Anglicare SQ St John’s Home For Aged Men

Performance Report

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**Commission ID:** 5050

**Provider name:** The Corporation of the Synod of the Diocese of Brisbane

**Site Audit date:** 2 February 2022 to 4 February 2022

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

# Performance report prepared by

Melissa Frost, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Non-compliant |

# Detailed assessment

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

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

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report received 3 March 2022.
* other information and intelligence held by the Commission in relation to the service.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

Consumers considered they are treated with dignity and respect, can maintain their identity, make informed choices and live the life they choose. Consumers said they felt supported by the service to maintain relationships of choice and decide who else should be involved in their care.

Staff were familiar with consumers’ cultural backgrounds and life journeys, and described the supports in place for consumers from diverse backgrounds.

The service supports consumers to engage in cultural and religious activities of importance. The service has policies and training in place to support delivery of culturally safe care, and promote diversity and inclusion.

Consumers described how they are supported to continue to live the life they choose and do the things that are important to them, such as leaving the service for visits to the community. Staff are guided by risk management frameworks and policies to assess risks. Risks are discussed with consumers and representatives, and documented in care plans.

Consumers were satisfied they are kept informed and had the information they need to make choices about things such as; food and activities and when they want to rise and retire for the day. Staff ask consumers about their preferences for meals, activities and care, and assist consumers who require additional communication support.

Consumers confirmed their personal privacy is respected and staff described the practical ways they respect privacy, such as knocking on doors and gaining permission to provide care. Staff said they do not discuss consumers’ personal details in public and handover is conducted in private areas. The service’s electronic care documentation system is password protected and accessible only from authorised devices.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

Consumers and their representatives said the service consults them through initial assessment and planning to develop a documented plan of care to meet consumers’ needs, goals and preferences. They felt like partners in the ongoing management of care and services.

The service demonstrated assessment and planning included risks to the consumer’s health and well-being, as well as advanced care and end of life preferences. The service undertakes care assessments on entry and plans are reviewed every 3 months or when a consumer’s condition, needs or preferences change. Care planning is individualised and includes specific risks to each consumer’s health and well-being such as; falls, pain, skin integrity and risk of choking.

The service demonstrated assessment and planning is based on a partnership with the consumers and representatives, and includes other organisations or individuals that are involved in the care of the consumer when required. Care planning documentation showed others involved, including medical practitioners, allied health professionals, specialists in wound care, nutrition and mental health care. Policies and procedures guide staff to assess, plan and review care and services as needed.

Consumers and representatives said outcomes of assessment and planning were communicated to them and that care documents were readily available if they wanted them. They said that care and services are reviewed when changes occur. Care planning documents reflected updates made after incidents occurred or consumers’ condition deteriorated.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### Requirement 2(3)(e) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

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

Consumers and their representatives considered consumers receive safe and effective care that is right for them. Care planning documents reflected each consumer receives safe and effective personal and clinical care, tailored to optimise their health and well-being. The service has effective systems in place to manage risks for each consumer including falls, swallowing, behaviour, skin integrity and pain.

Consumers and their representatives were satisfied that high-impact or high-prevalence risks are effectively managed. A clinical risk assessment is completed for all consumers entering the service, and care strategies are implemented in line with consumers’ wishes. Staff described how they apply relevant strategies to manage risks.

Consumers who are nearing end of life have their dignity preserved and care is provided in accordance with their needs and preferences. Staff described the way care delivery changes for consumers nearing end of life and practical ways in which consumers’ comfort is maximised.

Consumers and their representatives said the service recognises and responds to changes in consumers’ condition. This was reflected in care documents reviewed. The planned management strategies are discussed, and representatives are informed, if there is any deterioration to consumers’ health.

Information about consumers’ condition and care is well documented and effectively communicated within the organisation and to others involved in their care. Progress notes and handover information support effective communication. The electronic care planning system allows alerts about consumers’ changing clinical needs or preferences to be communicated to, and acknowledged by, staff and other health professionals involved.

Consumers and representatives were satisfied that information relevant to consumers’ condition and care needs is effectively communicated and that referrals to other necessary health services are prompt. Care documentation reflected timely and appropriate referrals.

