Mercy Place Cairns (Bethlehem)

Performance Report

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**Commission ID:** 5064

**Provider name:** Mercy Aged and Community Care Ltd

**Site Audit date:** 5 July 2022 to 7 July 2022

**Date of Performance Report:** 15 August 2022

# Performance report prepared by

Susan Turner, 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** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the 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 4 August 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 representatives said consumers are treated with dignity and respect and that staff value them as individuals. Consumers felt supported to exercise choice and independence that included making decisions about the way care and services are delivered. Consumers and representatives said that they are able to make decisions and communicate which family and friends they want involved in their care and who they want to maintain close relationships with. Consumers were satisfied with their ability to take risks and provided examples of their ability to manage their own medication or consume alcohol. They said their personal information is kept confidential and their privacy is respected.

Staff consistently spoke about consumers in a way that indicated respect and an understanding of their personal circumstances and how they wish to be treated. Care staff were familiar with consumers’ backgrounds and gave examples of how that influences the care they provide on a day to day basis. Staff were satisfied with the way staff treat consumers and said if they had any concerns about the way their colleagues behaved they would report it to management.

Staff described the various ways that information is provided to consumers to support consumers’ ability to make informed choices, including through verbal discussions about options that are available, contacting the consumer’s representative, providing the menu, the service newsletter and through the use of noticeboards. Consumer and representative meetings are held monthly and consumers are encouraged to provide feedback about the services offered.

Care related documentation was reviewed by the Assessment Team who found that information included the consumer’s life history reflecting what is important to the consumer and guiding staff in how to deliver care that is tailored to the individual needs of the consumers. Information included gender preferences for personal care delivery and religious and cultural preferences and how these might influence care and service delivery.

Organisational policies relevant to this standard are in place and include consumers’ rights and responsibilities including the right to take risks. A risk management framework sets out the risk identification process as well as the assessment, planning, monitoring and review process. Additionally, staff are provided with education that stresses the importance of treating consumers with dignity and respect and includes the Aged Care Quality Standards.

Consumers are provided with a consumer handbook on entering the service. The handbook includes details of the service’s commitment to meeting consumers’ cultural and language needs; a pastoral care worker is involved in care delivery.

The Assessment Team observed noticeboards and information displayed throughout the service about lifestyle activities, the daily menu and feedback mechanisms. Observation of staff interactions with consumers identified that staff had an understanding of each consumer’s preferred communication style and provided consumers with an opportunity to respond.

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 and representatives were satisfied with their level of involvement in assessment and care planning processes, including when there was a change to consumers’ care needs. They said that other healthcare providers are included in meeting consumers’ health care needs and that they are informed about the outcomes of assessment and planning. They said that they are aware they have access to the consumers’ care plans.

Staff were familiar with assessment and care planning processes and registered staff said they refer to specialist practitioners if a need is identified. Staff could describe the processes for communicating information about consumers including through the handover process and said that the electronic care management system provided them with the information they need to deliver safe and effective care. Staff were familiar with consumers’ care needs and could describe consumers’ individual preferences. Staff said they refer to registered staff if they require additional information about consumers’ care needs.

Management staff said end of life planning is discussed with consumers and representatives when consumers enter the service and during the three monthly review process. They said that a palliative care plan is commenced as consumers approach end of life.

The service has an electronic care management system in place that supports care and service delivery. The assessment team found that care plans include a consideration of risk and end of life planning, and reflected the consumer’s current needs, goals and preferences.

Care and services are regularly reviewed for effectiveness and when circumstances change or an incident occurs. Care plans demonstrated an integrated and coordinated assessment and planning process that involved other organisations, individuals and providers of other care and services such as the medical officer, allied health professionals, wound care specialists, diabetes specialists and dementia services.

The Assessment Team reviewed care planning documentation for a large number of consumers including those who were identified as a high falls risk, who live with a chronic illness such as diabetes mellitus and consumers with specialised nursing care needs such as complex wounds. The Assessment Team found that consultation had occurred with health specialists, strategies were in place to minimise risk, individualised management plans provided detailed guidance for staff, clinical equipment supported care delivery and regular monitoring and review of care occurred.

There are organisational policies and procedures relevant to this standard that guide staff practice and include assessment and care planning and end of life care. A suite of evidence based tools are available for staff to use. Incidents are recorded and investigated and care plans are reviewed and adjusted accordingly. Further, staff are provided with education and training about assessment and care planning that is relevant to their position.

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.*

The Assessment Team reviewed consumers’ care planning documentation and found that consumers’ care is reviewed on a regular basis and when there are changes in the consumers’ condition. For example, the Assessment Team brought forward evidence that care had been reviewed for consumers who had experienced a deterioration in their health or a period of hospitalisation, and for consumers who have chronic/complex health care needs such as wound care.

