Performance

Report

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| Name of service: | Della Dale Aged Care |
| Service address: | 17 Derwent Street RINGWOOD NORTH VIC 3134 |
| Commission ID: | 4190 |
| Approved provider: | NDN Care Services Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 7 November 2022 to 9 November 2022 |
| Performance report date: | 15 December 2022 |

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.

**This performance report**

This performance report for Della Dale Aged Care (**the service**) has been prepared by K. Spurrell, 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 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 assessment team’s report received 30 November 2022.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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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 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# 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.

* Regarding Requirement 7(3)(e) – The Approved Provider ensures regular assessment, monitoring and review of the performance if each member in the workforce is carried out to ensure staff were performing their role and identifying if any support or training is required.
* Regarding Requirement 8(3)(c) – The Approved Provider ensures effective organisational wide governance systems were in place relating to regulatory compliance.
* Regarding Requirement 8(3)(e) – The Approved Provider ensures there is an effective Clinical Governance Framework in place which encompasses policies relating to open disclosure, antimicrobial stewardship and the minimisation of restrictive practices.

# Standard 1

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| Consumer dignity and choice | |  |
| 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

Consumers and representatives said staff treated consumers with dignity and respect, and the service recognised and respected their cultural background and provides care which was consistent with their preferences. All staff interviewed spoke about consumers in a respectful manner and demonstrated they were familiar with consumers’ individual backgrounds and preferences and were able to identify culturally and linguistically diverse (CALD) consumers. Most consumer care plans reflected the consumer’s background and culture and included cultural activities each consumer would like to maintain. The Assessment Team observed staff interacting with consumers respectfully on multiple occasions throughout the duration of the Site Audit.

Consumers and representatives said consumers were supported in making decisions about who were involved in care and how it was delivered. Staff said they worked to enable consumers to maintain personal relationships. Care planning documentation identified the consumers’ individual choices around when care was delivered, who were involved in their care, and how the service supports them in maintaining relationships.

While the service did not currently have any consumers that had chosen to take risks outside of their risk assessments, management were able to describe how consumers would be supported to take risks, should they wish to, and provided previous examples such as eating something outside their dietary requirements or leaving the service independently. The service has a policy in place to guide staff with the identification and assessment of risks.

Consumers described how they were informed to make choices, and how they were supported to understand information. Management and staff interviewed described ways in which information was provided to consumers, in line with their needs and preferences. The service provided and displayed information throughout the service to inform and support consumers to exercise choice via whiteboards and verbally.

Consumers and representatives felt the service maintained their privacy and did not express concerns about the confidentiality of their personal information. Care staff described how they maintain consumers’ privacy when providing care. The Assessment Team observed all computers to be password protected, and staff closing the staff room door when conducting handover.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| 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

Consumers and representatives said they received care and services they needed, and they were involved in the care planning processes. Staff described the care planning process in detail, and how it informs the delivery of care and services. Care planning demonstrated assessment and planning considered risks to their health and well-being and informs the delivery of safe and effective care and services.

Consumers and representatives said the service accommodated their care needs, including advance care plan and end of life (EOL) planning if they wish. Staff could describe consumers’ preferences regarding personal and clinical care and how they approach EOL and advance care planning. Care plans identified and addressed the consumer’s current needs, goals and preferences, including advance care planning and EOL planning if the consumer wished.

Consumers and representatives reported the service partners with consumers and others who consumers wished to involve in planning and assessment of care, including Medical Officers and allied health professionals. Clinical staff described the processes in partnering with consumers and their representatives in care planning and assessments through in-person meetings, over the telephone, or electronic messaging. The service demonstrated it had a referral process to Medical Officers and allied health professionals; this was confirmed through care planning documentation.

Representatives said the service keeps them up to date and informed about consumers’ care and services and care plans were accessible and staff explained things to them in a clear manner. The Director of nursing (DON) and clinical staff were able to describe how they communicate outcomes of planning and assessments to consumers and their representatives, through regular phone calls and text messaging.

The electronic care management system (ECMS) has the ability to generate a summary care plan for consumers and representatives in an easy-to-read format. Representatives confirmed staff regularly discussed consumer care needs and any changes requested are addressed in a timely manner. However, the Assessment Team observed 3 of 12 care plans were not reviewed or updated, in line with services monthly reviews. Management acknowledged the Assessment’s Team’s findings explained, it was an oversight and confirmed there had been no significant changes to the consumer’s condition. Clinical staff described how and when consumer care plans were reviewed and updated monthly through a resident of the day process.

