Performance

Report

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| Name of service: | Nazareth House Geraldton |
| Service address: | 17 Crowtherton Street, BLUFF POINT GERALDTON WA 6530 |
| Commission ID: | 7831 |
| Approved provider: | Nazareth Care |
| Activity date: | 18 April 2023 to 20 April 2023 |
| Performance report date: | 22 May 2023 |

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 Nazareth House Geraldton (**the service**) has been prepared by K Richards, 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.

# 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 consumers, representatives, staff, management, and others; and
* the Performance Report dated 9 June 2021 for an Assessment Contact - Site undertaken on 11 May 2021;
* the Approved Provider did not submit a response to the Assessment Team’s report for the Site Audit.

# 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 | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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

# Standard 1

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| Consumer dignity and choice | |  |
| 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 said they are treated with dignity and respect, and staff know them well and understand what is important. Staff spoke respectfully about consumers, demonstrated familiarity with consumers’ personal histories and preferences, and described how this influenced the provision of care and services. Care plans and social and lifestyle assessments included information about consumer identity, culture and diversity.

Consumers and representatives said cultural backgrounds, including religious preferences, are respected and consumers feel safe. Staff demonstrated awareness of consumer backgrounds in line with documented cultural care needs. The Well-being coordinator said some consumers have complex social histories, with personalised strategies implemented to ensure each consumer feels safe. Staff undertake training on provision of safe and inclusive care and creation of a safe environment to accommodate consumer diversity.

Consumers said they feel supported to make decisions about their routine and daily activities, and are supported to maintain social connections. Staff said consumers are consulted on all decisions, including meals, activities and personal preferences, and described communication strategies for consumers unable to verbalise their choices. Consumers were observed spending time with other consumers, including during scheduled activities, or entertaining visitors in quiet rooms or the outdoor areas. Care plans identified who the consumer wanted to be involved in their care, including family members for decision making purposes.

Consumers said they made decisions about how they want to live their best life, including if this involves taking risks. Consumers said activities they undertake may have associated risk assessments undertaken, and were able to explain actions they were required to take as part of minimising risk of harm whilst undertaking the activities. Staff described the risk assessment process to support consumers to take risks, including discussion of the risks with the consumer and/or representative, and these are regularly reviewed as part of the care plan review process. The risk assessment forms are available within consumer care plans, outlining the risk, summary of discussion and agreed mitigating strategies.

Consumers said information is available to them to inform choices about personal and clinical care, food options and lifestyle activities. A handbook is provided to all consumers with information about the service. Representatives said they receive information in a timely and appropriate manner.

Consumers said they are confident the service effectively protects their privacy and confidentiality. Staff described actions to maintain confidentiality of consumers, including maintaining privacy during provision of care and ensuring conversations about consumers are not in public areas. Handover was observed to occur behind closed doors. Some consumers displayed ‘do not disturb’ signs on their doors, and staff were noted to respect the request.

For the reasons outlined above, I find all requirements of Standard 1 Consumer dignity and choice Compliant.

# 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 risks are discussed with them, and the service uses these to plan care to minimise those risks. Staff said they used assessments and risk tools to identify consumer risks and plan care. Documentation for sampled consumers included risk assessments and mitigating strategies, with key risks added to handover sheets under the heading ‘vital information’.

Consumers and representatives said they are asked about goals and preferences, including end of life wishes. Staff described ensuring consumers’ needs and preferences for care delivery is included in their care planning and assessments. Care files demonstrated consumers are consulted on needs, goals and preferences, and information captured in care planning. However, three consumers described specific goals relating to improving functional well-being, which were not captured in their care services plan. For one of the consumers, this impacted development of appropriate management program, whilst the other two consumers had programs developed by Allied health supportive of their verbalised goals. Following feedback, management initiated continuous improvement actions to ensure goals are documented in line with consumer wishes.

Consumers and representatives confirmed their involvement in assessment and planning of care, participating in meetings and have input into management strategies. Staff said they consult with consumers on who should be involved in care planning, and this is recorded in the care and services record to ensure involvement in care conferences. External providers can access progress notes, and outcomes of assessments are incorporated into care plans.

