Caladenia Nursing Home

Performance Report

Rutledge Street   
KILMORE VIC 3764  
Phone number: 03 5734 2155

**Commission ID:** 4431

**Provider name:** Kilmore District Health

**Site Audit date:** 14 June 2022 to 17 June 2022

**Date of Performance Report:** 18 August 2022

# Performance report prepared by

Daniela Fekonja, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report received on 15 July 2022.

# 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

Consumers and/or their representatives expressed satisfaction that consumers are mostly treated with dignity and respect, with their identity, culture and diversity being valued. Staff were observed to treat consumers with dignity and respect care plans reflected the diversity of the consumers and outlined preferences as described by the consumers and/or their representatives.

Consumers and/or their representatives were satisfied with how staff value their culture, values and diversity. Staff demonstrated knowledge of the consumers’ cultures to the Assessment Team and could describe how it influences the way they deliver care and services.

Consumers and representatives said they are supported to exercise choice and independence about the consumers’ care and services and are able to form and maintain relationships. One consumer described the service helped consumers maintain contact with families during lockdowns with the use of electronic devices.

Consumers and/or their representatives expressed satisfaction the consumer is supported to pursue their interests which enables them to live the best life they can. Consumer care plans identify activities of choice in which consumers can safely engage and are supported to do so.

Consumers and/or their representatives were mostly satisfied that they receive information that is accurate and provided in a timely manner enabling the consumer to exercise choice.

Consumers and/or their representatives said staff are respectful of the consumers’ privacy and maintain the confidentiality of their personal information. The service has a policy that provides guidance on respecting consumer privacy and information.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.

Consumers and representatives said their care and services are planned around what is important to them, described their participation and identified others they wish to be involved in assessment and care planning. Consumers, representatives, health professionals and other organisations contribute to the consumers’ care, and they work together to deliver tailored care and services.

Care planning documents demonstrate consumers and/or representatives and others are involved in their care planning and that they are reviewed monthly and when circumstances change. Care plan development includes a comprehensive assessment of consumers including consideration of risks to the consumers’ health and well-being.

Care plans reflect consumers’ current goals, needs and preferences and include the documentation of advance care wishes and end of life planning. Consumers and representatives said the consumers’ care and services are planned around what is important to them. Consumers and/or representatives said they discuss care plans with staff.

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 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

Overall consumers considered that they receive personal and clinical care that is safe and right for them. However, the Assessment Team found while the service mostly managed high impact and high prevalence risks such as falls, weight loss and specialised nursing care, the management of restrictive practices and skin integrity did not always reflect best practice.

Overall, the service demonstrated pain was identified and actioned with pharmacological and non-pharmacological strategies.

Care plans overall reflect information about end of life wishes. Palliative care is provided in accordance with consumer and representative wishes to ensure all needs are met.

The service demonstrated early recognition and prompt response to deterioration or change in consumers’ health status in addition to ongoing monitoring and reporting of any changes.

Consumer care plans and the handover sheet provided adequate information to support effective and safe sharing of the consumers’ care needs. In addition, high-risk information was consistently included in the consumer’s care plan and the handover documentation.

Consumers and representatives were happy with the service providing referrals to different organisations, allied health and specialists as required. File review by the Assessment Team confirmed referrals to health professionals occur as appropriate, with outcomes mostly included in care planning documentation.

Consumers and/or representatives expressed satisfaction with the management of COVID-19 precautions undertaken at the service. The service has outbreak management policies and infection control policies and procedures, inclusive of antimicrobial stewardship. The infection control coordinator for Kilmore District Health oversees and liaises with the infection prevention control lead and/or the nurse unit manager at the service. This includes monitoring infections and conducting training in infection control.

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements has been assessed as Non-compliant.

### 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 Assessment Team found the service was not always able to demonstrate that consumers received safe and effective care that was best practice, tailored to their needs or that optimised their health and well-being in relation to restrictive practices and skin integrity. Chemical restraint is not consistently identified, utilised as last resort and reviewed regularly with the aim to minimise or cease. The psychotropics self-assessment register included outdated information for the consumers reviewed by the Assessment Team.