Consumers spoke positively about their level of involvement in assessment and care planning and said staff talk to them and explain information that impacts their care and services. Consumers and representatives confirmed that care and services are reviewed regularly including following a change in the consumers’ condition and following an incident.

Registered staff could describe the three monthly review process and said that incident data is considered as an element of the review. A ‘resident of the day’ process occurs monthly and includes discussions with the consumer and/or their representative about various aspects of care and support. Staff were familiar with incident reporting mechanisms and said that an incident can trigger a reassessment or review of the consumer’s care.

The Care Manager monitors the completion of assessments and care and service plans to ensure changes in care needs are actioned in a timely manner. Additionally, the service monitors clinical indicators , including skin integrity, medication incidents, restraints, infections and falls.

The service has taken action to address deficiencies identified under this requirement during the site audit in 2021. Actions include:

* Consumers with complex wounds were reviewed by the organisational wound management team. Recommendations were made that included the use of new products and resources to support wound care delivery. The wound care team liaised with medical staff, consumers and representatives during this process.
* Consumers prescribed a psychotropic medication were reviewed by registered nurses and referred to their medical officers for clinical review of their medications.
* A new process was implemented that ensured incidents were reviewed within an established timeframe.
* Registered staff completed education and training in assessment and care planning processes.
* The Care Manager undertakes a daily review of progress notes to identify incidents or care reviews that require completion; this is then discussed with registered staff.

For the reasons detailed, I am satisfied that care and services are reviewed on a regular basis and when there is a change in the consumer’s condition.

I find this requirement is compliant.

# STANDARD 3 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

Consumers and representatives were generally satisfied with the personal and clinical care they receive. They said their care was tailored to their individual needs and that they have access to medical officers and other health professionals as required. Consumers said if they are unwell that staff respond to them in a timely manner with their preferences being met and they were confident that the service will support them as they approach end of life.

Care planning documentation demonstrated that consumers are receiving safe and effective personal and clinical care that includes timely referrals to medical officers and allied health professionals; information to support consumers’ health and well-being is shared appropriately amongst care providers.

Staff were familiar with consumers’ care needs and demonstrated an understanding of risks associated with the care of the consumers and were familiar with their responsibilities associated with incident reporting. Staff said they can seek advice from registered nursing staff if they are unsure about the consumer’s care needs and that a registered nurse is always available. Handover processes are established and consumers’ care needs are effectively communicated.

Staff could describe the way they care for consumers nearing end of life and the practical ways in which they can maximise their comfort. They referred to pain management, the use of specialised clinical equipment, hand massage, mouth care and personal hygiene. Staff said aromatherapy and music can also be used if this is in line with the consumer’s preferences.

The service has policies and procedures relevant to this standard that includes palliative care and infection control.

The service has a documented infection control program, including an outbreak management plan. A dedicated infection prevention and control lead provides infection control support to the service and staff education includes infection control.

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

### Assessment of Standard 3 Requirements

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

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

Consumers and representatives spoke highly of staff and stated that consumers received care that is safe and right for them. Consumers commented that staff are very attentive, assist them with any requests and that that they are very happy.

The Assessment Team reviewed a large sample of consumers’ files and found that care was individualised, safe, effective and reflected the specific needs and preferences of the consumer.

Behavioural support plans were in place for those consumers who required them and included information about behavioural triggers and non-pharmacological interventions to support behaviour management. Documentation demonstrated that staff trialled various interventions other than the use of chemical restraint and that on a number of occasions these strategies were effective. Where chemical restraint is prescribed, there was evidence of regular review and consultation with representatives.

For consumers who have difficulties with mobilisation, falls risk assessments are completed, consideration is given to any contributing sensory impairment, a physiotherapist is involved in care delivery, a mobility and transfer plan is established and resources such as hoists, slings and mobility aids are available.

Consumers assessed as having a high risk of impaired skin integrity are reviewed daily by registered staff. Staff said they regularly moisturise consumers’ skin and have been trained in the use of transfer equipment. Those consumers with wounds had wound care treatment plans that demonstrated regular review by registered staff with photographs and wound measurements taken.

Staff described policies and procedures that guide their practice and said that these are available on the intranet and in hard copy. Care staff said that they always have a registered staff member available to them and that they can raise issues and concerns about consumers’ care requirements.

The Assessment Team found the service has policies, procedures, guidelines and flowcharts for key areas of care including but not limited to restraint, skin care and pain management.

Pain assessments and pain charts are used to monitor consumers’ pain management needs with specific assessment tools available to support those consumers who have difficulty with communication.

