Estia Health Mudgeeraba

Performance Report

21-25 Old Coach Road
MUDGEERABA QLD 4213
Phone number: 07 5565 0900

**Commission ID:** 5991

**Provider name:** Estia Investments Pty Ltd

**Site Audit date:** 18 February 2020 to 20 February 2020

# 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** | **Non-compliant** |
| Requirement 3(3)(a) | Non-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** | **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) | Non-compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | 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 conducted from 18 to 20 February 2020; 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 Assessment Team’s report for the Assessment Contact conducted from 29 to 31 January 2020; the Assessment Contact Report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the approved provider’s responses to the Assessment Contact report dated 25 February 2020 and to the Site Audit report 18 March 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

Overall consumers and/or representatives (consumers) sampled confirmed they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. For example:

* Consumers confirmed staff treat them respectfully, and provided examples such as staff referring to them by their preferred name, welcoming their visitors and discussing personal interests with them.
* Consumers reported they are encouraged to do things for themselves and staff know what is important to them.
* Consumers confirmed their personal privacy is respected.

Staff demonstrated an understanding of each consumer and what was important to them. Staff spoke respectfully about consumers and demonstrated an understanding of their individual backgrounds and preferences and how these include day to day delivery of care.

Care planning documents reflected what is important to the consumer and included assessment and information about consumers’ needs, preferences, areas in which they are supported to take risks, and others the consumer wishes to be involved in their care.

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 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

Most consumers confirmed they feel like partners in the assessment and planning of their care and services, and confirmed they are informed about the outcomes of assessments and care planning. Consumers reported the service involves other health professionals and their representatives in their assessment and care planning, and most consumers said the service had discussed end of life planning with them.

The service has systems, polices, processes, tools and work instructions for staff for assessment and care planning, and staff could describe the application of these. Staff demonstrated awareness of consumers’ needs and preferences and confirmed the outcomes of assessments are documented in care plans, and this information guides them in the delivery of safe and effective care.

Care planning documents are individualised, reflected the involvement of consumers and/or their representative and other providers of care, and demonstrated regular reviews and updates occur. Care plans contain information about consumers’ needs, goals and preferences, risks to the consumer, and end of life planning.

The Quality Standard is assessed as compliant as five of the five specific requirements have been assessed as 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) 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 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

Overall sampled consumers considered they receive personal care and clinical care that is safe and right for them. Consumers gave various examples of how staff ensure the care provided to them was right for them. This included regularly asking them about their care and the way it is delivered and through involving them and their representatives in discussions regarding alternative care options available. Consumers reported are referred to their medical officer or other health professional when required.

The service has policies, procedures, tools and education to guide staff practice in providing clinical and personal care. Monitoring processes are in place to monitor the delivery of care, such as consumer/representative feedback, regular scheduled care reviews, clinical audits, observation of staff practice, and senior clinical team meetings. Clinical incidents and audits are also recorded, analysed and reported to management committees.

Staff demonstrated an understanding of consumers’ needs, preferences and the most significant risks, and how these are managed and monitored in line with their care plans. Staff described how they ensure care is best practice, their education/training, and how they ensure information is shared both within the organisation and with others outside the organisation. Care staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics.

However, the service was unable to demonstrate it understands and applies the requirements for the use of restraint as outlined in the Quality of Care Amendment (Minimising the use of Restraints) Principles (the Principles). For example:

* In relation to chemical restraint:
	+ The service failed to correctly identify consumers who were chemically restrained. While a medical officer had prescribed psychotropic medication for a number of consumers, there was no documented evidence to substantiate the diagnosed mental disorder, physical illness or physical condition that the medication was treating, in accordance with requirements under the Principles.
	+ For consumers subject to chemical restraint, the approved provider did not demonstrate the requirements for the use of chemical restraint as per the Principles were consistently applied.
* In relation to physical restraint, the Assessment Team identified six consumers who resided in a secure area of the service did not have restraint authorisations in place for environmental restraint. The service resolved this during the site audit.

The approved provider’s response did not indicate the approved provider has a clear understanding of chemical restraint, however, identified actions commenced to ensure the service identifies and manages consumers subject to chemical restraint in accordance with the Principles. This included reviewing its restraint policy, re-educating staff and identifying consumers who are chemically restrained and implementing restraint forms and processes.

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

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-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.

I have decided the service does not comply with this requirement as personal and clinical care is not best practice and does not optimise each consumer’s health and wellbeing, in relation to the identification and management of restraint.

I have considered information in Assessment Teams’ reports for the assessment contact conducted 29 to 31 January 2020 and site audit conducted 18 to 20 February 2020 and the approved provider’s response dated 18 February 2020.

Consumers generally reported they were satisfied with the care and services they receive and consumer files generally reflected individualised care that is safe, effective and tailored to the specific needs and preferences of the consumer, including for consumers with diabetes, wounds/pressure areas, impaired mobility, pain and challenging behaviours.