For one consumer with dementia, pain was not always identified as a possible trigger for the displayed behaviours and they were not managed effectively. The consumer was provided with as-needed antipsychotic medication without alternative non -pharmacological interventions first being trialled. A file review conducted by the Assessment Team indicated that medication management did not coincide with the geriatrician recommendation in February 2022. There was no authorisation in place nor discussion documented with the consumer’s substitute decision-maker in relation to the chemical restraint. The consumer’s behaviour support plan did not include contributing factors to behaviours of concern and tailored strategies and interventions as recommended by the specialist dementia service. The report indicated that pain was a contributing factor to the consumer’s agitation and distress.

Whilst wound care management was effective there were inconsistencies in relation to wound care and regimes such as wound care frequency, measurements and photography and evaluations.

Overall, the service demonstrated pain was identified and actioned with pharmacological and non-pharmacological strategies. However, in relation to the first named consumer, it was not identified as a possible contributing factor to their behaviours of concern.

The Approved Provider in their response acknowledged some of the deficits noted by the Assessment Team and evidence of what has been implemented since the site audit. They also provided clarifying information in relation to another consumer where the Assessment Team had noted deficits in relation to restrictive practices and communication with their substitute decision maker.

I accept the information provided in relation to the second consumer in relation to the service’s management of restrictive practices. I also acknowledge the improvements made to processes and practices in relation to wound care and restrictive practices.

At the time of the site audit, however, these improvements were not in place and I find there were deficits in relation to restrictive practices and inconsistency in wound care processes.

I, therefore, find the service Non-compliant with this requirement.

### 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 COMPLIANT Services and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

Overall sampled consumers considered that 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.

Consumers or their representatives told the Assessment Team the consumer is interviewed on entry to the service to identify the consumer’s needs, goals and preferences, what services and supports they require to enjoy life, be independent and have a good quality of life. Consumers provided details on how they are supported to undertake activities they enjoy. Where several consumers share interests, they support them to meet and participate in smaller group activities or schedule larger group activities based on these interests.

Consumers and their representatives indicated that staff are aware of the consumer’s individual emotional, spiritual and psychological well-being. Consumers and their representatives told the Assessment team how staff spend time with consumers when they feel ‘low’ or are upset. Nursing staff liaise with local pastoral care workers, church representatives, social workers, National Disability Insurance Scheme (NDIS) and mental health specialists where consumers have required external support.

Consumer files reflected the consumers’ family and friends who are important to them and how staff can assist the consumer to contact the family or friends and support them to maintain contact. The Assessment Team observed consumers engaging with visitors to the service, enjoying a meal with their family member visiting and attending activities with their friends and family.

The service communicates with others involved in the care of consumers based on the consumer’s wishes. Visiting allied health staff have access to the service’s electronic care documentation system. Where others are involved in care, timely referral letters and one-to-one communication of consumer needs occur.

Lifestyle assessments and plans are readily available to staff to enable them to provide a range of supports and activities when lifestyle staff are not available.

Feedback in relation to meals was on the whole positive. The service provides meals cooked at the collocated hospital which are served on the day of preparation with the exception of texture-modified meals which are sourced externally and reheated prior to service.

A rotating menu is in place which has been developed by the organisation’s dietitian in consultation with the consumers. Choices for meals are offered for each meal except for those consumers who require texture-modified meals.

The texture-modified meals provided are not reflected on the service’s displayed menu. Management is currently reviewing meal service and menus in response to feedback they received prior to this site audit.

Equipment was observed to be clean, safe and suitable for consumer and staff use. Mobility aids, furnishings and activity equipment were noted to be cleaned by staff during the site audit.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

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

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

Consumers considered that they feel safe and comfortable and belong in the service environment. Consumers’ rooms are noted to be functional with appropriate furnishings for the consumers, for example, one consumer’s room had a raised shower chair and grab rails in place to assist the consumer to move safely in the shower. Consumers are encouraged to decorate their rooms to give them a sense of ‘home’ and have signs on their doors to help identify their rooms.

The organisation has a reactive and preventative maintenance system in place to ensure the service is safe and well maintained. Courtyards were seen to be clean and tidy and consumers were observed to be freely accessing outdoor areas. Outdoor furnishings were observed to be well maintained and pathways were noted to be clear of obstructions and wide enough for consumers to walk safely.

All equipment in consumers’ rooms was observed to be clean and well maintained. Clinical equipment was noted to be clean and accessible for consumers/staff such as nebulisers, shower chairs, mobility aids and transfer equipment.

Electrical equipment was noted to be labelled with electrical test tags including consumers’ personal items such as computers and televisions.