The service has a restraint and protective assistance process that references the legislation and outlines the organisation’s commitment to ensuring if any restrictive practice is used, this is only used as a temporary solution and should only after a comprehensive assessment. The Assessment Team reviewed the service’s psychotropic register and identified the following details were documented; the consumer’s diagnosis, medications prescribed, alternatives trialled, medical officer review and consultation with consumers and representatives. A registered nurse oversees the use of psychotropic medication via the register which is updated on a weekly basis.

There are processes to ensure consumers receive safe and effective personal and clinical care including clinical audits, whole of service audits, monthly clinical indicator data, and a staff education program.

The service has taken action to address deficiencies identified under this requirement during the site audit in 2021. Actions include:

* A new psychotropic register was implemented with a senior registered nurse designated to manage and maintain the register.
* All consumers subject to restrictive practices were reviewed and this included consultation with medical officers, consumers and representatives.
* Staff received education and training in clinical manual handling, restrictive practices, wound care, skin care, dementia care, continence, end of life care, nutrition and hydration and pain management.
* A daily review of progress notes is completed by management staff.
* Face to face handover was re-instated.
* Processes to support consumers to move freely out of the service were implemented.
* Wrist alarm pendants were provided to those consumers with an identified need.
* Enhanced security processes have been implemented in relation to the management of restricted medications.

For the reasons detailed I am satisfied that consumers receive safe and effective personal and clinical care that optimises their health and well-being.

I find this requirement is compliant.

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

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

The Assessment Team reviewed the personal and clinical care of consumers who have risks associated with their care including falls, pressure injuries, weight loss and complex behaviours. Care planning documentation included directives for staff on how to minimise the risk through manual handling instructions, falls prevention strategies, the use of monitoring equipment, registered nurse review and referrals to allied health professionals.

Behaviour support plans identified assessments and monitoring are completed and referrals made to specialist services. Strategies are communicated to staff and include non-pharmacological interventions to support the management of complex behaviours.

For consumers at risk of weight loss, specific strategies were documented to promote the consumer’s well-being and support the consumer’s intake including the addition of high energy and high protein foods, staff assistance with meals, consideration given to portion size and with reviews completed by a dietitian and/or speech pathologist as required.

Management had a sound understanding of high impact and high prevalence risks for consumers and said risk assessments are completed with outcomes reflected in care plans. Staff provided information consistent with care planning documentation and described strategies to minimise risk of harm to consumers. Care staff knew how to report and document consumer incidents and registered staff described the review process and how follow up occurs.

The service has a risk management framework that includes relevant policies and procedures, risk assessments, incident reporting mechanisms and a documented system to record significant clinical and personal risks to consumers.

The service has taken action to address deficiencies identified under this requirement during the site audit in 2021. Actions include:

* The service has implemented a new position of Quality Officer, the person in this role works at the service for two days per week and has responsibilities that include auditing and clinical governance.
* Improved processes relating to the collection and review of clinical incident data, with the establishment of timeframes for reviews to occur.
* Registered and care staff have received education on incident reporting mechanisms and their responsibilities.
* Additional pressure relieving mattresses have been purchased, with staff education provided on the management of the equipment.

For the reasons detailed, I am satisfied that the service has processes to effectively manage high impact and high prevalence risks associated with consumers’ care.

I find this requirement is compliant.

### 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.*

The Assessment Team brought forward information that staff identify, respond to and address a deterioration or change in a consumer’s condition promptly. The Assessment Team included in their sample consumers who had experienced an acute deterioration in their condition and found that there was involvement of medical officers and allied health professionals, clinical observations were completed, analgesia was provided, specialised equipment was accessed and a review of care needs occurred.

A representative interviewed by the Assessment Team confirmed that staff were quick to act when their family member became unwell and required staff support.

Registered staff explained the assessment process following changes to a consumer’s condition and said that they report changes to the Care Manager and allied health professionals. They said that if a consumer deteriorates after hours staff can telephone a medical officer or transfer the consumer to hospital.

Care staff were able to explain the process for identifying and reporting to the registered nurse any changes or deterioration in the consumer’s condition.

Staff are guided by policies and procedures that include responding to a deterioration in a consumer’s condition.

The service has taken action to address deficiencies identified under this requirement during the site audit in 2021. Actions include:

* Face to face handover has been reinstated.
* Staff have been provided opportunities to participate in education including Recognising Deterioration in Consumers.
* All staff have received education and training on the principles of good documentation.
* The Care Manager has implemented a daily review of progress notes to identify any issues or concerns with consumer’s health and well-being. This is then followed up with registered nurses.

I am satisfied that a deterioration or change in a consumer’s condition is recognised and responded to appropriately.

I find this requirement is compliant.

### 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 reviewed care planning documentation including progress notes, care plans and handover reports and found that it provided sufficient information to support care delivery. Information was specific to individual consumers and addressed areas including wound care, specialised nursing procedures, clinical equipment needs, nutritional needs and hygiene preferences.