However, while the service had a restraint policy and guideline in place, and demonstrated it monitors and has reduced or ceased the use of psychotropic medication for some consumers, the Assessment Team interviewed management, reviewed the service’s report on psychotropic mediation usage and reviewed clinical files for seven consumers and found:

* The service had not identified any consumers that were chemically restrained.
* Management described their understanding that medication administered for a consumer’s illness-related symptoms was not considered a chemical restraint (eg medication to manage the behavioural complications of dementia, such as aggression or agitation, was not chemical restraint).
* Twenty-two consumers with a diagnosis of dementia were on antipsychotic medication (both regular and PRN), and while a medical officer had prescribed the antipsychotic medication, there was no documented evidence to substantiate the diagnosed mental disorder, physical illness or physical condition the medication was treating. Rather, it was prescribed to manage, for example, ‘behaviours’ and ‘agitation’.
* Of the seven consumer files reviewed, some had their medication ceased prior to or during the site audit, some been reviewed by a medical officer and some families had been involved in reviews.

In addition, the Assessment Team identified six consumers who resided in a secure area of the service who did not have an authorisation for environmental restraint. This was addressed by the service during the site audit and for those consumers identified, environmental restraint authorisations were put in place.

In relation to chemical restraint, the Assessment Team for the site audit rightly identified while a medical officer had prescribed psychotropic medication for 22 consumers, there was no documented evidence to substantiate the diagnosed mental disorder, physical illness or physical condition that the medication was treating, in accordance with requirements under the Quality of Care Amendment (Minimising the use of Restraints) Principles, which took effect 1 July 2019. For example, for a number of consumers named in the report, while they had a diagnosed mental disorder (dementia), their prescribed antipsychotic medication was not a drug to treat dementia, but rather was being used to managed associated behaviour. This is chemical restraint and requires assessment, documentation and consent according to the Principles.

The approved provider’s response did not indicate the approved provider has a clear understanding of chemical restraint. The approved provider has not denied this, and because the approved provider did not have a clear understanding of chemical restraint, this has impacted on how they implemented their policy, including applying appropriate management strategies for the use of chemical restraint.

The approved provider’s response indicated that while it has not identified consumers who were chemically restrained, the service had appropriate management strategies in place for chemical restraint and associated risk, which included reviews by medical officers, specialists and pharmacist and staff awareness and monitoring for adverse side effects. However, the approved provider’s response failed to demonstrate:

* understanding of the definition of chemical restraint (for example, the response refers to information provided by the Assessment Team, rather than relevant legislation); and
* for consumers subject to chemical restraint, how the requirements for the use of chemical restraint as per the Principles were consistently applied. For example, documenting a medical practitioner or nurse practitioner’s assessment of the consumer’s need for restraint and decision to use restraint, consumer/representative’s informed consent, consumer’s behaviours relevant to the need for restraint, alternatives trialled prior to use of chemical restraint, regular monitoring of consumer for signs of distress or harm.

In response to the Assessment Team’s findings, the approved provider’s response identified actions commenced including:

* Sourcing legislation, guidelines and tools on restraint.
* Correctly identifying those consumers on chemical restraint, and implementing restraint forms.
* Reviewing the restraint policy
* Re-educating management, staff and visiting medical officers on restraint management, and staff on non-pharmacological interventions in managing behaviours and psychological symptoms of dementia.

The service did not demonstrate understanding of chemical restraint and did not consistently apply appropriate management strategies for chemical restraint in accordance with requirements under relevant legislation. While I acknowledge the approved provider has identified actions to ensure the service identifies and manages consumers subject to chemical restraint in accordance with relevant legislation and guidelines, at the time of the site audit, these were not in place and I consider the approved provider needs time for the revised policy to be imbedded in practice. Therefore, this requirement is non-compliant.

### 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 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

Overall consumers confirmed they get the services and supports for daily living that are important for their health and well-being and enable them to do the things they want to do. For example, consumers interviewed:

* confirmed they are supported by the service to do the things they like to do and described how they are supported to participate in leisure activities, maintain relationships and access the community;
* reported the services encourages them to be active participants in the internal and external community through provision of an activities program;
* said they are supported to keep in touch with people who are important to them, and are supported in their emotional and spiritual care and interests;
* expressed general satisfaction with meals. They said they like the food and they have access to a range of forums to provide feedback about meals.

Staff demonstrated an understanding of what was important to individual consumers regarding their lifestyle and activities preferences, and described strategies used to support individual consumers. Kitchen staff described how consumers have input into the menu design and could describe consumers’ specific dietary needs and preferences.

Consumers’ care planning documents identified what is important to them and reflected the needs, goals and preferences of each consumer. Care plans are reviewed quarterly.

The Assessment Team observed:

* consumers to be participating in an activities program; and
* a range of equipment used to provide lifestyle services to consumers, including the service’s bus and smart televisions.

