Performance

Report

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| Name of service: | Northern Gardens Aged Care |
| Service address: | 827-867 Sydney Road COBURG NORTH VIC 3058 |
| Commission ID: | 3746 |
| Approved provider: | Aged Care Group Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 24 July 2023 to 26 July 2023 |
| Performance report date: | 1 September 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 Northern Gardens Aged Care (**the service**) has been prepared by J. Miaris, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives and others.
* the provider’s response to the assessment team’s report received 23 August 2023.

# 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

This Quality Standard is Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers and representatives said consumers were treated with dignity and respect and were valued as an individual. Staff spoke about consumers in a respectful manner, and demonstrated familiarity with consumers’ backgrounds, life stories, and preferences consistent with care planning documentation. Staff were observed to respectfully interact with consumers.

Consumers and representatives said the service recognised and respected consumers’ cultural backgrounds and provided care in line with their cultural preferences. Staff demonstrated knowledge of consumers cultural backgrounds and described how they delivered culturally safe care and services, consistent with care planning documentation.

Consumers said their choices were supported by staff. Care planning documentation identified consumers choices, including how care and services should be delivered and who should be involved, including how consumers were supported to maintain relationships. Management and staff described how they supported consumers to exercise choice and independence, communicate decisions, and maintain relationships.

Consumers described how they were supported to do things with an element of risk, to live life on their terms. Staff were aware of the risks associated with consumers decisions, needs, and preferences and described how they supported consumers. Management and staff explained how consumers and others involved in their care were consulted about risks to ensure consumers can make informed decisions, with assessments completed to identify and implement risk mitigation strategies. Care planning documentation evidenced consumers were supported to take risks, with strategies in place.

Consumers and representatives said they were provided information on a regular basis, such as through printed information and direct communication from staff. Management and staff described how they communicated information to consumers in a current, accurate, and timely manner, including consumers with communication considerations. Information was observed throughout the service environment to assist consumers in making decisions, that were available in different languages.

Consumers said they felt the service was considerate of their privacy and did not express any concerns about the confidentiality of their personal information. Management and staff could describe the practical ways they respect the personal privacy of consumers at the service, for example staff always knock and introduce themselves before entering consumers’ rooms and doors are kept closed when personal care is provided, which was observed. The service had a privacy policy that described consumers’ rights to privacy and dignity and outlines the types of personal information collected and held by the service.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives said consumers receive the care and services they need, and they are involved and have a say in the care planning process. Staff described the care planning process, including how they consider risks for individual consumers, which informs the delivery of safe and effective care and services to consumers. Care planning documentation evidenced consideration of individual risks that influence delivery of care and services.

Care planning documentation identifies and addresses consumers' current needs, goals, and preferences, including advance care planning and end of life planning if the consumer wishes. Consumers’ representatives said assessment and planning identified and addressed the consumer’s current preferences and end of life wishes. Staff described how the service ensures that assessment and planning reflect consumers' current preferences and how they approach conversations around end of life care planning.

Care planning documentation demonstrated that assessment and planning of care is done in partnership with consumers, and with others whom the consumers wish to have involved, with regular care plan evaluations reviewed in line with the service’s policies and procedures. Staff described how the service partners with other health professionals in the assessment and planning of each consumer’s care.

Care planning documentation evidenced, that the outcomes of assessment and planning were communicated to consumers, representatives, and others involved in consumer care. Consumers and representatives said they have access to a copy of the consumer’s care plan and described how staff communicated the outcomes of assessment and planning, and they receive regular updates regarding any changes. Staff described their roles and responsibilities in communicating outcomes of assessment and planning to consumers and their representatives.

Care planning documentation evidenced regular 3-monthly reviews for continued effectiveness, when circumstances changed, or when incidents occurred which impacted on the needs, goals, or preferences of the consumer. Consumers and representatives said care and services were reviewed regularly and when changes occur. Management and staff described how care plans were reviewed regularly and when there are changes or when incidents occur, in line with the service’s policy.

# 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

This Quality Standard is Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives said consumers received safe, effective personal and clinical care that was best practice, tailored to consumers’ needs, and optimised health and well-being. Staff explained how they provided safe, quality care to meet the needs of consumers. Care planning documentation reflected consumers received safe, effective, tailored care in line with consumers’ needs and preferences. Policies and procedures were in place to guide the delivery of best practice care. The Assessment Team identified care documentation had noted regular pain medication with an indication for agitation. This feedback was raised with staff, who clarified the pain medication was intended to manage pain as evidenced in care documentation, which was administered for severe pain not the use of a chemical restraint. For consumers subject to restrictive practices in relation to chemical restraint, care planning documents included restraint authorisation, informed consent, and a behaviour support plan.