Consumers were satisfied with the way their care needs and preferences were communicated and said that they receive the care they need.

Staff described the processes for sharing information including on those occasions when consumers move between hospital and the service. Registered staff said they are in communication with representatives, notifying them following an incident, a change in medication or a deterioration in the consumer’s health and well-being.

The service has policies and procedures that guide staff including in relation to assessment and care planning, handover processes and clinical deterioration.

The service has taken action to address deficiencies identified under this requirement during the site audit in 2021. Actions include:

* The face to face handover has been reinstated and is conducted each shift.
* The Care Manager reviews progress notes daily to identify any issues or concerns with consumers’ health and well-being; this is then followed up with registered nurses.
* All registered staff have received education and training on care related documentation requirements to ensure accurate reporting and charting is completed and handover information is available to all staff.
* Staff have completed education relating to the principles of good documentation; this involved reading and the completion of a workbook.

I am satisfied that information about the consumer’s needs and preferences is documented and communicated within the organisation and with others who are involved in care delivery.

I find this requirement is compliant.

### 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.*

Consumers and representatives were satisfied with the way the service has managed COVID-19, including the introduction of precautions, communication processes and infection control practices. Feedback was positive about the way these processes were coordinated and managed and consumers and representatives were confident that the service could manage an outbreak including an outbreak of COVID-19.

Staff said they had received training in infection minimisation strategies such as hand hygiene, the use of personal protective equipment, cough etiquette and cleaning processes. Staff said they monitor consumers for changes in behaviour and signs of infection and report their concerns to registered staff.

Registered staff provided examples of how they minimise infection related risks including through encouraging consumers and visitors with hand hygiene; using personal protective equipment, vaccination programs, encouraging hydration, ensuring pathology results are available prior to commencing antibiotics and isolating consumers who exhibit signs and symptoms of an acute respiratory illness.

Management staff have established processes for monitoring the use of antibiotics and the effectiveness of the medications for each consumers and the service is a member of a medication advisory committee that meets quarterly where case studies relating to antibiotic use are discussed.

Policies and procedures regarding minimisation of infection related risks include a documented infection control program and an outbreak management plan which was recently practiced. Staff education incorporates infection control.

The service maintains a record of staff and consumer influenza and COVID-19 vaccinations. Clinical indicator data includes infections and is analysed to identify trends.

The Assessment Team observed the service has signage displayed, handwashing stations and supplies of personal protective equipment available. Staff were observed changing gloves and wearing masks as required. Staff and visitors were screened for symptoms of COVID-19 on entry to the service, temperature checks and rapid antigen testing occurred.

The service has taken action to address deficiencies identified under this requirement during the site audit in 2021. Actions include:

* The Care Manager has gained qualifications in infection prevention and control.
* A supervisor’s manual has been implemented to complement the outbreak management plan and to improve communication processes in the event a temporary workforce is required.
* Infection control training has been provided to staff.
* The Care Manager has implemented a monitoring and review process involving medical officers following each incident of infection requiring antibiotics.

For the reasons detailed I am satisfied the service takes action to minimise infection -related risks.

I find this requirement is compliant.

# 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

Consumers and representatives said consumers are supported to do the things they like to do to optimise their independence, health, well-being and quality of life. Consumers felt supported to undertake activities of interest to them and to maintain personal and previous community connections including religious affiliations. Consumers provided examples of the things they liked to do that included spending time at the coffee shop, exercise programs, bingo, catching up with family and friends and engaging in arts and crafts. Some consumers said they assist staff with activities such as setting the tables for meals or cleaning the tables after meals; other consumers enjoyed activities such as caring for the pot plants at the service. Consumers mostly expressed satisfaction with the meals and explained how they have input into the menu through feedback at consumer and representative meetings.

Care planning documentation included information about the types of services and supports that people need to help them to do the things they wanted to do and reflected consumers’ specific interests and their spiritual and cultural beliefs.

The service collaborates with other providers and organisations to support the needs of consumers including allied health professionals, medical officers, religious organisations, volunteers and National Disability Insurance Scheme staff.

Staff could describe those things and people that are important to the consumers and how they support consumers, promoting their independence and quality of life. Pastoral care staff said they visit all new consumers to the service and complete pastoral care assessments that consider consumers’ emotional and spiritual requirements.

Staff were familiar with consumers’ habits and preferences including for example their preferences relating to seating arrangements, communication, mobility and dexterity, and other aids to support their engagement in activities of events.

Staff said consumers are provided with menus prior to meals and are also offered a choice of meal on the day of the service. Catering staff said they monitor consumer satisfaction with the meal service through verbal feedback, monitoring of food wastage and observations. They said the menu is discussed at consumer meetings and that surveys are conducted six monthly. The catering manager said they speak with consumers who raise complaints about the food. Catering staff said food is sampled before being served to consumers to ensure that the taste of the meal is suitable.

