Eyre Peninsula Old Folks Home

Performance Report

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PORT LINCOLN SA 5606
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**Commission ID:** 6046

**Provider name:** Eyre Peninsula Old Folks Home Inc

**Site Audit date:** 8 February 2022 to 10 February 2022

**Date of Performance Report:** 30 March 2022

# Performance report prepared by

Stewart Brumm, 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** | **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) | 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 4 March 2022.

# 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 Approved Provider was able to demonstrate each consumer is treated with dignity and respect, with their identity, culture and diversity valued. The Assessment Team observed all staff interactions with consumers to be respectful and kind. Consumers and representatives confirmed consumers’ identity, culture and diversity were valued and celebrated. Most consumers said staff were familiar with their culture and staff were aware of consumers’ cultural preferences.

Each consumer is supported to exercise choice and independence. The Assessment Team observed staff to promote choice and independence when interacting with consumers and sighted evidence consumers had been consulted and involved in making and communicating decisions regarding care and service delivery.

Each consumer is supported to take risks to enable them to live the best life they can. Consumers said they felt supported to continue to take risks, and staff could describe the process and showed familiarity with choices consumers had made. Consumers interviewed confirmed communication from the service is clear, easy to understand and enables choice. Documentation demonstrated information provided to consumers is current, accurate and timely.

The Assessment Team observed staff to promote and respect consumers’ privacy and keep personal information confidential. This was reflected in care documentation and through interviews with consumers, representatives, and staff.

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*
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 Approved Provider demonstrated assessment and planning includes the consideration of risks to the consumer’s health and well-being and informs the delivery of safe and effective care and services. Consumers and their representatives confirmed that they participate in assessment and planning processes when consumers enter the service and on an ongoing basis thereafter. Staff discussed assessment processes and how assessments are used to guide the delivery of safe and effective care and services.

Consumers’ current needs goals and preferences, including advance care planning and end of life planning are assessed and identified in care planning documentation where the consumer wishes. Interviewed consumers’ needs, goals and preferences aligned with information documented in their care plans.

Care consultations are held regularly and involve all relevant parties, including medical officers and specialist services where a need is identified. Consumers are assisted to make and attend appointments outside the service supporting the planning, and review of consumer care.

The Approved Provider demonstrated the outcomes of assessment and planning are effectively communicated to the consumer and documented in a form and format that is readily accessible should they wish to access it. Progress notes reflect outcomes of assessments and changes to care needs are communicated to relevant persons in an appropriate manner. Consumers and representatives said they receive the information they require during care planning processes and when they ask for it otherwise.

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.

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

The Approved Provider did not demonstrate effective management of restrictive practice, including the identification and management of chemical restraint.

However, it is noted that sampled consumers and/or their representatives considered that they receive personal and clinical care that is safe and right for them. The sampled group stated that they receive quality care and services; they spoke positively about staff who provide their daily care and services; and believe the care received is tailored to their needs.

The Approved Provider demonstrated effective management of high impact or high prevalence risks associated with the care provided to sampled consumers. The Assessment Team further observed that consumers’ needs, goals and preferences, including for those nearing the end of life, are recognised and addressed with the comfort and dignity of individuals being maximised and preserved.

The Approved Provider demonstrated that it recognises the deterioration or change to consumers’ mental health, their cognitive or physical function, capacity or condition, which is responded to in a timely manner. Care plans and progress notes for sampled consumers reflect that staff identify deterioration or changes in consumers’ condition and take appropriate action.

The Approved Provider demonstrated that information about consumers’ conditions, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. Staff handover documentation, communication diaries and consumer care files reflect that information is shared appropriately with staff, allied health providers, medical officers and external care and service providers where necessary.

Consumers stated they can readily access external providers for care and services that cannot be provided within the service. Referrals are made to external providers in a timely manner, which the Assessment Team confirmed through the observation of sampled consumers’ care plans.

#### The Approved Provider demonstrated that it has practices and processes which support the minimisation of infection-related risks, through implementing standard and transmission-based precautions to prevent and control infection, as well as the use of practices to promote the appropriate prescribing of antibiotics. Consumer and representative feedback indicated satisfaction with how the Approved Provider communicates and manages infection-related risks. The Assessment Team observed most staff adhering to infection control practices, which supports the minimisation of transmission-based infection.

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.*

Following an Assessment Contact in November 2021, the Aged Care Quality and Safety Commission found this requirement Non-compliant. The findings related to the application of restrictive practices, review of the effectiveness of restrictive practices and the required implementation of behaviour support plans.

In relation to this Site Audit the Assessment Team provided information that the Approved Provider had not identified the use of chemical restraint for some consumers, that authorisation forms for the use of restraint had not been consistently completed and the Assessment Team identified deficits in the management of diabetic information for some consumers.

The Approved Provider provided a response that included clarifying information to the Assessment Team report as well as a plan for continuous improvement, clinical reports, monitoring forms, registers, admission checklist, behaviour support plans, restraint authorisations, medication consent forms, diabetic management plans and policies and protocols.