# Standard 3

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| Personal care and clinical care | |  |
| 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

All consumers and representatives expressed satisfaction with the delivery of personal and clinical care. However, deficiencies were identified with documentation of environmental restrictive practice, and pain and wound charting, with no identified consumer impact. One named consumer’s wound chart had discrepancies which included out of date classification of wounds, inconsistent photographs which were not in line with the service’s policy. These discrepancies were rectified by management and the Assessment Team were informed the named consumer wounds were healing. One named consumer did not have their pain assessed in line with the services policy. However, the named consumer was happy with pain management and staff could describe pharmacological and nonpharmacological strategies to relieve pain.

Management advised the service was a locked environment with a coded keypad at the front exit and consumers and representatives are aware of this upon admission, however consumer movement within the service and grounds are unrestricted. While the Assessment Team did not identify any consumer impacts as a result of this practice, they did identify that the service does not have documented assessment, authorisation, and informed consent in line with current legislative requirements. The Assessment Team reviewed the restraint policy which was outdated and does not align with legislative requirements; this is considered further under Requirement 8(3)(c).

Consumers and representatives expressed satisfaction with services management of high impact and high prevalence risks to consumers. Staff demonstrated how they identified, assessed and managed high impact and high prevalence risks. Documentation review showed the service completed risk assessments using a high impact risk assessment tool and implemented risk minimisation strategies.

One representative confirmed they were happy with EOL care received by their relative and the service’s adherence to advance care and EOL plans. Sampled consumers had current EOL needs and preferences recorded in care plans. Staff described how they approach conversations around EOL and provided care for EOL consumers. Staff explained the care provided to consumers during EOL, which focused on honouring preferences.

Consumers and representatives expressed satisfaction with the service’s identification and response to changes in condition in a timely manner. Staff understood the escalation process used to respond to a deteriorating consumer. Care planning documentation confirmed deterioration was responded to in a timely manner, with appropriate referrals and escalations completed.

Consumers and representatives said they do not have to repeat themselves and staff know the consumers’ needs and preferences. Staff described how changes in consumer care and services were communicated within the organisation and with others, including handovers. Care planning documentation provided information to support effective and safe sharing of consumers information to support care. The Assessment Team observed a handover, where consumer falls, changed behaviours, physiotherapy assessments and consumer deterioration were discussed.

Consumers and representatives said referrals were timely, appropriate and occur when needed and consumers have access to various medical and allied health professionals. Care planning documentation and progress notes evidenced the input of others and referrals where needed. Management and staff described available medical and allied health professions to consumers such as Medical Officers and allied health.

Staff described how they minimised infection-related risks and managed the use of antibiotics. The service has policies and procedures in place for antimicrobial stewardship and for the prevention of outbreaks and COVID-19. Consumers and representatives expressed satisfaction with infection prevention control (IPC) practices.

# Standard 4

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| Services and supports for daily living | |  |
| 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

Consumers and representatives said they were supported to pursue activities of interest to them and were encouraged to do so. Care planning documentation indicated consumers get the services which meet their needs and preferences, and staff explained what was important to consumers and what they like to do. Lifestyle staff said the activities were tailored to the physical and cognitive abilities of consumers and all consumers were supported to participate.

Consumers and representatives said they were supported when they were feeling low, and described how the service promotes their emotional, spiritual and psychological well-being. Most care planning documentation included information on consumers emotional, spiritual and psychological well-being, needs, goals and preferences. Staff explained how consumers, emotional, spiritual and psychological needs were supported.

Consumers said they were supported to participate in activities within the service and in the outside community as they chose. Staff provided examples of consumers who were supported to maintain their connections, both inside and outside of the service. Care planning documentation identified people important to individual consumers and the activities of interest to them.

Consumers and representatives said information about the consumer's condition, needs and preferences were communicated within the organisation and with others where responsibility for care was shared. Staff said they communicate and document changes in the ECMS as well as shift handovers.

Consumers said they were supported by other organisations, support services and providers of other care and services. Consumer care planning documentation identified referrals to other organisations and services. Staff could describe other individuals, organisations and providers of other care and services and specific consumers who utilise these services.

