Performance

Report

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| Name: | Rosalie Nursing Care Centre |
| Commission ID: | 5802 |
| Address: | 18 Howard Street, ROSALIE, Queensland, 4064 |
| Activity type: | Site Audit |
| Activity date: | 12 December 2023 to 14 December 2023 |
| Performance report date: | 22 January 2024 |
| Service included in this assessment: | Provider: 1308 Alzheimer's Association of Queensland Inc  Service: 3776 Rosalie Nursing Care Centre |

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 Rosalie Nursing Care Centre (**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.

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 report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management, and others.
* the Approved Provider’s response to the assessment team’s report received 11 January 2024.

# 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 considered they were valued as individuals. Management and staff explained how assessment and planning processes captured information about consumers’ life story and ways to appropriately support consumers in a manner respectful to their identity, culture, and diversity. Care planning documentation contained personalised information about consumers’ identity, culture, and diversity.

Consumers and representatives described how consumers’ cultural background was supported through care and services, such as support to attend spiritual ceremonies. Staff explained how they delivered culturally safe care and services, consistent with consumer and representative feedback. A policy was in place which outlined the service’s commitment to cultural inclusion, diversity, and safety.

Consumers and representatives said consumers were supported to make and communicate decisions about care and services and maintain relationships of choice. Staff described how they supported consumers to make decisions, including who should be involved in their care. A policy and procedure was available to guide staff in supporting consumers to exercise choice and independence.

Management advised consumers were supported to be independent and do things with an element of risk through assessment and risk consultation processes, conducted in partnership with the consumer and others involved in their care. Care planning documentation demonstrated risks associated with consumers’ choices were considered, and included risk mitigation strategies.

Consumers said information was provided in an accurate, timely, and easy to understand manner, in line with their preferences. Management and staff described how they communicated information to help consumers make choices, adapting communication styles to meet consumer needs. For example, staff said they used translated flashcards to communicate with consumers in their preferred language. Information was observed to be accessible for consumers throughout the service environment.

Consumers considered their privacy was respected, and staff described how they upheld consumers’ privacy, such as obtaining consent before entering consumer rooms. Management and staff explained how they maintained the confidentiality of consumers’ personal information and were observed following this in practice.

# 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.

Management and staff described how assessment and planning processes considered risks to consumers’ health and well-being, to inform the delivery of safe and effective care and services. For example, staff were guided by an admission checklist which outlined required assessments and charting to be completed to inform care and services plans. Care planning documentation identified risks associated with consumers’ health and well-being, and included risk mitigation strategies.

Consumers and representatives said, and care planning documentation demonstrated, consumers’ current needs, goals, and preferences, including advance care planning was identified and addressed. Staff described how they considered consumers’ current needs, goals, and preferences during assessment and planning processes, and discussed end of life care directives with consumers and representatives if they wished to do so.

Consumers and representatives said they were regularly involved in the assessment, planning, and review of consumers’ care and services, and described others involved in this process, such as allied health professionals and specialists. Staff explained how they collaborated with consumers and others in ongoing assessment and planning processes, and care planning documentation demonstrated this involvement.

Consumers and representatives advised they informed of care plan review outcomes and staff explained information in a easy to understand manner. In addition, consumers and representatives said they either had a copy of the care plan, or knew how to access it. Management and staff descried how they communicated the outcomes of assessment and planning with consumers and others involved in their care, such as through face-to-face communication, telephone calls, email correspondence, memorandums, and shift handovers.

Management and staff advised consumers’ needs, goals, and preferences were reviewed on a 3 monthly basis or when there was a change in circumstance, to ensure care and services were effectively supporting consumers. Consumers and representatives said, and care planning documentation demonstrated, care and services were regularly reviewed for effectiveness, including when circumstances changed or incidents occurred.