The service has an Outbreak Management Plan and documented policies and procedures to support the minimisation of infection related risks and to promote antimicrobial stewardship. Staff have received training in these areas and were observed to be implementing correct practices.

### Assessment of Standard 3 Requirements

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

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

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

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

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

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

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

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

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

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

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

Consumers and their representatives considered consumers receive services and supports for daily living that meet their needs, goals and preferences and optimise their independence and quality of life. This includes activities within and outside the service.

The service’s lifestyle program accommodates and modifies activities to cater for consumer’s needs, preferences and levels of ability. On entry to the service, lifestyle staff partner with consumers and representatives to determine their individual preferences such as leisure needs, religious beliefs, social and community ties and cultural traditions. Staff described what is important to each consumer and what they like to do, consistent with the information in their care and service plan.

Consumers were seen engaged in group and individual activities, including word games, food activities, crafts, movie screenings and afternoon teas. The monthly activity schedules and pictures of consumers and staff taking part in activities were displayed around the service.

Consumers provided examples of how staff support their emotional and psychological well-being and said they can maintain their faith and stay in touch with family and friends for comfort and support. Staff described how they support consumers that are feeling low through conversation. There is an on-site chapel available for consumers for private reflection and for conducting regular church services and bible study groups. Noticeboards throughout the service display information for support services such as mental and spiritual health.

Consumers described how they maintain social and personal relationships and participate in activities outside the service. Consumers are supported to maintain connections through visits or via telephone and video calls. Consumers said information about their condition, needs and preferences was effectively communicated within the organisation and to others important to their care.

The organisation has documented policies and procedures in place for making referrals to individuals and other providers outside of the service, to support the lifestyle needs of consumers. Care documentation evidenced timely and appropriate involvement of services such as pastoral carers and disability support workers.

Most consumers said the meals were of suitable quality and portion size, suited their dietary requirements and they enjoy them. The kitchen was observed to be clean and tidy with procedures in place to meet food safety standards. Dietary charts showed consumer’s individual dietary needs, allergies, meal texture, supplements, as well as their likes and dislikes.

The service has a wide range of lifestyle products and equipment available to support consumers and it was observed to be safe, suitable, clean and well maintained.

Consumers confirmed that equipment was available when they need it and it was kept clean and well maintained. Staff said when issues are identified with equipment, it is reported and rectified in a timely manner.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

Consumers said they feel at home and the service is a welcoming and a nice place to live. Their rooms are personalised with items such as furniture, photographs and artwork.

The service environment was observed to be safe, clean, well maintained and comfortable. There are indoor and outdoor areas where consumers and visitors can socialise. The outdoor areas are easy to navigate with wide, level pathways and there are shaded areas with outdoor furniture. Gardens are well maintained with shaded areas.

Consumers and visitors were observed moving freely through the service and utilising quiet areas and outdoor gardens. Consumers were observed enjoying morning tea, spending time together and participating in activities. Staff were observed providing assistance to consumers moving around the service.

Consumers and representatives said furniture, fittings and equipment were safe, clean, well maintained and suitable. Equipment was observed to be in good condition, clean and stored in a safe manner. Staff described the cleaning and storage procedures for equipment, and cleaning products are available for use on shared equipment. Call bells and mobility aids were easily accessible to consumers.

The service has a preventative maintenance program. Staff were aware of the process for logging maintenance requests and said they are managed in a timely manner. Maintenance staff confirmed equipment is regularly serviced. Maintenance documentation showed systems in place for planned, periodic and as needed maintenance of equipment.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANTFeedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

Consumers and their representatives considered they were encouraged and supported to give feedback and make complaints, and they felt safe to raise concerns about care and services. Most consumers and representatives could describe how to make a complaint if they needed to. Staff described how they assist consumers access the feedback and complaints mechanisms and direct them to advocacy and language services if needed. The service has written materials displayed promoting the advocacy, language and external complaints mechanisms available to consumers and representatives.