Sampled consumers and/or representatives confirmed they have seen or discussed the care plan and are satisfied with the communication about assessment and planning. Staff described care consultation meetings to discuss care plans are held annually and following incident or changes, with copies of care plans provided. Care documentation demonstrates discussion with consumers and representatives about assessment and planning.

Consumers and representatives said the service discusses care and needs on a regular basis, and following incident or change. Staff said care is discussed formally and informally with consumers and representatives to confirm strategies are effective. Sampled care files demonstrated risks were reassessed and strategies reviewed following incident. Most care plans had been reviewed and updated in line with the service’s process, however, two consumers with a diagnosis of diabetes had not had their care plan updated following change of frequency of monitoring, with management advising they will ensure all diabetes management plans are reviewed for currency.

For the reasons outlined above, I find all requirements of Standard 2 Ongoing assessment and planning with consumers Compliant.

# 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

The service was previously found to be Non-compliant in Requirement (3)(a) during an Assessment Contact conducted on 11 May 2021 in regard to wound management and monitoring, and monitoring of weights, pain and fluid intake charts. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, provision of education and review of related processes. Consumers and representatives said they are satisfied the care consumers receive is safe, effective, with consumers identifying how care is personalised to their preferences. Staff described actions of tailoring care to meet consumer needs whilst ensuring best practice process is applied. Documentation for consumers demonstrates effective provision of wound care, weight and nutrition monitoring, and pain management.

Consumers and representatives expressed satisfaction with management of risks associated with consumers’ health or care. Staff identified consumers considered to be ‘at risk’ and described mitigating strategies in line with care documentation. Care documentation sampled for consumers includes effective management of risks relating to falls, nutrition and weight loss, and prevention of pressure injuries.

Representatives and feedback records evidenced that family are supported to spend time with consumers nearing end of life, and consumers are kept comfortable with their dignity preserved. Staff described actions undertaken to manage the consumer comfort, and ensured consumer preferences for end of life care were adhered to. Documentation for a sampled consumer commenced on an end of life pathway included evidence of monitoring of pain, with responsive adjustments to medications for comfort.

Consumers and representatives said changes of condition are noticed and appropriately responded to. Staff described how deterioration is recognised and knew escalation processes for assessment and management, including to the Medical officer or hospital. Documentation demonstrated increased monitoring following changes of health, and appropriate actions to access treatment when required.

Consumers and representatives said staff are familiar with consumers and care needs and preferences. Staff said they receive the information they need to provide care, and the Medical officer said they are informed if a consumer’s condition changes. The verbal handover process was observed to include communication of changes to consumer condition, and where additional monitoring is being undertaken this is also communicated in writing. Where there is shared care, there is ongoing communication to ensure consumer needs are understood and met.

Effective processes ensure consumers are referred to other service providers, with consumers and representatives expressing satisfaction with referrals. Staff demonstrated familiarity with referral processes, including for Allied health professionals, Medical officers, and external organisations, including wound care specialists and mental health care teams. Management advised there is a lack of Allied health professionals in the area, which can cause a delay between referral and review, however, efforts are being made to manage this through sourcing additional service providers.

Consumers and representatives said they are satisfied with management of infection related risks. Staff detailed actions to reduce the risk of infection, including cleaning equipment and use of good hand hygiene, and the Infection control nurse provides education as needs arise. The Assessment Team observed some inconsistency in staff practices of wearing personal protective equipment, and in response to feedback, management implemented spot checks to identify and address individuals who are not wearing face masks correctly.

For the reasons outlined above, I find all requirements of Standard 3 Personal care and clinical care Compliant.

# 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 are satisfied supports and services for daily living optimised consumers’ independence whilst meeting their needs, goals and preferences. Staff demonstrated familiarity with consumer goals in line with care planning, and provided examples of improvements to consumers’ independence and quality of life through individualised therapy programs.

Consumers and representatives said staff provide support to maintain consumers’ psychological and emotional well-being, giving examples of how their needs were identified and managed. The service has a pastoral support team, with management identifying many consumers having strong religious faith, fundamental to their well-being, identified within the spiritual support plan. Staff were able to discuss activities undertaken to meet the emotional, spiritual and psychological needs of consumers.