Management and staff identified high impact, high prevalence risks at the service associated with the care of consumers, and described the ways they identified, managed, and monitored risks, in relation to falls staff said risks were managed through assessment and consultation processes, and implementation of safety measures such as crash mats, call bell pendants, and performing frequent visual checks. Care planning documentation evidenced high impact, high prevalence risks were identified, monitored and had risk mitigation strategies implemented, which was consistent with staff feedback. Consumers and representatives expressed satisfaction with how risks were managed by the service.

Staff explained how the delivery of care and services changed for consumers nearing end of life and ways they supported consumers dignity and comfort, which include providing emotional support, pain management and attending to consumers’ personal care. Care planning documentation evidenced the consumers received end of life care in accordance with their directives. Feedback from a representatives expressed satisfaction with the delivery of end of life care, and advised staff were caring and supported the consumer’s comfort. The service had policies in place to guide staff to deliver palliative care.

Consumers and representatives said the service responded to deterioration or changes in consumers’ condition in a timely manner and kept them informed of planned management strategies. Staff explained how they recognised and responded to deterioration or changes in consumers condition, such as recognising changes in behaviour, completing assessments and referrals. Care planning documentation evidenced deterioration or changes in consumers were recognised and responded to in a timely manner.

Staff described how they communicated information about consumers care and services within the service and with others responsible for care, through verbal and documented processes, such as staff meetings, referrals, and progress notes. Observations and documentation evidenced communication was documented and shared within the service, and with others to guide the delivery of care and services for consumers.

Care planning documentation evidenced the involvement of allied health and other providers of care. Consumers and representatives said referrals were timely and appropriate, and described how they had access to a range of other organisations and health professionals. Management and staff described how other organisations and providers of care and services were utilised to supplement the care delivered at the service to ensure quality outcomes for each consumer.

Staff demonstrated an understanding of ways to minimise infection related risks and practices to promote appropriate antibiotic prescribing. Staff were guided by policies and procedures in the minimisation of infection related risks. An infection prevention and control lead maintained oversight of the implementation of infection prevention and control protocols and ongoing education and feedback provided to staff. Staff were observed following infection prevention and control protocols, and consumers and representatives said they were satisfied with how the service minimised infection related risks.

# 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

This Quality Standard is Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives considered consumers participated in activities of interest to them and were provided appropriate support to optimise their independence and quality of life. Staff explained how they partnered with consumers in assessment and care planning processes, to identify ways to support their lifestyle preferences, needs, and interests. Staff demonstrated knowledge of what was important to consumers and described ways they provided safe, effective services and support, which was reflected in care planning documentation.

Consumers said their emotional, spiritual, and psychological needs were supported. Staff described ways they supported consumers well-being and spiritual needs, such as supporting consumers to access religious services and providing emotional support. Management and staff said there was a dedicated area of the service to support consumers in observing their religious and spiritual practices. Care planning documentation included information about consumers’ social, emotional, spiritual needs and preferences.

Consumers and representatives said consumers were supported to participate in activities within and outside the service, stay connected with people important to them, and do things of interest to them. Staff explained how they supported consumers social and community participation, such as facilitating outings into the community. Care planning documentation included information about consumers community and social participation, and interests, consistent with feedback from consumers, representatives, and staff.

Consumers and representatives considered information about consumers was effectively communicated within the service and with others responsible for care. Management and staff described ways they shared information about consumers, via shift handovers, and updating care documentation. Care planning documentation contained adequate information to support the delivery of safe, effective care for daily living.

Consumers said, and care planning documentation evidenced timely and appropriate referrals were completed, to supplement lifestyle offerings at the service. Management and staff explained the referral processes in place, and described the other individuals, organisations, and providers of care and services consumers had access to.

Consumers said meals were of a varied, suitable quality and quantity, and said they were able to request alternative meals upon request. Staff said that that they regularly seek feedback from consumers on meals that they like or dislike to ensure they cater accordingly.

Consumers advised they had access to equipment to assist them with daily living activities. Staff explained the processes in place to maintain the safety and cleanliness of equipment. Equipment used for daily living activities was observed to be well maintained and clean.