Consumers and their representatives said staff and management address and resolve their feedback and concerns, including when an incident has occurred. They were satisfied with actions taken to address concerns and felt they led to improvements in care and services. Management and staff described the complaint handling process and open disclosure policy and give examples of actions taken to address specific concerns.

Management advised all feedback and complaints are recorded into the organisation’s electronic system and are used to improve the quality of care and services. Complaint themes, such as meal preferences and laundry, are discussed at both resident and staff meetings. The service’s feedback and complaints register reflected a high proportion of compliments received.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

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

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

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Quality Standard is assessed as Non-compliant as one of the five specific requirements has been assessed as Non-compliant.

The Assessment Team recommended Requirement 7(3)(d) was not met regarding staff knowledge and training. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit Report and the Approved Provider’s response. I find the service Non-compliant with Requirement 7(3)(d). I have provided reasons for my findings in the specific Requirement below.

Consumers considered they get quality care and services when they need them from staff who are knowledgeable, capable and caring. All consumers and representatives considered staff were kind and respectful when providing care and there were adequate staffing levels. They said that staff responded promptly if consumers called for help and that staff are suitably skilled and competent.

Staff were observed interacting with consumers in a kind, caring and respectful way. Staff did not appear rushed and were observed noticing consumers who needed support and providing suitable support. The service ensures there are adequate staffing levels to fill shifts and complete duties.

The service maintains role descriptions, that include the credentials and qualifications required for each role. Staff receive regular performance appraisals and described how they are supported to complete further training and development.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Non-Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

Consumers and representatives did not express any concerns regarding staff training and capability. The Site Audit Report brought forward examples from staff who did not demonstrate a shared understanding of restrictive practices, and were not aware of current legislative requirements. The organisation’s policy for restrictive practices was out of date and did not reflect current requirements. The Assessment Team noted some staff had not completed mandatory training. No consumer impact was identified by the Assessment Team as a result of these deficits.

The Approved Provider responded on 3 March 2022. They acknowledged the deficiencies identified. They stated in 2021 the organisation introduced a learning management system to support staff training completion and monitoring. This includes functionalities to obtain reports to identify which staff have outstanding training items, and send alerts to staff and management.

The Approved Provider stated restrictive practices training consistent with new legislation was released on the learning management system in December 2021. Not all staff were required to complete the restrictive practices training prior to the Site Audit, however this has now been added as a mandatory training item. Action will be taken to provide further guidance to staff via resource books, posters and staff meetings. The organisation will also update its restrictive practices policy to reflect the current legislative requirements.

I acknowledge the organisation has a recruitment and training framework to ensure qualified staff are recruited and staff are provided training to perform their roles. However, deficits in the currency of staff knowledge and training around restrictive practices had not been identified and were not being addressed prior to the Site Audit to ensure all consumers were receiving safe care aligned with best practice.

Therefore, I find this Requirement is Non-compliant.

### Requirement 7(3)(e) Compliant

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

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Quality Standard is assessed as Non-compliant as two of the five specific requirements have been assessed as Non-compliant.

The Assessment Team recommended Requirements 8(3)(c) and 8(3)(e) were not met, regarding the service’s governance systems relating to regulatory compliance and workforce governance and clinical governance for the use of restraint.

I have considered the Assessment Team’s findings, the evidence documented in the Site Audit Report and the Approved Provider’s response. I find the service Non-compliant with Requirements 8(3)(c) and 8(3)(e). I have provided reasons for my findings in the specific Requirements below.

Consumers and their representatives considered that the organisation is well run and they could partner in improving the delivery of care and services. Management described how consumers and representatives are engaged through monthly resident meetings, feedback and complaints mechanisms and regular surveys. Changes have been made to care and services based on consumer feedback.

The service has a governing body overseeing the strategic direction and promoting a culture of safe, inclusive and quality care. A group manager that conducts monthly governance meetings on site with the service to discuss issues such as; occupancy, financial performance, audit outcomes and significant compliments and complaints. There is an internal audit on the Quality Standards which is reported to the Board.