# 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 personal and clinical care that was safe and met their individual needs and preferences. Staff described how they provided safe, quality care, and demonstrated knowledge of consumers’ needs. Overall, documentation demonstrated consumers received individualised care that was safe, effective, and tailored to the specific needs and preferences of consumers. However, the Assessment Team brought forward evidence relating to use of psychotropic medication administered in response to a named consumer’s ‘agitation’ with concerns this was not identified as use of chemical restraint. I have insufficient information before me to determine whether this medication was or was not used as chemical restraint. Progress notes and handover documentation refer to administration of the medication for ‘agitation’, which would suggest evidence of changed behaviour, however, the Approved Provider submitted a response stating the consumer has a known and long-standing mental health diagnosis, and the psychotropic medication was administered as treatment for symptoms of this condition if and as required The Assessment Team identified a restraint authorisation form had been completed, and the consumer had a behaviour support plan identifying use of one of 2 prescribed psychotropic medications within strategies. I have also considered the advice provided to staff to monitor for effectiveness. Whilst I do not find evidence before me represents non-compliance, I would strongly recommend the Approved Provider ensures assessment and planning outcomes inform how staff differentiate between a symptom of the consumer’s mental health condition and a changed behaviour to ensure correct medication is selected by clinical staff. I would also encourage the Approved Provider to consider ensuring documentation captures objective details of the consumer’s state prior to administration of the psychotropic medication to enable better identification of the underlying reason for use.

Management and staff identified high impact and high prevalence risks associated with the care of consumers and described risk mitigation strategies in place to manage these risks consistent with strategies in care planning documentation. Representatives expressed satisfaction with the service’s management of known consumer risks, such as weight loss. Monitoring processes were used to identify and trigger actions for emerging risks for consumers, including involvement of specialist providers.

Staff described how the delivery of care and services changed for consumers nearing end of life and ways they supported consumers’ comfort and dignity. For example, staff explained how they monitored consumers’ pain management and involved others in consumer care in line with expressed wishes, such as religious clergy. A procedure was in place to guide the delivery of end of life care.

Consumers said, and care planning documentation demonstrated, deterioration or changes in consumers were recognised and responded to in a timely manner. Staff described how they identified signs of deterioration or changes in consumers. Management and staff explained he processes in place to monitor and responded to deterioration or changes in consumers and had access to policies and procedures to ensure physical and/or psychological deterioration is recognised and responded to.

Staff described how they shared information about consumers within the organisation and with others responsible for care, such as through shift handover processes, completing referrals, and updating care planning documentation. Documentation reflected information about consumers was accessible, and shared with others as appropriate.

Consumers and representatives reflected referrals were completed in a timely and appropriate manner, and management and staff described the processes in place to complete referrals. Policies and procedures were available to staff to guide them in the appropriate referral for other providers of care and services, such as the allied health providers and specialists. Care planning documentation demonstrated referrals were timely and appropriate to consumer need.

Management explained how the service implemented standard and transmission-based precautions to prevent and control infections. For example, an outbreak management plan was implemented during an infectious outbreak, which had mechanisms such as isolation and cleaning protocols, and maintaining oversight of personal protective equipment stock. Management and staff advised assessments were completed to determine to the appropriateness of antibiotic use for consumers. Staff were observed following infection prevention and control protocols, such as washing hands regularly and hand sanitisers.

# 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 said consumers had access to services and supports which met their needs, goals, and preferences, and enhanced their quality of life. Management and staff explained assessment processes identified consumers’ preferences, interests, social, emotional, cultural, and spiritual needs, and helped inform the delivery of appropriate services and supports for consumers. Care planning documentation included strategies of supports appropriate for consumers’ goals, interests, and needs.

Consumers and representatives said consumers’ emotional, spiritual, and psychological well-being was supported in various ways, such as access to church services and providing extra support when feeling low. Management and staff demonstrated knowledge of consumers’ emotional, spiritual, and psychological needs and described how they supported this, consistent with consumer feedback and documented strategies in care planning documentation.

Consumers and representatives gave examples of consumers were supported to participate within and outside the service, keep in touch with people important to them, and do things of interest. Staff described how they supported consumers’ social and community participation, relationships, and interests. Care planning documentation evidenced consumers had access to various services and supports to assist their social and community participation, relationships, and interests.