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

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

Consumers and representatives told the Assessment team they feel encouraged and supported to provide feedback and make complaints. The service has formal and informal mechanisms for stakeholders to make complaints and provide feedback. Consumers are asked to provide feedback on a monthly basis by leisure and lifestyle staff and prior to this are offered paper-based compliment and complaints forms.

Consumers and representatives said they were not aware of services available to assist them to make complaints such as advocacy services, however, said they had not needed to use these services. The Assessment Team observed brochures and newsletters relating to advocacy services throughout the service such as the Older Persons Advocacy Network (OPAN).

Consumers indicated they were confident that appropriate action is taken in response to complaints and that staff apologise when things go wrong, however one consumer representative is awaiting a response in relation to their complaint, which the service stated had been prepared and is due to be sent. Complaints are acknowledged and investigated and open disclosure is practised.

The service was able to describe how complaints and feedback are used to make improvements to the quality of care and services. Feedback from consumers regarding dissatisfaction with food services resulted in the organisation’s 2021 Plan for Continuous Improvement to include a review process regarding meal choice and monitoring.

Complaints are reported by the consumer experience and quality coordinator as quality indicators through various service committees, and eventually to the service’s Board subcommittee for escalation as appropriate.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

Consumers and representatives gave positive feedback in relation to the number of staff available to deliver care and that the care is safe and of good quality.

The service is staffed mostly by registered and enrolled nurses with some care staff hours. Staffing is said to be maintained at state-endorsed staff to consumer ratio levels. Clinical staff said that there is adequate staffing and they can complete their tasks within their delegated shifts and there has not been any agency staff utilised for over two years.

Consumers and/or representatives expressed satisfaction with the knowledge staff have to care for consumers and to meet their needs. Documentation viewed by the Assessment Team demonstrated that staff have qualifications relevant to their role and their competency is monitored on a routine basis.

Staff complete mandatory online education modules on commencement and on a scheduled basis, including manual handling, restrictive practice requirements, mandatory reporting and incident management, fire and emergency and infection control.

The service has formalised procedures to monitor and review staff performance. Management described and demonstrated processes to assess, monitor and review the performance of staff working at the service. Staff confirmed that appraisal of their performance occurs on an annual basis.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Consumers and representatives generally provided positive feedback regarding how they are included in care planning and service provisions, such as the recent refurbishment of the service The service demonstrated they involve consumers and representatives and engage them in the planning, delivery and evaluation of care, lifestyle and services.

The Board promotes a culture of safe, inclusive and quality care and ensures changes and improvements are made based on consumer feedback. The Board is alerted to incidents involving the consumers and ensures appropriate action is taken following the investigation process.

Quality and safety sit at the top of the clinical governance structure. The Board monitors clinical governance through subcommittees and implements policies and staff training to support a best practice approach to care and service delivery.

The organisation has effective governance systems in relation to information systems, continuous improvement, financial and workforce governance and regulatory compliance.

The service has a range of policies and procedures to address elder abuse and manage and prevent risks to consumers. The organisation has a documented risk management framework, including policies and this has been supported through education for staff.

Clinical risks are identified through the clinical indicator data and statistics approach and include falls, weight loss, medication incidents and pressure injuries. High impact/high prevalence risks for individual consumers are noted on the daily handover sheets.

The service’s clinical governance framework operates under the overarching governance of Kilmore District Health service which includes policies and processes in relation to antimicrobial stewardship, restrictive practices and open disclosure.

The service has an infection prevention control (IPC) lead who works under the guidance of the organisation’s infection control coordinator. With additional access to the organisation’s hand hygiene auditor, the infection control team together audits staff practices, conducts infection surveillance, checks antimicrobial usage and monitors infection control stock.

There were some deficits noted in relation to restrictive practices in relation to the psychotropic register. Refer to Standard 3 Requirement 3 (3) (a) for further information.

Notwithstanding the deficits in relation to restrictive practices, 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.*

# Areas for improvement

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

### Requirement 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.*

* Ensure that all consumers subject to restrictive practice are identified and reviewed regularly with the aim to minimise the usage and that all authorisations are in place.
* Ensure non-pharmacological interventions are accurately recorded in care documentation and are trialled before use of a chemical restraint.
* Ensure the psychotropic register is updated and reflects the current medication for each consumer.
* Ensure wounds are documented and managed according to best practice.