# 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

This Quality Standard is Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers and representatives said, they find the service’s environment to be welcoming and easy to understand. Management was able to describe aspects of the service that helped consumers feel welcome and optimise each consumer’s sense of belonging and ease of navigation. The Assessment Team observed dementia-friendly design principles throughout the memory support unit, including navigational aids for consumers and consumers’ rooms were personalised.

Consumers and representatives said the service environment is safe, clean, and well-maintained and allows consumers to move around freely independently or with staff assistance. Staff described the process for cleaning, documenting, reporting, and how maintenance is managed at the service. The Assessment Team observed various consumers moving independently between the multi-level floors, utilising the elevator and consumers accessing the outdoor courtyard and garden areas. However, the front entrance at the service was observed to have 2 keypad coded doors, with no access codes displayed. Management advised that there are only 2 consumers that were provided with keypad codes to leave the service independently, and the remaining consumers had limited cognitive or physical capacity and required staff assistance or needed to be accompanied when leaving the service. Consumers and representatives did not express any concerns about the keypad coded doors at the front entrance.

Consumers and representatives said that equipment, furniture and fittings were cleaned and maintained regularly. Staff described their role and the processes for cleaning and maintaining personal equipment for each consumer. Staff explained how the service conducts regular visual observations and environmental audits to ensure that furniture, fittings, and equipment are safe, clean, well maintained, with a preventative maintenance schedule in place.

# 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

This Quality Standard is Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers said they were encouraged to provide feedback or make a complaint, and described how they would do so, such as through consumer meetings. Management and staff explained ways consumers were supported and encouraged to provide feedback and complaints, for example, through the service’s feedback form, and directly to staff.

Consumers said they were comfortable raising concerns within the service and they were aware of, and have access to advocates, language services and other methods for raising complaints. Management described the advocacy services available to consumers and information brochures were available to staff and consumers. Information was observed throughout the service environment to support consumers in understanding their feedback and complaints options, including access to external complaints resolution pathways.

Consumers and representatives said the service responded to and resolved their complaints, and took appropriate action when things went wrong. Management and staff demonstrated knowledge of the principles of open disclosure, such as providing an apology. Documentation evidenced complaints, or when things went wrong, were acknowledged by the service, with open communication and steps taken to resolve concerns.

Consumers advised their feedback was used to improve care and services, as evidenced in documentation. Management explained the process in place to review feedback and complaints, to inform improvements to care and described changes made at the service in response to consumer feedback. Documentation reflected the various ways the service captured feedback and complaints and how data is used to inform improvements and the service had systems and processes in place for receiving, monitoring, and resolving feedback from consumers and representatives.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

This Quality Standard is Compliant as 5 of the 5 Requirements have been assessed as Compliant.

The Assessment Team recommended Requirement 7(3)(d) and Requirement 7(3)(e) as not met. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report and the provider’s response and my findings are:

Regarding Requirement 7(3)(d), I have considered the following as relevant. The Site Audit report found the service did not demonstrate mandatory training was undertaken in relation to incident reporting requirements for the Serious Incident Response Scheme (SIRS) and environmental restrictive practice, noting deficiencies in staff knowledge and application. The service was unable to demonstrate the training system sufficiently monitored training completion rates.

The Approved Provider’s response provided clarifying information which suitably addressed the deficits in staff knowledge and application. The response acknowledged deficiencies in identifying the level of training completion rates, however, advised the matter was raised as an ongoing continuous improvement item before the Site Audit. The service has since provided additional training about SIRS and restrictive practices and advised a new training and education system will be implemented to improve monitoring and oversite of all training. I acknowledge the discrepancies in training completion rates. However, I have noted there was no consumer impact identified and staff demonstrated a general understanding of how to report incidents and knowledge about restrictive practices, and place emphasis on the continuous improvement activities initiated. Therefore, based on the evidence before me, I find Requirement 7(3)(d) compliant.

Regarding 7(3)(e) I have considered the following as relevant. The Site Audit report raised deficiencies in the monitoring of staff appraisal dates, and low completion rate. I have placed emphasis on evidence presented in the Site Audit report, which demonstrated staff were performance managed, and note staff said they had a performance review within the last 12 months. The Approved Provider’s response acknowledged this deficit and provided clarifying information about the reasons for the staff appraisal completion rates and advised that a continuous improvement activity to upgrade human resource processes was ongoing prior to the Site Audit, which will improve administrative efficiency and data maintenance, including compliance rates. I have noted there was no consumer impact identified, and place emphasis on the continuous improvement activities initiated. Therefore, based on the evidence before me, I find Requirement 7(3)(e) compliant.

