are undertaken with good effect and clarified a Behaviour support plan was in place.
* On the last day of the Assessment Contact, a complex care directive relating to oedema management for Consumer D was completed.
* Consumer E was referred to specialist palliative care services for symptom management of their condition and a Complex care directive was completed on the last day of the Assessment Contact. Monitoring to ensure compliance with fluid balance and weight charting has been implemented and a case conference is being arranged.
* Conducted an investigation relating to issues raised by Consumer F’s representative and staff involved have been counselled. Provided falls prevention training to staff involved and reassurance provided to the consumer and the representative.

I acknowledge the provider’s response. However, I find at the time of the Assessment Contact, the service did not demonstrate safe and effective clinical care that was best practice, tailored to consumers’ needs and optimised their health and well-being, specifically in relation to restrictive practices.

In relation to Consumer A, I have considered that the service has not used assessment information to review current behaviour management strategies and tailor care to the consumer’s needs. An antipsychotic medication is administered on a daily basis with a Behaviour support plan indicating use of the medication is to manage behaviours of concern. However, this is not supported by behaviour charts and feedback from staff which indicates minimal behaviours are displayed. As such, I find use of antipsychotic medication has not been in line with best practice and legislative requirements. Specifically, that the restrictive practice is used in the least restrictive form, for the shortest time and that use of the restrictive practice is necessary.

In relation to Consumer B, I have considered that while a regular dose of antipsychotic medication is prescribed, use of the restrictive practice has not been considered in line with legislative requirements. The Behaviour support plan did not refer to use of the restrictive practice and, therefore, did not include all information as required under the *Quality of Care Principles 2014,* and while the medication had been prescribed since March 2020, General practitioner notes did not demonstrate regular review of the requirement of the restrictive practice had occurred. l have also considered that care provided has not been tailored to the consumer’s needs or optimised their health and well-being. Recent behaviour charting identified multiple behavioural episodes occurring over a four day period and staff indicated a change in the consumer’s sleep patterns. However, this information had not been used to review current and/or implement additional management strategies to ensure the consumer’s health and well-being was optimised.

In relation to Consumer C, I acknowledge the provider’s response indicating the antipsychotic medication was prescribed prior to entry and the General practitioner has conducted several medication reviews, including of antipsychotic medications, since the consumer’s entry. However evidence to demonstrate these reviews was not included in the response and the Assessment Team only referenced one such review occurring in June 2022. Therefore, I find use of the restrictive practice has not been considered in line with legislative requirements. Specifically, consideration that the restrictive practice is used in the least restrictive form, for the shortest time and that use of the restrictive practice is necessary.

In relation to Consumer D, I have considered that care has not been tailored to the consumer’s needs or optimised their health and well-being. The Behaviour support plan identified behaviours which the consumer exhibited on entry ‘several years ago’. However, the consumer’s representative and clinical staff indicated these behaviours are no longer exhibited. Additionally, while the consumer is administered an antipsychotic on a daily basis, use of the restrictive practice has not been considered in line with legislative requirements. The consumer’s representative was not aware a regular antipsychotic medication was prescribed and while the consumer’s behaviours had minimised, there was no indication use of the medication had been reviewed or consideration of minimising use of the medication had occurred. I have also considered General practitioner recommendations to relieve leg swelling have not been consistently applied. The consumer’s legs were observed to be very swollen and not elevated on three occasions the consumer was observed. I consider this, as well as the recently sustained skin tear, may be a contributing factor to the consumer’s pain.

In relation to Consumer E, I have considered that while the consumer had made a choice not to continue to attend hospital for care of an existing condition, appropriate strategies were not consistently implemented to monitor the ongoing effects of the condition. I acknowledge the consumer had been referred to specialist palliative care services for symptom management. However, monitoring of fluid restriction and weight was found not to be consistently occurring and clinical staff questioned why they should monitor the consumer’s condition if they were not for further treatment or transfer to hospital. As such, I find this has not ensured the consumer’s health and well-being was optimised.

In relation to Consumer F, I find staff did not provide care in line with the consumer’s assessed needs. The consumer had been identified as a high falls risk and not being compliant with using the call bell and waiting for assistance. Despite this, staff left the consumer on the toilet unattended and while the consumer activated the call bell, staff did not ensure the consumer was attended to in a timely manner, placing the consumer at risk. I acknowledge the actions taken by the service at the time of the Assessment Contact following feedback provided by the Assessment Team.