Volunteers support the lifestyle program and the service is planning to recruit additional volunteers to complement the program.

The lifestyle program is monitored through feedback forms, participation rates, consumer meetings and verbal feedback to monitor satisfaction with care and services including the lifestyle program.

The Assessment Team observed consumers participating in group and solo activities. Staff were observed encouraging, assisting and supporting consumers with activities. Puzzles and games were available to consumers in activity rooms and a small library has been opened where consumers can sit and read or borrow books. Weekly activity calendars were displayed throughout the service and were located in consumers’ rooms. Pastoral care staff and religious sisters were observed visiting consumers.

With respect to catering, the Assessment Team observed the food to be well presented and it appeared to be appetising. Staff offered consumers their meal choices and offered alternatives as appropriate; assistance was provided for those consumers who required additional support. Kitchen and servery areas were clean and tidy with staff observing food safety principles and infection control protocols.

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 and representatives said the service is welcoming, clean and maintained to their satisfaction. They said the equipment and furniture provided is safe, clean and suitable for consumers’ needs and that they have access to a call bell system if they require assistance from staff. Consumers said they feel safe living at the service and can move freely inside and outside the service.

Staff said they had sufficient equipment to undertake their role and that it was well-maintained. Maintenance staff described the processes in place to ensure the safety of the environment. Staff are able to log maintenance issues directly into an electronic system and said that these are addressed promptly.

Consumers reside in single rooms with ensuites and were observed freely entering and exiting the service without the need for a keycode. Consumers’ rooms were personalised with paintings, bed linen and photographs and consumers had access to call bells.

Fire safety equipment, fire evacuation diagrams and illuminated exit signage were in place throughout the service. Hallways were uncluttered, equipment to support care delivery was stored appropriately, the service was clean and lounge and dining areas reflected a homelike environment.

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.*

The Assessment Team observed the environment to be safe, clean and well-maintained. Consumers were observed to move freely, entering and exiting the service including moving through common areas such as the dining room. Hallways were uncluttered and equipment such as wheelchairs and hoists were stored appropriately. Consumers had access to their call bells when in their rooms. Fire safety equipment, fire evacuation diagrams and illuminated exit signage were in place throughout the service.

Consumers spoke highly of the environment saying that it was safe, clean and comfortable. Consumers said they can access outdoor areas, communal areas within the service and visit the café when they choose.

Staff described a preventative maintenance schedule with weekly, monthly and quarterly checks occurring. The maintenance officer said the service has an online process whereby maintenance requests are logged, tasks are prioritised and progress is tracked. Staff are able to log requests directly into the system. Staff were satisfied with the prompt attention that maintenance requests received. They said that if they identify any safety issues they take action to isolate the problem; where equipment is a safety concern, staff said they remove it from circulation.

The service has a maintenance officer and a contracted garden service maintains the external grounds. Maintenance logs that were reviewed demonstrated prompt response and rectification.

The service has taken action to address deficiencies identified under this requirement during the site audit in 2021. Actions included deactivation of the key coded glass sliding doors accessing the ground floor of the service, enabling consumers and representatives to freely enter and exit the service.

For the reasons detailed I am satisfied the service environment is safe, clean and well-maintained and enables consumers to move freely.

I find this requirement is compliant.

### 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 said they are encouraged and supported to provide feedback and make complaints and said they were aware of advocacy and language services that are available to them. Consumers and representatives said that when they raise a complaint or provide feedback that they receive timely responses from management together with an apology and were confident that the information they provided was used to improve care and services.

Consumers are able to raise complaints face to face, through the feedback boxes and at consumer meetings which are held monthly. Information about complaints mechanisms is displayed throughout the service.

Staff advised that information about advocacy and language services is provided to consumers within the consumers’ handbook and is displayed in key areas of the service. They said the staff orientation program includes complaints processes and they were familiar with feedback mechanisms and could describe how they would support consumers to make a complaint.

Management said that feedback boxes are checked and information is recoded. They said they meet with consumers face to face in an effort to understand their concerns and resolve the issue.

The service has policies and procedures that guide staff and include complaints management and open disclosure.

The Assessment Team observed brochures on noticeboards informing consumers that an advocacy service would be providing a general information session at the service in the near future; additional notices included language services and external complaints mechanisms.

The Quality Standard is assessed as complaint 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.*

Consumers and representatives said that the service’s management staff were very approachable and proactive in listening to them and resolving their issues in a timely manner. They provided examples of recent complaints that had been made and how the service managed their concerns and apologised for any inconvenience. Consumers and representatives said they are treated very well by the management staff and are not afraid of raising a complaint.