Consumers and representatives described group and individual activities consumers enjoy participating in. The Well-being coordinator advised they are currently establishing a new well-being and lifestyle program, incorporating activities identified by consumers as being of interest. Consumers and staff described supports provided to maintain friendships and personal relationships in line with care planning.

Staff were familiar with consumers’ conditions, needs and preferences in line with care planning. Dietary information is communicated to kitchen staff, and care and clinical staff said they receive information through care planning and daily handover meetings. Changes to service and support needs following Allied health assessment are incorporated into care planning and progress notes. However, not all lifestyle assessments had been incorporated into the electronic care records, resulting in consumer activity preferences not being visible in activity care plans, with management advising they would ensure this is remedied.

Timely referrals for services and supports were made to individuals and other providers, such as Allied health staff, mental health professionals and dementia specialists. Outcomes of these reviews are included in progress notes and incorporated in care planning. Management described challenges in accessing some Allied health services in a timely manner due to the rural location, and this had led to the need to prioritise visits, however, management identified efforts being made to manage this through sourcing additional service providers.

The majority of consumers were satisfied meals are varied and of suitable quality and quantity, although some consumers believed improvements could be made. One consumer said they had complained about the food, and the Chef had spoken with them and developed an individual menu of meals they are satisfied with. The service has a seasonal menu, rotating every four weeks, which has been reviewed by a Dietitian to ensure nutritional content is appropriate. Meals served were observed to be in line with documented dietary requirements, including texture modified diets. Staff advised they provide feedback on consumer satisfaction with meals, and some staff reported sampling the modified texture food as they wanted to understand to better support consumers.

Consumers said they were satisfied with equipment provided to support them on daily basis, giving example on how the equipment was personalised to their needs. Personal equipment was observed to be clean and in working order, and monitoring records demonstrated maintenance and review was undertaken regularly for safety.

For the reasons outlined above, I find all requirements of Standard 4 Services and supports for daily living Compliant.

# 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 described the service as welcoming, homely and comfortable. The layout comprises of four distinct wings, each having communal areas, a dining room, and quiet areas with views over courtyard gardens or towards the sea. Management explained refurbishment being undertaken, with one consumer describing the renovations as ‘impressive’. Wayfinding guidance was available through displayed maps and identification signs.

Consumers and representatives expressed satisfaction with the service environment, and consumers were observed mobilising throughout the service, including outdoor areas. There is access to external courtyard and garden areas from the memory support area and other secured areas. However, when doors were secured, consumers were unable or unaware of the process to open the door, did not have access to the remainder of the service, including the chapel, other wings and main entrance. Management advised they would review the processes on securing these areas. Management advised a recent council inspection identified issues on cleaning of floor in the kitchen due to damage, with current renovations, including actions to rectify this.

Consumers and representatives were satisfied with furniture and fittings, with options for sitting indoors and outside, and comfortable beds. Staff said there is sufficient equipment to perform their work, and management provided evidence of recent purchases of equipment in response to staff feedback and environmental audits. The service has a schedule for regular maintenance and processes to report and respond to identified issues.

For the reasons outlined above, I find all requirements of Standard 5 Organisation’s service environment Compliant.

# 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 know how to provide feedback and feel supported to make complaints, providing examples and staff response. Staff said they receive training on feedback and complaints, and can support consumers to raise concerns through written and verbal methods. Management advised all feedback is encouraged, and they promote a culture of openness, transparency and fairness, with options to manage and maintain confidentiality if requested or needed. The complaints and feedback register includes issues described by consumers, and responsive actions were observed to be supportive of concerns.

Consumers and representatives said although they had not required use of external complaint options, they were aware of the opportunity through information in the handbook and displayed on posters on walls. Staff said whilst no current consumers needed interpreters, they can access language services if required. Management said they ensure there is communication support for consumers impacted by sensory impairments, speech deficits and cognitive decline.

Consumers providing examples of lodging feedback or complaints said they had been satisfied with the service’s response and follow up. Management advised staff are provided education on complaints management, including responding positively and ensuring actions are promptly undertaken. Documentation on complaints demonstrate use of open disclosure through acknowledgement of concern, expression of regret, investigation and explanation provided in response to complaints. Management advised where complaints cannot be satisfactorily resolved, there are escalation processes to the governance team for management.