Consumers considered information about their condition, needs, and preferences was communicated within the organisation and with others responsible for their care. Management and staff in various roles described how they communicated information about consumers with others, for example, kitchen staff said they were updated with changes to consumer dietary needs through handover. Information was observed to be accessible to staff as appropriate to support the delivery of care and services.

Management and staff described how they collaborated with consumers and representatives to identify and seek consent for referrals to other organisations, services, or individuals to supplement services and support offerings. Management and staff described the external services available for consumers to support their daily living and lifestyle needs, for example, community services, volunteers, and a music therapist. Care planning documentation evidenced timely referrals were completed.

Consumers and representatives considered meals were of satisfactory quality and quantity, with different options available. Staff said consumer feedback was incorporated into development of the menu, and consumers had options to provide input about meals directly to staff and through food focus groups. Staff described how they supported consumers dietary requirements and needs, for example, using separate equipment and preparation areas to support the cultural practices of a Halal diet. The menu included different options for consumers, and reflected that alternative meal requests could be arranged upon request.

Consumers and staff advised they access to sufficient and appropriate equipment for personal care, and described cleaning, monitoring, and maintenance processes to ensure suitability and safety. Personal care equipment and items used in lifestyle activities were observed to be suitable, clean, and in good condition.

# 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 reflected that the service environment was welcoming, clean, and well maintained. Management and staff described how they supported consumers to feel at home in the service, such as encouraging consumers to personalise their rooms, and encouraging feedback and suggestions about the service environment. The service environment was observed to be welcoming, with sufficient lighting, handrails and clear signage to assist with navigation. Consumer rooms were observed to be personalised, consistent with feedback.

Management and staff described the processes and systems in place to maintain the safety and cleanliness of the service environment, such as following a cleaning schedule, conducting preventative maintenance, and prioritising reactive maintenance requests in order of risk. Documentation demonstrated preventive and reactive maintenance activities were up to date. Consumers said, and observations demonstrated, consumers were able to freely move both indoors and outdoors.

Consumers and representatives considered furniture, fittings, and equipment were safe, clean, and well maintained. Management described the maintenance and cleaning processes and systems in place for furniture, fittings, and equipment. For example, management said the call bell system was audited on a weekly basis and any maintenance required was logged in the maintenance book. Consumers were observed using a range of equipment and furniture, such as comfort chairs and wheelchairs that were clean and in good condition. In addition, fittings and other furnishing, such as sensor mats and call bells were observed to clean and well maintained.

# 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 and representatives described how they were encouraged and supported to provide feedback and complaints, for example, by lodging feedback forms through the service’s secured feedback boxes. In addition, management and staff described other ways consumers were supported to provide feedback or make a complaint, such as though meetings. Information was observed around the service environment to inform consumers and others of their feedback and complaints options.

Consumers and representatives said they knew how to access advocates, language services, and other ways to raise and resolve complaints, such as through the Commission. Management said, and documentation demonstrated consumers were made aware of other ways to raise and resolve complaints through information within the consumer handbook, discussion within consumer meetings, and displayed information. Information on how to book translation and interpreting services was on hand in the nurses’ station.

Consumers and representatives advised their concerns or complaints were resolved using an open disclosure process, as evidenced in documentation. Management and staff demonstrated knowledge of the principles of open disclosure and described how they would apply this to respond to complaints in an appropriate manner. For example, management and staff advised when things went wrong, or complaints and feedback were received they would acknowledge concerns, provide an apology, maintain open and transparent communication, and undertake actions to prevent recurrence.

Management described how feedback and complaints were reviewed to inform improvements, and advised actions were included on the continuous improvement plan (CIP). The CIP, meeting minutes, and the feedback and complaints register evidenced feedback and complaints were used to make improvements, such as increasing staffing and development of a walking program.

# 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.

Consumers and representatives considered there was a sufficient amount of staff available to meet consumers’ needs. Management described the workforce planning and management strategies to deliver safe, quality care and services, including accounting for unplanned leave and emerging needs, for example, changes to legislative requirements. Staff said they had enough time to complete their tasks and engage with consumers on an individual basis, which aligned with observations.