I am satisfied the remaining 3 requirements in Quality Standard 7 are compliant.

Consumers and representatives considered there were sufficient staff available to deliver care and services. Management explained the workforce planning and management processes in place, including monitoring call bell response times and considering consumer numbers and care needs when completing the staff roster. Documentation evidenced the service planned and reviewed staffing levels to meet consumer needs and staff were observed responding to consumers calls for assistance in a timely manner.

Consumers and representatives said staff interacted with consumers in a kind, caring, and respectful manner. Staff were observed interacting with consumers referring to consumers by their names and demonstrating knowledge of their individual needs and identity. The service had a diversity and inclusion policy in place that stated a commitment to providing culturally safe care.

Consumers and representatives considered staff were appropriately skilled and competent to perform their duties effectively to meet consumers care needs. Staff said the training provided to them equipped them with the knowledge to deliver care and services for consumers. Management described the induction and orientation process where management ensure new staff receive the necessary information and training to conduct their role, including buddy shifts. Documentation reflected position descriptions included the competencies and qualifications required for each role and staff had current registrations required for their respective role.

# 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

This Quality Standard is Compliant as 5 of the 5 Requirements have been assessed as Compliant.

The Assessment Team recommended Requirement 8(3)(c) as not met. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report and the provider’s response and my findings are:

Regarding Requirement 8(3)(c), I have considered the following as relevant. The Site Audit report found the service had not met regulatory compliance requirements for environmental restrictive practice. Documentation did not clearly evidence whether informed consent was obtained for environmental restrictive practice and discrepancies were identified in relation to chemical restraint documentation.

The Approved Provider’s response provided clarifying information in relation to the capacity of the consumer cohort, and the use of pin code access at the front entrance of the service. The response acknowledged feedback in relation to the discrepancies of documentation of informed consent. However, confirmed as per the Site Audit report, consumers are assisted by staff, representatives were aware of the use of environmental restraint, with consumers and representatives expressing no concerns about its use, and an overarching policy supported the management of restrictive practices. In addition, the response clarified risk assessments in relation to the environment were in place at the time of the site audit. The response provided updated documentation that reflected completed risk assessment forms, which clearly articulated what environmental restraint was in relation to the service environment and included relevant information demonstrating informed consent, with consumers and representatives consulted about environmental restraint. Staff have been provided further training about restrictive practices and evidenced the pin code is displayed and available for consumers.

The response acknowledged documentation discrepancies in relation to chemical restraint. Updated documentation provided clarifying information about the intended use of psychotropic medication, and it’s intended use for individual consumers. Regarding the deficits identified with documentation and records management, the service will be implementing a new medication and documentation system, as evidenced on the continuous improvement planned actions. I have placed emphasis on the clarifying information provided, risk assessments completed, supporting policy, and note there was no consumer impact identified. In addition, consumers and representatives were aware of restrictive practices, and had raised no concerns. Based on the balance of evidence before me, I find Requirement 8(3)(c) compliant.

I am satisfied the remaining 4 requirements in Quality Standard 8 are compliant.

Consumers reflected they were supported to provide feedback about care and services. Management described the mechanisms in place to support consumers in the development, delivery, and evaluation of care and services such as consumer and representative meetings, feedback forms, food focus groups, surveys, and care plan reviews. Documentation evidenced consumers were involved in feedback and evaluation processes.

Management explained the governing body was accountable for the delivery of safe, quality care and services through various mechanisms such as a clear organisational structure, audits, and reviewing consolidated reports to identify trends and improvements. Management provided examples of changes made within the service driven by the governing body.

Policies and procedures were in place to support the effective management of high impact, high prevalence risks, identifying and responding to abuse and neglect, supporting consumers to live the best life they can, managing and preventing incidents. Staff explained how they would identify, respond to, and manage risks. The service’s incident management system demonstrated reportable incidents were referred to SIRS.

The clinical governance framework was supported by policies and guidelines relating to antimicrobial stewardship, minimising the use of restraint, and open disclosure. Staff demonstrated knowledge of the policies, and provided examples of how they implemented the policies in practice. Management explained the overarching mechanisms in place to monitor and support the delivery of clinical care, such as reviewing antimicrobial stewardship at clinical governance and medical advisory meetings.

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)