Consumers and representatives said they were satisfied with the variety, quality and quantity of food, and the meals met their needs and preferences. Consumers with dietary needs were accommodated and staff were knowledgeable regarding dietary requirements. The Assessment Team observed lunch meal services and consumers were observed to be eating their meals independently, or with assistance from staff in line with care plan documentation.

Equipment provided to consumers was safe, suitable, clean, and well maintained. Staff were able to describe how equipment was maintained and had no issues accessing equipment. Consumers said they felt safe when using the service's equipment and it was available when they require it. The Assessment Team observed lifestyle equipment to be available to staff and safely used.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers and representatives confirmed, service was welcoming and has a ‘homely’ feel, which creates a sense of belonging. Management and staff described how the service environment was welcoming as well as designs which support consumers with cognitive impairment. The service was a single-level building has easily navigable hallways, with consumers, representatives and staff observed to be interacting in a courtyard and shared indoor areas.

Consumers and representatives expressed satisfaction with the services cleanliness and maintenance. Management explained reactive and preventative maintenance schedules for the service and the maintenance book. Cleaning staff explained how the service was kept clean with a cleaning schedule and processes in place. Consumers were observed to be moving freely both indoors and outdoors.

The Assessment Team observed, and consumers and representatives confirmed the service and equipment was kept clean and safe for use. Staff were able to describe how equipment aids for consumers were kept clean after each use, and the maintenance systems to ensure equipment was safe and maintained. Cleaning staff were observed cleaning common areas, consumers rooms and high-touch point areas throughout the Site Audit.

# Standard 6

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| Feedback and complaints | |  |
| 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

Consumers and representatives said they understood and were encouraged to give feedback or make a complaint. Management described how they encouraged and supported consumers to provide feedback and make complaints through verbal conversations, email, text messages, or during family visits or meetings.

Consumers and representatives said they were aware of and had access to advocates, language services and other methods for raising and resolving complaints. Management described the advocacy, language and external complaints services available to consumers at the service and provided this information through brochures and posters. Documentation reviewed, and observations by the Assessment Team identified information on advocacy, language and external complaints services were accessible to consumers and representatives.

Consumers and representatives were happy with how management responded to and resolved their complaints. Staff demonstrated an understanding of open disclosure, explaining how they have apologised to a consumer or representative in the event of something going wrong. Documentation showed all feedback and complaints were documented in a centralised system with clear trails of communication between management and the complainant.

Consumers and representatives said their feedback was used to improve the quality of care and services received and provided examples such as changes to visitation during COVID-19. Management described the feedback and complaint resolution process with the actions taken in response to inform continuous improvement across the service. The service demonstrated a system for receiving, monitoring, and actioning feedback from consumers and their representatives.

# Standard 7

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| Human resources | |  |
| 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. | Non-compliant |

Findings

The Assessment Team recommended the following Requirement was not met:

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

The Assessment Team identified that the service did not have a performance review policy to guide management and staff. A review of performance appraisals showed one annual performance appraisal being conducted over a period of two years. Staff were able to describe the annual performance appraisal process but had not had one in the past year. The DON and the Operations Manager were responsible for oversight of performance appraisals but did not have a process to track whether appraisals were conducted or completed.

The Approved Provider responded on 30 November 2022 and acknowledged the Assessment Team’s findings; they confirmed they do not have a clear policy on the performance review process and stated a process for tracking appraisals will be included in a revised policy. The Approved Provider advised that appraisals for current staff have been undertaken and distributed and the service were awaiting their return which should be finalised by mid December 2022. The Approved Provider states monitoring of staff was maintained through auditing and monitoring by the nurse in charge and by the DON carrying out shifts to identify gaps or shortcomings in staff practice.

I acknowledge the Approved Provider’s commitment to addressing the deficiencies. However, the service did not have an effective system in place prior to the Site Audit which demonstrated regular assessment, monitoring, and review was occurring for all staff. Furthermore, the service did not have a clear policy on the performance review processes at the time of the Site Audit. I find that at the time of Site Audit, the service did not demonstrate compliance with the requirement as a significant portion of the workforce had not received an appraisal in the past 12 months. Therefore, I find requirement 7(3)(e) is non-compliant.

I am satisfied that the remaining four Requirements of Quality Standard 7 are compliant.