Consumers, representatives and staff said complaints are addressed in Resident meetings and staff meetings, and actions, plans and outcomes are discussed. Management described use of feedback to improve care and services, and items can be added to the continuous improvement plan. Audits and surveys are used to monitor consumer and representative satisfaction, and analysis of results is used to identify and undertake improvement actions.

For the reasons outlined above, I find all requirements of Standard 6 Feedback and complaints Compliant.

# 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. | Compliant |

Findings

Consumers, representatives and staff provided feedback reflecting sufficient staffing to meet consumer needs in a timely manner. Management described current processes to maintain the workforce and cover planned leave were effective and they did not require use of agency staff, and staff described improvements made to ensure there is coverage for unplanned leave. Call bell reports are monitored weekly, and management described responsive actions if there were issues identified with delays.

Consumers and representatives described staff as kind, caring, respectful and familiar with consumer needs. Staff were observed interacting with consumers with kindness and respect, and demonstrated familiarity with consumers. Management advised they monitor satisfaction with staff interaction and experiences through surveys, audits, feedback and direct observations.

Consumers said staff are knowledgeable and ‘do a good job’. Staff said they regularly participate in training. Documentation showed the service has processes to provide training and monitors staff members’ qualifications and competencies. Management followed processes to ensure staff undertook mandatory training and competency assessments, and monitoring processes ensured health professionals held current professional registration.

Consumers and representatives said staff were well trained, and staff described training provided to ensure delivery of safe and effective care. Staff and representatives described improvements in staffing and training within the past year, with management describing focus on recruiting and successfully retaining staff. Mandatory training is run every second month, and the service’s education calendar demonstrates ongoing education opportunities are available to staff.

Performance appraisals are conducted after six months for new staff, and every two years thereafter, and documentation confirmed none were overdue. Staff confirmed they had undertaken reviews in line with the policy, and advised the process includes identifying and supporting education and development goals. Where staff are not meeting expectations, there is an organisational performance management process, with management supported by the human resource department to investigate and take responsive action.

For the reasons outlined above, I find all requirements of Standard 7 Human resources Compliant.

# 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. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers and representatives interviewed described how they provide feedback through conversations with staff and management, feedback forms, and participating in surveys and Resident meetings. Meeting minutes include encouragement to provide feedback into the quality of care and services, and consumers are contributing to changes in living environment and meals. Consumer engagement is recognised and supported through the Governance Resident Engagement policy.

The service has policies, processes and systems to ensure delivery of quality care, with information, including quality indicators monitored, analysed and reported for review by Board. The service submits a monthly report identifying key clinical risks for consumers. Staff are provided training on inclusive care in line with policies and procedures on culturally safe care.

The service demonstrated there are effective governance systems, including processes for feedback and complaints, continuous improvement and workforce governance. Financial governance processes include formation of an annual budget with monitoring, and management described processes for approving extraordinary funding for necessary equipment. Regulatory obligations are monitored by the organisation, and ensuing changes to policies and procedures are communicated to staff through meetings, memoranda and education. Staff have access to relevant and up-to-date information to support them perform their roles, including consumer care files and policies and procedures.

The service has an effective risk management framework, informed by policies, and incidents and emerging risks are reported and monitored within a number of meetings, including risk management, clinical governance, quality and regional governance. The service identifies trending and emerging risks and effective management processes through data analysis of benchmarking reports and internal audits. Staff receive education on Serious Incident Response Scheme, elder abuse and neglect, and risk management. Evidence of investigation and response to incidents was captured within the incident management system. Consumers are supported to live the best life they and are empowered to exercise choice, with education provided within the Resident information handbook and staff educated on dignity of risk.

An effective clinical governance framework was evident through policies, procedures, with analysis and reporting of trends. Infections and antibiotic use are monitored through the incident management system and the service has worked with Medical officers and the Pharmacist to ensure antibiotics are prescribed appropriately in line with antimicrobial stewardship principles. An audit of chemical restraint undertaken in September 2022 showed discrepancies in identifying use of psychotropic medications for changed behaviours, with actions taken to ensure legislative requirements were met and/or use minimised. The service follows the Australian open disclosure framework when responding to incidents or complaints.

For the reasons outlined above, I find all requirements of Standard 8 Organisational governance Compliant.

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