For the reasons detailed above, I find Amaroo Care Services Inc, in relation to Amaroo Village McMahon Caring Centre, Non-compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

**Requirement 3(3)(b) Non-compliant**

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

The Assessment Team were not satisfied each consumer is provided effective management of high impact risks, specifically in relation to management of pain. The Assessment Team’s report provided the following evidence relevant to my finding:

Consumer G

* On four consecutive days in March 2022, progress notes demonstrate the consumer was experiencing leg pain which was exacerbated by movement. On one of the days, the consumer could not weight bear. There was no evidence this was investigated or actions taken.
* Following this, a witnessed fall was noted. No injuries were noted at the time of the report and there was no incident report completed. Documentation following this fall does not indicate any pain or monitoring of pain until 17 days later where the consumer is noted as being unsettled, screaming and had severe leg pain.
* The next documentation of pain was three days later where the consumer was noted as unsettled and complaining of pain. Nursing staff documented the consumer had a Physiotherapist review and was noted as non-weight bearing and grimacing.
* A General practitioner review occurred two days later and an x-ray arranged for the following day where a fracture was identified. The consumer transferred to hospital. On return to the service eight days later, the consumer continued to deteriorate and was provided comfort palliative care and until their death at the end of April 2022.

Consumer H

* General practitioner notes in April 2022 indicate the consumer had a swollen arm related to cellulitis and antibiotics were prescribed. A month later, the General practitioner noted the consumer had a red and swollen left forearm with the impression it was cellulitis. Antibiotics were again commenced, and the General practitioner noted to review as required.
* Progress notes in June 2022 indicate oedema of the arm was getting worse, warm to touch, painful and heavy to move. Referral to the General practitioner was initiated.
* Pain monitoring related to the arm has not been undertaken. The last pain assessment was conducted in January 2022. Pain flow charts are completed to monitor pain, however, they are not related to arm pain. Charting has not been developed to monitor the consumer’s arm.
* An analgesic patch was ceased in May 2022. A regular analgesic is prescribed, as well as an as required narcotic analgesic. The as required narcotic analgesic was administered on seven occasions in June 2022 and twice in July 2022 and is noted as effective. There has been no evaluation of pain management conducted following cessation of the patch and regular as required analgesia medication being administered.
* The consumer said they have back, hip and leg pain and a small tablet helps relieve the pain, but their arm is causing them trouble and they think they should have a review of it.

Consumer I

* Consumer I has a chronic ulcer. Wound treatment plans in June 2022 noted a fresh skin break on a previous scab and redness surrounding the area. Eleven days later, the wound was noted as having yellow slough and macerated. Pain management charting following changes and deterioration of the ulcer have not been undertaken. The consumer said the ulcer is well cared for and they have no pain.
* Two progress notes in June and July 2022 indicate the consumer was complaining the wound was tender and painful during the night. Pain flow charts developed in November 2021 do not monitor pain related to the ulcer site and wound treatment charts do not identify whether pain is experienced during treatment of the ulcer.

Consumer J

* An Occupational therapist assessment in June 2022, two weeks post entry, indicated significant lower limb pain that affects the consumer on a daily basis and indicated a Physiotherapist review; this had not occurred at the time of the Assessment Contact.
* Progress notes indicate the consumer began reporting knee and leg pain 16 days later and was administered as required analgesia once a day most days, which was noted as effective. Regular analgesia is not prescribed. No monitoring had commenced.
* The consumer stated their right leg was very sore, they had terrible leg pain and felt they couldn’t cope with the pain any longer.
* Two staff said they know the consumer has pain in their leg as they regularly complain about it to them and it shows they have pain during care. The Registered nurse said they have initiated a referral to the General practitioner who should come in and review them.

The provider acknowledged the findings in relation to Consumers G, I and J, and for Consumer H, the provider’s response included commentary, directly relating to the evidence in the Assessment Team’s report. The provider’s response included actions, completed and ongoing, in response to the deficits identified in the Assessment Team’s report, as well as supporting documentation. The provider’s response included, but was not limited to:

* For Consumers I and J, pain charting is in effect, training in relation to electronic pain charting is scheduled and a senior clinician has been tasked to manage oversight of the pain portfolio.
* Consumer H is not for regular analgesia as it worsens their delirium. Pain management is monitored through progress notes, however, noted this is not documented on the pain flow chart.
* The consumer entered the service with as required antipsychotic medication to manage delirium secondary to analgesia. A General practitioner review was organised at the time of the Assessment Contact. General practitioner recommendations made and a Complex care directive and a pain management plan for the arm implemented.

