Copperhouse Court Hostel

Performance Report

43A Flinders Avenue WHYALLA STUART SA 5608
Phone number: 08 8645 9499

**Commission ID:** 6155

**Provider name:** Whyalla Aged Care Inc

**Site audit date:** 4 December 2019 to 5 December 2019

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

# Detailed assessment

This performance report details the Commission’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 on 03 January 2020.

# STANDARD 1 COMPLIANTConsumer 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 Assessment Team found that all consumers and/or representatives interviewed said that staff always or most of the time treat them with dignity and respect and are supported to do as much as possible for themselves. The following examples were provided by consumers and/or representatives during interviews with the Assessment Team:

* staff always show respect
* staff understand each consumer and effectively communicates with them
* consumers and/or representatives are involved in decisions about care
* staff provide consumers with privacy when assisting in the bathroom to ensure consumers’ privacy and dignity is respected.

The Assessment Team found the organisation demonstrated consumers are treated with dignity and respect. During the site audit the Assessment Team observed staff interacting with consumers in a respectful manner.

Staff interviewed by the Assessment Team were able to demonstrate systems to help consumers and representatives make decisions about consumers’ care and services, including who is to be involved in these processes. Staff were also able to demonstrate how consumers are supported to maintain relationships, to take risks and live their best lives.

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

## Assessment of Standard 1 Requirements

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

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

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

Care and services are culturally safe.

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

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

1. make decisions about their own care and the way care and services are delivered; and
2. make decisions about when family, friends, carers or others should be involved in their care; and
3. communicate their decisions; and

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 NON-COMPLIANTOngoing 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 Assessment Team found that consumers and/or representatives interviewed confirmed they are consulted about the provision of consumers’ care and services and are consulted during reviews of care. The following examples were provided by consumers and/or representatives during interviews with the Assessment Team:

* Consumers and representatives are involved in discussions about care and are offered a copy of the care plan.
* Consumers and representatives are aware that consumers have a care plan and staff regularly consult with them, including during care review processes.

The organisation was able to demonstrate effective assessment, planning and consultation processes for consumers in relation to identifying consumers’ needs, goals and preferences, and risks to consumers’ health and well-being. The organisation has policies and procedures to guide staff in assessment and planning processes, including consulting with consumers and/or representatives during assessment and six-monthly care review process. However, the organisation was not able to demonstrate that the organisation’s assessment and planning processes are effective in identifying consumers’ needs, goals and preferences in relation to end of life care.

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

## Assessment of Standard 2 Requirements

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

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

### Requirement 2(3)(b) Non-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.

The Assessment Team found the organisation was unable to demonstrate that at the end of life, consumers are appropriately assessed or have their needs, goals and preferences identified during this period. The Assessment Team provided the following findings and evidence relevant to my decision:

* The service does not have a process to assist staff to identify when consumers enter the terminal phase of life.
* The Assessment Team reviewed two consumers’ care files which showed their end of life care was not planned during the terminal phase of life.
	+ One consumer did not have an end of life assessment or care plan completed following a hospital discharge where the consumer was referred to the palliation team. An end of life plan was only completed 15 days later, on the day the consumer died.
	+ One consumer did not have an end of life assessment of care plan completed even though the consumer’s progress notes showed the consumer was deteriorating and receiving aspects of comfort/end of life care prior to their death.
* While management said the routine assessment and care planning processes incorporated end of life planning and that a specific end of life assessment or care plan was not required when consumers enter the terminal phase of life, the Assessment Team noted that routine care plans did not contact sufficient detail to guide staff in relation to end of life needs, goals and preferences.

The approved provider submitted a response to the Assessment Team’s report which included actions taken to mitigate the recommendation of non-compliance in this Requirement and to provide clarifying information in relation to some of the Assessment Team's findings. While I acknowledge that the approved provided evidence that both consumers mentioned above had palliative care assessments completed in 2018, the information gathered during this process was not comprehensive in relation to consumers’ needs, goals and preferences. The approved provider’s response includes the following actions:

* The Residential Aged Care End of Life Pathway has been adopted and contains a section that indicates that the consumer is possible entering the end of life phase if they have three or most listed signs.
* Review and/or develop palliative care policies, procedures and guidelines.

While I acknowledge the approved provider’s proactive response to the Assessment Team’s findings, I find that at the time of the site audit, the service did not have effective processes to assist staff to identify when two consumers entered the terminal phase of life or to support the develop of a relevant care plan during this period.

For the reasons detailed above, I find that the approved provider does not comply with this Requirement.

### 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 NON-COMPLIANTPersonal 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 Assessment Team found that all consumers and representatives interviewed consumers always or most of the time get the care that they need. The following examples were provided by consumers and/or during interviews with the Assessment Team:

* Consumers and representatives said staff do a good job and consumers are seen by a variety of medical and allied health professionals.