Management could outline the steps adopted when responding to a consumer’s complaint including consulting with the consumer, providing an apology, identifying any risks, taking action, documenting the complaint and tracking the process through to completion.

The Assessment Team identified that some complaints while captured in meeting minutes had not been transferred onto the complaints register. However, consumers interviewed by the Assessment Team confirmed their concerns had been addressed. Management staff updated the service’s plan for continuous improvement to include actions that will improve the accuracy of information held in the complaints register.

The service has policies and procedures relevant to this standard including open disclosure and this guides staff in applying the general principles of open disclosure to any complaint conversation.

The service has taken action to address deficiencies identified under this requirement during the site audit in 2021. Actions include:

* The service has provided staff education in relation to complaints management that included responsiveness, ascertaining consumer satisfaction and the recording of dates and outcomes. A review of the service’s feedback and complaints register for a six month period in 2022, identified that the majority of complaints had been actioned promptly, with consumer outcomes and response times documented.
* Consumers stated that improvements had occurred as a result of the open approach adopted by management.

For the reasons detailed, I am satisfied that appropriate action is taken in response to complaints and that an open disclosure process is applied. Consumers and staff confirmed that this occurred.

I find this requirement is compliant.

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

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

Consumers confirmed that that improvements in care and service delivery had occurred in response to their complaints.

Management staff were able to describe how consumer feedback is responded to, actioned in a timely manner with efforts made to resolve issues and improve care and service delivery. They said that high risk complaints are reported to the governing body and are further analysed using the service’s plan for continuous improvement.

The Assessment Team reviewed the complaints register for a six month period in 2022 and identified all documented feedback and complaints had an action recorded and consumer satisfaction noted. The complaints register identified that those complaints requiring escalation were documented, reviewed and used to improve care and service delivery.

The service’s plan for continuous improvement records improvement initiatives prompted by consumers’ feedback and complaints.

Meeting minutes demonstrated that consumers provide feedback and complaints through this forum.

The service has taken action to address deficiencies identified under this requirement during the site audit in 2021 and this included providing staff with education about feedback and complaints processes which was found by the Assessment Team to have resulted in positive outcomes for consumers.

For the reasons detailed, I am satisfied that feedback and complaints are reviewed and used to improve care and service delivery.

I find this requirement is compliant.

# 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 spoke positively about staff saying they were kind, caring and possessed the knowledge and skills to deliver safe, quality care. Consumers and representatives said there were enough staff to meet consumers’ needs, that consumers experienced minimal delays in staff responding to their requests for assistance and that care was delivered in line with consumers’ care plans.

Staff said they had sufficient time to meet consumers’ care and service needs and that the service replaced staff absenteeism using with existing staff, agency staff or by adjusting the roster to ensure consumers’ care needs were met.

New staff are provided with an orientation and a training program occurs on an ongoing basis and provides staff with the skills they require for their role. There are assessments of competency in key skills including for example medication management, hand hygiene, catering and cleaning.

Staff performance is monitored on a regular basis and where necessary performance issues are addressed.

There are policies and procedures relevant to this standard that guide staff practice.

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.*

Consumers and representatives generally felt there were enough staff to support consumers’ needs. They spoke highly of staff and said staff were available when needed and that there were minimal delays in response to requests for assistance.

Management said the roster is developed in advance to ensure the correct skill mix of staff are rostered, including the management of planned and unplanned leave. Staff responsible for managing the roster advised the Assessment Team that they have systems in place for replacing a staff member if they are unable to work and can access agency staff if necessary.

Registered staff are rostered across a 24 hour period and in addition to this staff have access to senior management staff for guidance and support.

Care and service staff said there are sufficient staff to meet consumers’ care and service needs. Lifestyle staff said they are fully staffed and are able to implement their activity program in line with the calendar. They said care staff assist them in bringing consumers to and from various activities held at the service.

The Assessment Team observed staff spending time with consumers and speaking with them as they carried out their duties. Staff were observed asking consumers if they wished to attend activities and events and escorting those who required assistance. Meals and activities occurred as scheduled with staff in attendance to help consumers.

The Assessment Team reviewed documentation including the complaints register, roster, call bell data and clinical documentation. They found there have been no recent complaints about staffing, staff leave is replaced, call bells are answered promptly and clinical documentation is up to date and current.

The service has taken action to address deficiencies identified under this requirement during the site audit in 2021. Actions include:

* In response to consumers’ feedback and analysis of staff workloads, the service has a new roster and approved staffing levels to support consumers’ care and service needs
* Management produce a vacant shift report each week to identify when and where shifts become vacant and those shifts which are not filled. Management reported this information enables them to monitor the roster. Review of the vacant shift report for April 2022 found that 97.3% of shifts were filled.
* A new call bell system has been installed enabling the service to monitor staff responses to consumers’ requests for assistance. Call bell data is reviewed by management and areas for improvement are identified. Review of call bell data for April 2022 identified that 1.7% of call were answered outside the service’s expectations of 10 minutes.