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 COMPLIANT Organisation’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

Overall consumers reported they feel they belong in the service, and feel safe and comfortable in the service environment. Consumers described what they like about the service and how their visitors feel welcome. They also said they feel secure in the service and the environment is monitored to minimise risks.

The Assessment Team observed:

* Consumers accessing different indoor and outdoor areas of the service.
* The service environment to be welcoming, with communal areas for consumers and their visitors.
* The environment reflected dementia enabling principles of design.
* The service to be clean, well serviced, and maintained at a comfortable temperature.
* Corridors allowed clear and safe movement for consumers and representatives and had handrails to assist consumers to move around the service.

Staff interviewed described how the service layout enables consumers to move freely, is comfortable and is well maintained. Staff also described the service’s maintenance schedule.

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 COMPLIANT Feedback 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

Overall consumers reported they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. For example:

* Consumers interviewed said they felt comfortable raising concerns and providing feedback and could do so through a variety of mechanisms such as in writing, monthly consumer meetings, or speaking directly to management and staff at the service.
* Consumers advised that when they have provided feedback or made a complaint, management was approachable and responsive. Consumers provided examples of changes made in response to their feedback including improvements made.

Staff demonstrated an understanding of the service’s complaints management process and open disclosure and described their role in supporting consumers to provide feedback or make a complaint.

The service demonstrated it has a system to document and address feedback and complaints. The service’s complaint documentation demonstrated feedback and complaints are received from a variety of mechanisms and are reviewed by management, actioned and resolved. The service uses an open disclosure approach as part of its complaints resolution process.

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 COMPLIANT Human 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

Overall consumers reported they get quality care and services when they need them from people who are knowledgeable, capable and caring. For example:

* Consumers were complimentary about staff and confirmed staff are kind, caring and respect their identity, culture and diversity.
* Consumers reported they were satisfied there is enough staff to deliver care and services and they are confident staff know what they are doing.
* Consumers confirmed staff respond promptly to their calls for assistance and described how staff often spend time with them “having a chat”.

Staff reported they have enough time to complete their duties, rostered shifts are filled and they receive training and support from management. Management described recent recruitment processes which has resulted in employment of additional staff and appointment of a new leadership team.

The Assessment Team found:

* The service maintains a staffing roster and has process in place to ensure coverage of unplanned leave, including replacing shifts, extending shifts, and utilising casual staff.
* The service has recruited additional permanent and casual staff.
* Staff receive regularly training/education and their performance is regularly supervised, including through core competency assessments, performance appraisals and consumer/representative feedback.

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

Overall sampled consumers indicated that the organisation is well run and that they can partner in improving the delivery of care and services. For example:

* Consumers confirmed they are involved in the development, delivery and evaluation of services and reported they are encouraged to make suggestions to enable the service to support them to live the best life they can.
* Consumers can provide feedback, including at resident meetings about the service.

The governing body meets regularly, sets clear expectations and regularly reviews risks from an organisational and consumer perspective. There are organisation-wide governance systems to support effective information management, the workforce, compliance with regulation and clinical care. Staff confirmed they have access to accurate information about consumers and corporate information through a variety of channels. The service maintains a plan for continuous improvement, actions are assigned, monitored and evaluated.

While governance systems are established, regulatory compliance systems were not consistently effective as the service failed to demonstrate understanding and consistent application of the legislative requirements in relation to environmental and chemical restraint.

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) 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.

I have decided the service does not comply with this requirement because governance systems relating to regulatory compliance did not ensure the service appropriately identified and managed restraint according to relevant legislation.

I have considered information in Assessment Teams’ reports for the assessment contact conducted 29 to 31 January 2020 and site audit conducted 18 to 20 February 2020 and the approved provider’s response dated 18 February 2020.

The organisation demonstrated effective governance systems in relation to information management, continuous improvement, financial governance and feedback and complaints. For example:

* staff and management reported they have access to relevant information when they need it.
* Consumer feedback and clinical data are analysed and results used to make improvements at the service and across the organisation.
* Staff have sought changes to the budget, for example, increased the budget to employ additional staff to support changing needs to consumers.
* Refer to Standard 6 for feedback and complaints, and Standard 7 for workforce governance.

The organisation monitors changes to legislation and communicates changes to the service and the Assessment Team identified at the assessment contact in January 2020 the organisation’s restraint policy was discussed at the quality improvement committee and resulted in the implementation of new forms and processes. However, the Assessment Team identified during the site audit in February 2020 deficiencies in relation to regulatory compliance; the service did not demonstrate an understanding or application of the requirements for the use of restraint consistent relevant legislation. Refer to requirement 3(3)(a).

The approved provider’s response identified the organisation has policies and processes in place to meet regulatory requirements for restraint, however, as the service had incorrectly classified consumers who were chemically restrained, this had impacted how they implemented their policy. The approved provider has commenced actions to address this. Refer to requirement 3(3)(a).

For the reasons detailed above, I have decided 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.

### Requirement 8(3)(e) 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.

# 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 3, Requirement (3)(a)
* Standard 8, Requirement (3)(c)