Management and staff described processes and mechanisms in place for the service wide governance of information management, continuous improvement, financial governance and feedback and complaints and were able to provide examples of this in practice. Whilst management described how the service tracks and communicates aged care law changes, the Assessment Team observed the restrictive practice policy was out of date and the use and reporting of call bell data was limited.

The service demonstrated the organisation’s clinical governance systems promote good antimicrobial stewardship and the use of an open disclosure process, however it could not demonstrate the effectiveness of the clinical governance systems in relation to minimising the use of restraint.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Non-compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

The Site Audit Report brought forward deficiencies in how the service demonstrates its workforce governance and regulatory compliance systems are effective. The service’s restrictive practices policy did not reflect current legislative requirements. The service had systems in place to support staff training, however they had not identified that staff with care duties were not informed of the current restrictive practices requirements and legislation.

The recording and reporting of call bell data was limited to average response times and did not contain sufficient information for performance analysis and monitoring. Data indicating the percentage or proportion of call bell response times exceeding the service’s 5-minute target time could not be produced. This limited the opportunity to investigate excessive wait incidents and perform trend analysis to inform continuous improvement opportunities.

The Approved Provider responded on 3 March 2022. They acknowledged the deficiencies identified. However, they stated that the Behaviour Support and Management Policy Direction in place in August 2021, reflective of current legislative requirements, was published and communicated to staff. They stated a new Behaviour Support Planning and Use of Restrictive Practice procedure was published after the Site Audit. As outlined at Requirement 7(3)(d), the service will implement additional training for staff to improve regulatory compliance. I acknowledge that no consumer harm was identified as a result of superseded policies being accessible, however the service’s governance system did not identify the deficiencies prior to the Site Audit.

Regarding call bell data, the Approved Provider stated they are transitioning to a new reporting system that allows for better reporting. They said investigations of extended call bell times were already occurring and results are reported at staff meetings.

I acknowledge the organisation demonstrated effective governance systems during the Site Audit supporting information management, continuous improvement, financial governance and feedback and complaints, and is acting to improve governance systems for workforce governance and regulatory compliance. However, at the time of the Site Audit, deficits in the workforce governance and regulatory compliance systems had not been identified by the service and corrective action was not in place to improve their effectiveness.

Therefore, I find this Requirement is Non-compliant.

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

### Requirement 8(3)(e) Non-compliant

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

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

The service demonstrated that the organisation’s clinical governance systems support antimicrobial stewardship and the use of open disclosure, however the Assessment Team identified deficits in how the framework supported minimising the use of restraint.

The organisation’s policy for restrictive practices was out of date and did not reflect current legislative requirements. The policy did not contain the correct definitions of restrictive practices, requirements for a Behaviour Support Plan or the overarching goal of minimising the use of restraint. During the Site Audit, management acknowledged that there was a project underway to update the policy but it had not been completed. Staff did not demonstrate a shared understanding of restrictive practices and were not consistently able to provide examples of relevance to their work.

The Approved Provider responded on 3 March 2022. They acknowledged the policy for minimising the use of restraint did not reflect current legislative requirements and clinical best practice. They have taken action to publish a new Behaviour Support Planning and Use of Restrictive Practice procedure, to be discussed at staff meetings and additional staff training will occur.

I acknowledge the organisation has effective clinical governance systems supporting antimicrobial stewardship and the use of open disclosure and has acted to address the deficits in relation to minimising the use of restraint. However, at the time of the Site Audit the minimisation of use of restraint had not been sufficiently identified and addressed through the governance framework.

Therefore, I find this Requirement is Non-compliant.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

Standard 7 Human resources

* Requirement (3)(d) Ensure staff are provided sufficient training in relation to regulatory requirements around the use of restraint in aged care. Ensure staff training reflects current legislation and is monitored and reviewed for effectiveness.

Standard 8 Organisational governance

* Requirement (3)(c) Ensure the organisational governance systems related to workforce governance and regulatory compliance are effectively implemented and monitored at the service.
* Requirement (3)(e) Ensure the clinical governance framework in relation to minimising the use of restraint is effectively implemented and monitored at the service. This includes ensuring that consumers/representatives are consulted in developing a consensual Behavioural Support Plan and staff are adequately trained.