I acknowledge the provider’s response. However, I find at the time of the Assessment Contact, the service did not demonstrate effective management of high impact or high prevalence risks, specifically in relation to pain.

In relation to Consumer G, I find appropriate measures were not implemented to address and identify the cause of the consumer’s increased pain nor were management strategies reviewed and/or new strategies implemented to ensure the consumer’s experience of pain was minimised and their comfort maintained. For four consecutive days in March 2022, the consumer was identified as experiencing pain which, on one day, impacted their ability to weight bear. Eighteen days later, the consumer was noted as screaming and experiencing severe leg pain and three days later, was unsettled and complaining of pain. Despite this, there is no evidence to demonstrate an investigation of the cause of the pain occurred, timely referral to the General practitioner and/or Allied health specialists were initiated, pain charting or assessment were implemented or review of pain management strategies undertaken. Review by the Physiotherapist did not occur until 24 days after the first indication of pain was noted with a General practitioner review occurring two days later. The consumer was identified as having a fracture requiring surgery.

I acknowledge the additional information provided in relation to Consumer H. However, I find the consumer’s pain has not been effectively monitored or managed. I have considered that the potential for the consumer to experience pain in their arm relating to oedema and potential for cellulitis was known. However, formal monitoring of pain, specific to this area, such as pain charting or assessment had not been implemented or review of pain management strategies undertaken. The consumer indicated their arm was causing them trouble. I have also considered that these measures were not initiated following cessation of an analgesic patch in May 2022 and use of an as required narcotic analgesic in June and July 2022. Recent evaluation of pain management and strategies was not evidenced.

In relation to Consumer I, I find the consumer’s potential for pain has not been effectively identified or managed. I have considered that despite a change in the consumer’s skin integrity and complaints of pain at the area, there is no evidence to demonstrate pain charting or assessment were implemented or review of existing or development of new pain management strategies undertaken. I find this has not ensured the consumer’s experience of pain is minimise and their comfort maintained.

In relation to Consumer J, I find the consumer’s pain has not been effectively managed. Staff were aware the consumer had pain, stating the consumer complained about it to them and showed they were in pain during care, and the consumer indicated they were experiencing terrible pain and felt they could not cope with the pain any longer. An Occupational therapist assessment, undertaken a week prior to the Assessment Contact, indicated the consumer had lower limb pain which affects them on a daily basis and progress notes demonstrated the consumer had reported pain. However, this information has not been used to enable effective and appropriate management strategies to be identified and implemented to ensure the consumer’s experience of pain is minimised and their comfort maintained. The Physiotherapist review, as recommended by the Occupational therapist, has not occurred and pain charting to monitor the consumer’s pain had not been initiated.

For the reasons detailed above, I find Amaroo Care Services Inc, in relation to Amaroo Village McMahon Caring Centre, Non-compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

**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.*

The Assessment Team provided the following evidence and information collected through interviews and documents which are relevant to my finding in relation to this Requirement:

* Consumers have the opportunity to record their end of life wishes on entry, at family conferences, or when they are nearing the end of life. Information gathered directs staff of consumers’ final wishes regarding their end of life care. Where a consumer is nearing the end of life, the comprehensive and summary care plan is used to assist staff to provided care in line with consumers’ needs and preferences.
* Care files sampled for two consumers demonstrated future care wishes documents were available, support had been provided by external palliative care services and family conferences had occurred.
* One representative stated staff had spoken with them about the dying process and what to expect and discussed what the consumer’s wishes were. They indicated the consumer’s pain was well managed in the final days and they appeared comfortable and pain free.
* Staff said they have had training in palliative and end of life care and described care provided to consumers nearing the end of life and support provided to family.

Based on the information detailed above, I find Amaroo Care Services Inc, in relation to Amaroo Village McMahon Caring Centre, Compliant with Requirement (3)(c) in Standard 3 Personal care and clinical care.