Consumers said staff were kind and caring, treated them with respect, and acknowledged their identity, culture, and diversity. Staff described how they interacted with consumers in an appropriate, kind, and respectful manner. Policies and procedures were in place to guide staff interactions with consumers.

Management described how they maintained oversight of staff competency, qualifications, and knowledge through onboarding and orientation processes, regular trainings, and pairing new staff with an experienced staff member. Human resource documentation evidenced staff held the competencies, qualifications, and experience required for their respective role in alignment with position descriptions.

A recruitment system was in place which established the skills and competencies required by staff. Management advised staff were trained and equipped to deliver the outcomes required by these standards though feedback mechanisms and ongoing training. Documentation evidenced staff were provided training covering topics relevant to the Quality Standards, such as incident reporting obligations and use of open disclosure.

Management described how each member of the workforce was regularly assessed, monitored, and reviewed for their performance, such as through formal appraisal processes, observations, and feedback from others. Staff advised they were involved in performance appraisal processes, and documentation reflected most appraisals were up to date. The CIP demonstrated actions were in place to address the overdue performance appraisals.

# 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.

Consumers advised they were able to provide feedback about care and services on an ongoing basis, such as through consumer meetings and feedback and complaints mechanisms. In addition, management described other ways consumers were engaged in the development, delivery and evaluation of care and services, for example, through the consumer advisory body, surveys, audits, and case conferences. Meeting minutes evidenced consumers involvement in feedback and evaluation processes.

Management explained how the governing body maintained oversight and accountability for the delivery of safe, inclusive and quality care and services, for example, through organisational reporting lines outlining areas of responsibilities. Management advised the Board received and reviewed reports which covered matters relevant to service performance, such as clinical indicators, incidents, and staffing. Documentation, such as reports and meeting minutes, evidenced the governing body was kept informed and held accountable for outcomes at the service.

Organisation wide governance systems were effectively supported by policies, procedures, audits, training, and reporting mechanisms. The systems supported information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints. For example, financial governance was overseen by a budget and approval process, with contingencies to account for emerging needs, such as improvements to the service environment. The Assessment Team brought forward concerns about regulatory compliance, citing the Restrictive practices procedure did not reference a requirement to develop a behaviour support plan, however, the Approved Provider advised training is provided for all staff, it is included within assessment processes, and a plan to review has been incorporated within the CIP. A copy of the current procedure was provided, and I note the list of cross-linked documents included care planning and behavioural management record procedures.

Effective risk management systems and practices were effectively supported by policies, procedures, training, and reporting mechanisms. The risk management systems and practices accounted for the management of high impact or high prevalence risks, abuse and neglect of consumers, supporting consumers to live their best life, managing and preventing incidents. Management identified high impact, high prevalence risks at the service associated with consumers’ care, such as falls, and advised these risks were monitored and managed from a governance perspective through monthly clinical indicator analysis, staff meetings, and reporting requirements. Management explained consumers were supported to live life on their terms through ongoing consultation and assessment of risks associated with consumers’ needs and choices. Documentation evidenced reportable incidents were identified, monitored, and referred to the Commission under the Serious Incident Reportable Scheme (SIRS) within the reportable timeframe.

Management described how the clinical governance committee maintained oversight of clinical care, and meeting minutes demonstrated matters relevant to clinical outcomes were discussed, such as regulatory and legislative updates, audits, and staff education. Policies, procedures, and training were in place to support antimicrobial stewardship, minimising the use of restraint, and practicing open disclosure. The Assessment Team report brought forward concerns to the accuracy of identifying whether psychotropic medications were assessed as being chemical restraint, however, the evidence before me within the Site Audit report and Approved Provider response is insufficient for me to assess. The totality of evidence before me is sufficient to make a finding of compliance in relation to the service having an effective clinical governance framework. However, I would strongly advise the service to ensure assessment and planning processes are sufficient to identify when medication may be administered as chemical restraint, that is, with intention to influence the behaviour of the consumer, and ensure accuracy of records.

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