The organisation was able to demonstrate that most clinical policies, procedures and assessments are based on best practice guidelines and monitoring of these practices is conducted through audits, incidents report and analysis of clinical incident data. However, the organisation was unable to demonstrate monitoring of the delivery of palliative care during the terminal phase of life to ensure consumers’ comfort is maximised and their dignity preserved.

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

### Assessment of Standard 3 Requirements

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

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

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

### 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) Non-compliant

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

The Assessment Team found the organisation was unable to adequately demonstrate a consistent process to monitor care delivery, ongoing comfort and well-being for consumers in relation to end of life care. The Assessment Team provided the following findings and evidence relevant to my decision:

* Two consumers did not have their end of life needs based on an assessment to identify the consumers’ end of life preferences, needs or wishes.
* While documentation shows two consumers were receiving aspects of palliative care during their terminal phase of life, there was no consistent process to monitor the delivery of this care, ongoing comfort or well-being.
* Management said they are currently reviewing their documentation processes as they are having difficulty monitoring the delivery of care being provided to consumers who are nearing end of life.

The approved provider submitted a response to the Assessment Team’s report which included actions taken to mitigate the recommendation of non-compliance in this Requirement and to provide clarifying information in relation to some of the Assessment Team's findings. In relation to the two consumers identified above, the approved provider stated staff should have commenced an end of life care plan prior to one of the consumer’s death and for the other consumer progress notes documented the care provided each shift. However, the approved provider has acknowledged improvement is required and has the following actions planned or commenced:

* The Residential Aged Care End of Life Pathway has been adopted and contains a section that indicates that the consumer is possible entering the end of life phase if they have three or most listed signs.
* A new palliative care shift documentation form has been implemented which required specific documentation to be completed by staff on each shift and to complete a progress note when this has been completed.
* An electronic version of the new Residential Aged Care End of Life Pathway is being developed.

While I acknowledge the approved provider’s proactive response to the Assessment Team’s findings, I find that at the time of the site audit, the service did not have effective assessment or monitoring processes to ensure two consumers’ end of life needs, goals and preferences were recognised, their comfort maximised or their dignity preserved.

For the reasons detailed above, I find that the approved provider does not comply with this Requirement.

### 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 COMPLIANTServices and support 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 Assessment Team found that all consumers and representatives interviewed said that they always or most of the time are encouraged to do as much as possible for themselves and all but one consumer said they like the food always or most of the time. The following examples were provided by the consumers and/or representatives during interviews with the Assessment Team:

* Consumers who use mobility aids or have access to supportive equipment said staff clean and maintain the equipment and they feel safe.
* One consumer said they have lots of things to do during the day.
* Consumers and representatives said consumers are involved in activities of their choice.

The Assessment Team found the organisation has policies and procedures to ensure consumers receive safe and effective supports for daily living, including having cultural and spiritual needs considered in the development of lifestyle activity plans. Referrals are made to relevant providers to support consumers in their daily living.

The Assessment Team found the service offers consumers a range of meal options and actively seeks feedback from consumers in relation to the menu.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

Services and supports for daily living assist each consumer to:

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANTOrganisation’s services 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 Assessment Team found that all consumers and representatives interviewed said they always or most of the time feel at home. The following examples were provided by consumers and/or representatives during interviews with the Assessment Team:

* Consumers provided positive feedback about the furniture and fittings and said equipment is well maintained.
* Consumers said they like their rooms and personalise their rooms with their own furniture.
* Three representatives commented on the new memory support area and how it is calmer and more spacious then the previous area.

The Assessment Team observed the service to be clean, welcoming and well-maintained, with secure entry and exit points. They also observed the environment to appear to be safe and comfortable, with the new memory support unit providing consumers with a spacious and relaxing environment. Consumers were observed to be moving freely both indoors and outdoors and observed furniture, fittings and equipment to be safe, clean and comfortable.

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

## Assessment of Standard 5 Requirements

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

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

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

The service environment:

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

### 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 Assessment Team found that all consumers and representatives interviewed said that always or most of the time staff follow up when they raise things with them. The following examples were provided by consumers during interviews with the Assessment Team:

* Two consumers said the service discusses feedback as part of the monthly resident meetings.
* Two consumers said they are aware of how to make a complaint.
* Two consumers said they are encouraged to raise issues and provide feedback.

The Assessment Team found management were able to demonstrate feedback information is available in languages other than English and that consumers can access advocates, language services and other methods of raising and resolving complaints.