For the reasons detailed I am satisfied that the workforce is planned to ensure there are sufficient staff to deliver safe and quality care and services.

I find this requirement is compliant.

### 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.*

Consumers and representatives said management and staff have the appropriate knowledge and skills to ensure the delivery of safe, quality care and services.

Staff said the organisation’s induction and training program provided them with the skills and knowledge to perform their role. Care staff said they receive ‘buddy’ shifts during their orientation period. Staff said they are provided additional training and education through on-line learning modules and tool box talks.

Staff said they receive a handover prior to every shift and are briefed on all aspects of consumer care.

Management and staff demonstrated knowledge and skills in relation to the delivery of care and services in line with the Aged Care Quality Standards (Quality Standards). Management described how the Quality Standards are included in the orientation and induction process for all staff.

Staff who were new to the service described the orientation and onboarding process that supported them as they transitioned into their new roles.

Documentation reviewed by the Assessment Team demonstrated that staff attendance at training, including mandatory training is monitored and feedback received through complaints and quality monitoring processes informs the education and training program.

The service has taken action to address deficiencies identified under this requirement during the site audit in 2021. Actions include but are not limited to:

* The service provided an orientation to management staff when they commenced in their roles in; the staff reported the training was detailed, comprehensive and has enabled them to perform their roles and fulfil their responsibilities.
* At the time of the site audit, all staff had completed their mandatory training and education.
* The service has a dedicated Infection Prevention and Control Lead and relevant training has been completed; the designated staff member was able to outline their role and responsibilities in relation to this position.
* Management have enabled staff to attend education sessions with their position on the roster being replaced to ensure continuity of care for consumers.
* All staff now have phones to enable them to contact one another or seek support from management in line with their required duties.
* Education records demonstrated staff have received education on record keeping and progress note reporting with management reviewing clinical documentation on a daily basis.

For the reasons detailed I am satisfied that the workforce is trained and supported to deliver the outcomes required by the Quality Standards.

I find this requirement is compliant.

### 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 felt the service is well run and that they can partner in improving the delivery of care and services. They said they are consulted about consumers’ care needs and felt confident in raising any issues or concerns with staff and management.

Management described the various forums available to consumers and representatives to provide feedback including care plan reviews, complaints mechanisms, surveys, consumer meetings and the organisational website.

There are policies and procedures and a training program that promote a culture of safe, quality care and services and staff demonstrated a shared understanding of how they are involved in supporting the delivery of quality care.

Effective governance systems are in place in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The Assessment Team brought forward information demonstrating that staff receive an orientation and are supported in their roles, that there are processes to monitor compliance with legislation, that information provided to consumers supports decision making and that there was evidence of continuous improvement in care and service delivery.

There are processes to identify and assess risks to consumers’ health, safety and well-being and strategies developed to minimise those risks.

A clinical governance framework supports the delivery of safe, quality clinical care and includes participation by consumers and clinicians, staff education and training, risk management processes and information management.

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.*

The service has effective organisation wide governance systems and actions have been taken to improve performance under this requirement following the site audit in 2021.

The organisation has systems and procedures for implementing and managing open communication in accordance with the organisation’s mission and values. Staff confirmed they have access to the information they need to do their job and expressed satisfaction with the organisation’s information systems. Consumers and representatives said they have access to the information they need.

Improvements made in relation to information management include:

* All assessments and care plans have been reviewed and care plans are now being reviewed on a regular basis.
* Registered staff and care staff attend handover at the commencement of shifts to ensure staff have current information to deliver care and services.
* Management staff review consumers’ clinical documentation to ensure consumers are receiving appropriate care.
* Consumers and staff meetings are being recorded and are readily available to consumers and staff.

With respect to continuous improvement, the service seeks feedback from consumers and staff, incident data is analysed, and audits and surveys are conducted; improvement activities that have been identified are tracked through the plan for continuous improvement. The service provided examples of recent improvement initiatives including changes to laundry services, upgrading the internal courtyard and addressing the deficiencies identified during the site audit in 2021.

Improvements made in relation to continuous improvement include:

* The service has appointed a Quality Officer who has received education and training in relation to capturing feedback for improvements in line with the organisational improvement process. The Quality Officer prepares the monthly quality report which includes an evaluation of clinical data and incident management reports. Improvement initiatives are generated following this and the Assessment Team found evidence of this occurring.

Management explained the processes surrounding the development of the annual budget and described how expenditure is approved. The budget and related financial matters are discussed at Board meetings.