**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.*

The Assessment Team provided the following evidence and information collected through interviews and documents which are relevant to my finding in relation to this Requirement:

* Procedures are available to guide staff response to consumers’ deterioration of physical function or condition. Registered staff are available 24 hours per day to monitor consumers’ clinical status.
* Care files sampled for four consumers demonstrated deterioration or change in condition had been identified, discussions with representatives had occurred and referrals initiated in a timely manner. However, for one consumer, while an Allied health specialist had recommended the consumer’s pain to the hip to be monitored, documentation indicated this had not occurred.
* Overall, consumers and representatives sampled felt changes in condition of consumers are recognised and respond to.
* Clinical staff described how signs of deterioration in consumers are identified and how they respond.

Based on the information detailed above, I find Amaroo Care Services Inc, in relation to Amaroo Village McMahon Caring Centre, Compliant with Requirement (3)(d) in Standard 3 Personal care and clinical care.

**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.*

The Assessment Team provided the following evidence and information collected through interviews and documents which are relevant to my finding in relation to this Requirement:

* Information relating to consumers is communicated to staff through handover meetings at commencement of each shift and includes records of changes for future staff. Handover sheets and a nurse’s diary include consumer information and are available for all staff to refer to.
* Four consumer files sampled demonstrated information regarding changes is included in progress notes and summary care plans are updated to reflect consumers current care and service needs. Changes in consumers’ conditions are documented in progress notes for staff, including Allied health and General practitioners to follow up. Recommendations from Allied health and other services are included in each consumer’s data base for staff to access.
* Consumers said staff know them and they understand their needs and they do not have to repeat information regarding their care needs to new staff.
* Staff said they have adequate information regarding consumers’ health care needs, they are always told about changes at handover and they can refer back to earlier days if they are not sure.

Based on the information detailed above, I find Amaroo Care Services Inc, in relation to Amaroo Village McMahon Caring Centre, Compliant with Requirement (3)(e) in Standard 3 Personal care and clinical care.

**Requirement 3(3)(f) Compliant**

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

The Assessment Team provided the following evidence and information collected through interviews and documents which are relevant to my finding in relation to this Requirement:

* Care files sampled for three consumers demonstrated referrals to General practitioners and/or Allied health specialists occur in a timely manner. Recommendations from external specialist reviews or following review by another health care provider are included in consumers’ files for appropriate staff access.
* All consumers and representatives sampled stated consumers have access to a range of health professionals when they required.
* Clinical staff described referral processes and provided examples of when they refer consumers, including referrals to the Physiotherapist where a consumer’s mobility changes.

Based on the information detailed above, I find Amaroo Care Services Inc, in relation to Amaroo Village McMahon Caring Centre, Compliant with Requirement (3)(f) in Standard 3 Personal care and clinical care.

**Requirement 3(3)(g) Compliant**

*Minimisation of infection related risks through implementing:*

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

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* The service has policies and procedures to minimise the risk of infection through standard and transmission based precautions. The service promotes the appropriate use of antimicrobial prescribing, in line with antimicrobial stewardship principles.
* Consumers and representatives stated the service managed a COVID-19 outbreak well and staff practice good hygiene.
* Staff demonstrated were knowledgeable of antimicrobial stewardship principles and described how they apply this in practice.

Based on the information detailed above, I find Amaroo Care Services Inc, in relation to Amaroo Village McMahon Caring Centre, Compliant with Requirement (3)(g) in Standard 3 Personal care and clinical care.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

**Standard 3 Requirements (3)(a) and (3)(b)**

* Ensure staff have the skills and knowledge to:
* provide consumers appropriate care relating to restrictive practices and pain;
* recognise changes in consumers’ behaviours, review and/or develop appropriate behaviour management strategies and monitor effectiveness of strategies;
* recognise use of restrictive practices, specifically chemical restraint, and undertake appropriate assessment, planning, monitoring and review of restrictive practices, in line with legislative requirements;
* recognise consumers’ pain experience, implement appropriate monitoring and assessments, review and/or implement individualised management strategies and monitor effectiveness of strategies;
* ensure care plans are accurate and reflective of each consumer’s current care and service needs.
* Ensure policies, procedures and guidelines, specifically in relation to management of behaviours, restrictive practices and pain are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines, specifically in relation to management of behaviours, restrictive practices and pain.