While some consumers and representatives said sometimes there was a shortage of staff; they all said staff were still meeting the needs of the consumers and no adverse outcomes were identified by the Assessment Team. Management were able to describe how they ensured there was enough staff to provide safe and quality care by having a master roster which provides allocations for every staff member based on occupancy levels at the service.

Consumers and representatives said staff engaged with consumers in a kind, caring and respectful manner. Staff were observed to always greet consumers by their preferred name and demonstrated they were familiar with each consumer's individual needs and identity. Documentation including the staff handbook, service mission and values, and staff code of conduct enforce a culture of respect.

Consumers and representatives were satisfied staff were appropriately qualified and were confident in the workforce’s ability to perform their roles. Compliance requirements for registration bodies and criminal record checks were up-to-date and monitored.

Consumers and representatives said they felt staff were competent and qualified to do their job. All members of the workforce felt they were recruited, trained, equipped and supported to deliver safe and effective care. Management described how they supported their staff to ensure they were receiving the training they need to perform their roles in relation to the Quality Standards.

# Standard 8

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| Organisational governance | |  |
| 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. | Non-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. | Non-compliant |

Findings

The Assessment Team recommended the following Requirements were not met:

* 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.

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

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

The Assessment Team found the service was unable to demonstrate it was meeting regulatory compliance with regards to legislative requirements in relation to documenting environmental restraint. The service demonstrated it has effective governance systems in relation to information management, continuous improvement, financial governance, workforce governance and feedback and complaints.

The service did not have assessments, authorisation and informed consent in place as outlined in the services restraint policy and behaviour support plans did not outline if consumers were subject to environmental restraints. Management advised consumers and representatives were verbally informed on admission the service was a locked environment; however, there was no documented evidence of this.

The Approved Provider responded on 30 November 2022 and have now included information regarding the service being a secure environment in the consumer agreement, when the agreement was signed the consumers, or the representatives were consenting to residing in a locked building, a separates consent form has been drafted as an addendum to the existing consumer agreement, and this has been added to the PCI for timely completion. Environmental restraints have been added to the care planning documentation as part of a review and environmental restraint will now be reviewed monthly.

I acknowledge the Approved Provider’s commitment to addressing the deficiencies. However, at the time of the Site Audit the service did not comply with the restrictive legislative requirements with regards to informed consent for those consumers who were subject to environmental restraint. I consider this example reflective of non-compliance with this requirement. I find requirement 8(3)(c) is non-compliant.

The Assessment Team further found the services restrictive policy was out of date and not in line with the current legislative requirements for environmental restrictive practice. The service had a draft clinical governance policy, however, polices for antimicrobial stewardship and open disclosure were not in place at the time of the Site Audit. Staff did not have a full understanding of restrictive practice. Management advised the mission and value statement dated July 2018 outlines the services values in being open and transparent. The Assessment Team were provided with an updated Continuous Improvement Plan on the third day of the Site Audit which outlines all deficiencies with polices will be addressed but there were not entries for creating an open disclosure policy.

The Approved Provider’s written response of 30 November 2022 advised they have updated the restrictive practice policy to include environmental restraint. An open disclosure and antimicrobial stewardship policy have been completed and are available to staff. The service was in the process of completing the clinical governance policy that will be finalised by December 2022.

I acknowledge the Approved Provider’s commitment to addressing the deficiencies. However, at the time of the Site Audit there were deficits in the framework regarding restrictive practices, open disclosure and antimicrobial stewardship, and the service did not take sufficient steps to address the issues prior to the Site Audit. I find requirement 8(3)(e) is non-compliant.

I am satisfied that the remaining three Requirements of Quality Standard 8 are compliant.

Consumers and representatives indicated they are confident the service was well run and expressed satisfaction with their level of engagement with the service. Management advised the primary method of engaging consumers and their representative through verbal feedback and electronic messaging. Consumers could give examples of how care and service delivery has been improved following feedback with regards to the meals and visiting.

Management described and explained changes made in the service as a result of consumer feedback, experience or incidents, and how they satisfy the Quality Standards are being met. This was achieved through verbal feedback and observations, as well as clinical indicators, incidents, and staff feedback. The service has a continuous improvement plan (CIP) register which contains improvement opportunities, planned action, mechanism of ongoing monitoring.

The organisation has an effective risk management system to monitor and assess high impact or high prevalence risk associated with the care of consumers. The service demonstrated the implementation of these policies. Management and staff interviewed could provide examples of these risks and how they are managed within the service.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)