The organisation uses an open disclosure methodology to resolve complaints and implements improvements, including logging and collating of complaints to identify improvement opportunities.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 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 Assessment Team found that all consumers and representatives interviewed said that always or most of the time staff are kind and caring and know what they are doing. The following examples were provided by the consumers and/or representatives during interviews with the Assessment Team:

* One consumer said the staff know what I need.
* Staff are always kind and friendly.
* One consumer said staff are there for them when they need them.
* One consumer said staff are very good and come to me when I press the button.

The Assessment Team observed staff to interact with consumers in a kind and respectful manner which support consumers to maintain their identity, culture and diversity.

Staff interviewed by the Assessment Team said they receive regular training and feel competent and supported to perform their roles. They also said they have enough time to provide care to consumers and are supported to attend education sessions.

The Assessment Team found the organisation has monitoring processes to ensure the workforce is competent to provide care and services to consumers.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 NON-COMPLIANTOrganisational 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 Assessment Team found that all consumers and representatives interviewed said that always or most of the time the place is well run. The following examples were provided by the consumers and/or representatives during interviews with the Assessment Team:

* Consumers feel safe always or most of the time.
* One consumer said they have been provided a copy of the Charter of Aged Care Rights and have had them explained to them.
* One consumer said they attend resident meetings.

The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance, and feedback and complaints. However, the organisation was unable to demonstrate the clinical governance processes ensured that a minimisation of restraint approach has been used in accordance with the Quality of Care Principles 2014.

Information in relation to the Aged Care Quality Standards and the Charter of Aged Care Rights has been provided to consumers and staff have received education in relation to the Quality Standards and code of conduct.

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

## Assessment of Standard 8 Requirements

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

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

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

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

### Requirement 8(3)(c) Compliant

Effective organisation wide governance systems relating to the following:

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

### 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.

### 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 Assessment Team found the organisation demonstrated a clinical governance framework in relation to antimicrobial stewardship and open disclosure, however, were unable to demonstrate effective governance in relation to chemical restraint. The Assessment Team provided the following findings and evidence relevant to my decision:

* The service’s physical and chemical restraint policy and procedure does not reflect the *Quality of Care Principles 2014*.
* Management said consumers have medications for the management of dementia and associated behaviours but said they do not consider this a chemical restraint.
	+ The Assessment Team identified at least four consumers for which medication is used to manage agitation.
* The service was not able to demonstrate consultation with consumers and/or representatives regarding the use of psychotropic medication and potential adverse effects.
* Management said they currently reviewing their policies and procedures to ensure they meet the *Quality of Care Principles 2014* in relation to the minimisation of restraint.
* Management said they had commenced reviewing consumers’ psychotropic medications but had not finalised this process.

The approved provider submitted a response to the Assessment Team’s report which included actions taken to mitigate the recommendation of non-compliance in this Requirement and to provide clarifying information in relation to some of the Assessment Team's findings. The approved provider finds that regular medications for diagnosed conditions are not classified as a chemical restraint. However, while I agree that a medication is not considered a chemical restraint if prescribed for the treatment of a diagnosed mental disorder, a physical illness or a physical condition, I find that the use of antipsychotic medication for the psychological or behavioural symptoms of dementia or delirium is a form of chemical restraint. The approved provider has acknowledged improvement is required and has the following actions planned:

* Improve the database template to record and monitor antipsychotic usage.
* The restraint policy, procedure and associated forms have been reviewed to reflect the requirements outlined in the Quality of Care Principles.
* Formation of a specific team to assist with the review of antipsychotic medication and a chemical restraint audit has been developed.
* All ‘as required’ medications have been ceased for consumers living at the service.
* Psychotropic medication has been added to the care plan review and care consultation form.

While I acknowledge the approved provider’s proactive response to the Assessment Team’s findings, I find that at the time of the site audit, the service had not effectively implemented the changes to the *Quality of Care Principles 2014* in relation to the use of chemical restraint.

For the reasons detailed above, I find that the approved provider does not comply with this Requirement.

# 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.

### 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.

* Provide staff with training and tools to assist them to identify when a consumer enters the terminal phase of life.
* Review assessment and care planning processes to ensure that the processes capture consumers’ end of life needs, goals and preferences.

### 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.

* Provide staff with training and tools to assist them to identify when a consumer enters the terminal phase of life.
* Review assessment and care planning processes to ensure that the processes capture consumers’ end of life needs, goals and preferences.
* Implement a monitoring process for staff to effectively monitor consumers’ needs and preferences are met, including maximising their comfort and maintenance of dignity.

### 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.
* Review the organisation’s restraint policy, procedure and associated forms to ensure they reflect the requirements outlined in the *Quality of Care Principles 2014.*
* Review the organisation’s definition of chemical restraint to ensure it aligns with the *Quality of Care Principles 2014* and the Aged Care Quality Standards.
* Review the organisation’s assessment process, and consultation processes with consumers and/or representatives in relation to medications, specifically the use of psychotropics medications.