Staff have position descriptions to guide them in their work. A clinical governance framework outlines clinical staff’s responsibilities in relation to monitoring, review, evaluation and escalation of consumers’ care needs. There are processes to ensure there are sufficient skilled and trained staff to deliver care in accordance with the Quality Standards. Improvements made in relation to workforce governance have been captured under Standard 7 requirements.

The organisation tracks changes to aged care legislation and communicates changes to staff through policies, training, meetings, electronic mail and alerts. The Assessment Team found:

* Restrictive practices are used as a last resort and in accordance with the organisation’s policies and procedures.
* With respect to the Serious Incident Reporting Scheme, there are relevant policies, staff have received training and consolidated records are maintained.
* Records show staff are vaccinated for influenza and COVID-19 (with the exception of medical exemptions).
* Records demonstrated staff have a police certificate and there is a process that reminds staff when renewal is due.

Improvements made in relation to regulatory compliance include:

* All staff have received education and training in restrictive practices and interviews with registered staff confirmed that staff have a shared understanding of restrictive practices and the documentation required to support a consumer who has restrictive practices applied.
* The service’s Care Manager is the Infection Prevention and Control Lead and has completed the required training for this role.

The organisation has a feedback and complaints system that is supported by management. There are policies and procedures relevant to complaints management and the Assessment Team found complaints are used to improve the quality of care and services. Improvements made in relation to feedback and complaints have been captured under Standard 6.

For the reasons detailed I am satisfied that effective governance systems are in place.

I find this requirement is compliant.

### 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.*

A risk management framework is in place that formalises and communicates the management of risk.

Staff receive training in risk management procedures and demonstrated an understanding of how to apply those procedures when providing care. Elder abuse and the associated reporting processes are an element of staff education.

The service’s information management system identifies, assesses, responds and records all incidents and near misses. Staff know their roles and how to respond to incidents. The service provided evidence of its incident management system and demonstrated how incidents had been reviewed to identify opportunities for improvement and reduce the risk of a similar incident occurring again. Incident data feeds into the service’s plan for continuous improvement.

Assessment processes identify high impact and high prevalence risks to consumers with risk minimisation strategies reflected in care planning documentation.

The service has policies and procedures that support risk management including incident reporting.

The service has taken action to address deficiencies identified under this requirement during the site audit in 2021. Actions include but are not limited to:

* Staff have received education in relation to care plan reviews following an incident or a change in the consumer’s condition. Staff education records demonstrated this training had occurred and staff had a sound understanding of the process.
* Progress notes are now reviewed by management staff and follow up with staff occurs where necessary. The Assessment Team reviewed consumers’ progress notes and identified that appropriate actions occur following an incident.
* Monitoring processes have been established to ensure the organisation’s procedural requirements are being met with respect to documentation.
* At the time of the site audit all staff had received education and training in the Serious Incident Reporting Scheme.
* The service has a register of all reporting associated with the Serious Incident Reporting Scheme.
* The Quality Officer produces an incident management report for the clinical governance committee which identifies all incidents at the service including aggression, assault, falls and skin integrity. Interview with management staff demonstrated that they had a shared understanding of reporting requirements.

For the reasons detailed, I am satisfied that effective risk management systems and processes are in place.

I find this requirement is compliant.

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

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

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

The organisation has a documented clinical governance framework that includes documents, practices and tools that monitor how clinical risks are managed, compliance is achieved and care is delivered.

The organisation’s framework includes policies relating to anti-microbial stewardship, the use of restrictive practices and open disclosure. Management and staff have been trained in these policies and understand how they are applied practically to their work. All staff interviewed by the Assessment Team shared a common understanding of their role and responsibilities in relation to these aspects of the clinical governance framework.

Regular quality meetings are conducted and discussion includes for example; clinical risk, polypharmacy, clinical incident data, clinical care partnerships and audit results. Audit results for March 2022 found high levels of compliance in the following areas including consumer appearance, electrical safety in consumer rooms, medication charting and general safety in living areas.

The service has taken action to address deficiencies identified under this requirement during the site audit in 2021. Actions include but are not limited to:

* Relevant staff have received training in anti-microbial stewardship, minimising the use of restraint and open disclosure.
* Clinical oversight has improved as a result of a new staffing allocation and staff replacement process with the service having increased staffing levels to support the care and services for consumers.
* Clinical oversight is supported through the following mechanisms:
	+ The Quality Officer produces a monthly quality report which addresses quality indicators and risk management; a monthly incident management report is also produced.
	+ Management staff monitor progress notes each day and identified concerns are actioned by the Quality Officer and management staff.

For the reasons detailed, I am satisfied that a clinical governance framework is in place that addresses antimicrobial stewardship, restrictive practices and open disclosure.

I find this requirement is compliant.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.