I acknowledge that the Approved Provider has made improvements under this requirement since November 2021, including a review and revision of policies and procedures relating to restrictive practice, consumers requiring physical restrictive practices have been appropriately reviewed by clinical staff, their medical officer and consultation undertaken with the consumer’s next of kin and behaviour support plans have been developed. Staff have been trained on the use and management of restrictive practice and it is now part of the annual mandatory training program. Flyers and posters regarding restrictive practices have been placed in common areas of the home and links for online training and webinars regarding restrictive practices and behaviour support planning have been provided to clinical and care staff. The Approved Provider is also auditing their systems to monitor compliance.

However, the effectiveness and sustainability of these improvements has yet to be established as the Approved Provider had not identified the deficiencies reported by the Assessment Team prior to the audit.

In relation to the consumers and restrictive practice, I note the Approved Provider has either at the time of the audit or post the audit obtained the required consent for the use of the chemical restraint.

In response to the Assessment Team’s findings for diabetes management, the Approved Provider has reviewed its policy and procedures and implemented improvements for consumers, which includes: ensuring electronic care records align with paper-based records; expanded monthly clinical management reporting to monitor compliance with assessments and diabetes management plans; reviewing consumers’ daily clinical charts to support meeting individuals’ needs; and where concerns are identified, the information is reported to the consumer’s medical practitioner. I also note there was no adverse outcome for consumers in relation to diabetic management.

I have considered the Assessment Team’s report and the Approved Provider’s response, and I find that at the time of the audit the Approved Provider did not demonstrate that each consumer gets safe and effective clinical care in relation to the identification and management of chemical restraint.

I find this requirement 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 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

Overall, sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

The Approved Provider was able to demonstrate each consumer gets safe and effective supports for daily living that meet the consumer’s needs, goals, and preferences to optimise their independence, health, well-being, and quality of life. Care planning documents reflected individual choices and preferences for meals, personal care and leisure activities which are reviewed and updated regularly. Staff were knowledgeable about individual consumers’ preferences for personal care, meal choices and leisure activities, and lifestyle staff confirmed the activity schedule is adjusted based on feedback and changes to consumers' needs and goals.

Services and supports for daily living promote each consumer’s emotional, spiritual, and psychological well-being. Consumers said staff assist them to maintain their well-being by supporting them to maintain friendships, undertake activities they like and make regular checks on their welfare. Documentation records information about consumer choices in relation to leisure, spiritual, and emotional well-being, and staff could describe how they provide support to consumers based on their individual needs.

Consumers reported they do things they like within and outside the service and they are supported to keep in touch with people important to them. Staff could describe how they participate in the community and/or keep in touch with the people important to them.

Each consumer has a care plan which records sufficient information about consumer likes, dislikes, preferences and requirements to guide consumer care. Staff confirmed they have access to care plans, attend handover meetings and are informed of changing care needs for consumers.

The Approved Provider was able to demonstrate assessment and planning for consumer needs is undertaken and reviewed regularly, all consumers have a care plan, and staff are informed of any changes to a consumer's health and care via handover meetings and changes are updated on the service’s electronic care system. Consumers are referred to external agencies as required, and staff and consumer representatives confirmed they are informed of any changes to other care and services in a timely manner.

Meals provided are varied, of suitable quality and quantity. Weekly menus are prepared for an 8-week period, consumer feedback is used to inform meal choices and alternatives are available. The menu is reviewed by a dietitian to ensure it is suitable. Overall, most consumers were satisfied with the quality and quantity of meals provided, however, some said meal variety could be improved.

Equipment was observed to be suitable, clean, and well maintained.

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 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 Approved Provider was able to demonstrate the environment to be welcoming and homely with sufficient space for consumers to sit or conduct activities in various communal spaces.

Overall, sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. Consumers interviewed said they feel safe living in the service, their family and visitors are made to feel welcome by friendly staff. Consumers and representatives interviewed confirmed the environment is safe, clean, and well maintained.

Consumers interviewed said they can go outside if they wish to, they said they can just ask staff to take them or go out by themselves.

Preventative maintenance is scheduled on daily, weekly, monthly, six monthly through to yearly basis which covers all assets. Contractors are engaged to conduct essential services, pest control, hot water system monitoring, waste management, preventative building maintenance, security, lighting, lifting equipment, fire provisions, window and carpet cleaning when required.

Consumers and representatives said equipment is safe, well maintained, and tailored to their needs. Staff interviewed said they were satisfied with the equipment provided to undertake their duties.

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, sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

All consumers and their representatives said they felt encouraged and supported to raise concerns and issues with staff and management and described ways in which they can raise complaints. Most consumers and representatives reported that feedback and complaints were followed up and they were informed of actions and outcomes.

The Approved Provider was able to demonstrate consumers, their family, friends, carers, and others are encouraged and supported to provide feedback and make complaints.

The Approved Provider was able to demonstrate appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. The service maintains a Complaints Register which shows complaints are recorded, investigated, actioned and reviewed. Staff could describe open disclosure policies and principles and provide examples of how and when it is used.

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, sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

The Approved Provider was able to demonstrate 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. All staff reported staffing levels are adequate when the roster is full, however, said absences increase time pressure for staff but this does not impact on consumer care. Documentation shows there are processes in place to manage staff absences.

Overall, consumers and their representatives confirmed staff are kind, caring and respectful of consumers’ identity, culture and diversity, providing care in line with their preferences and needs. Staff were observed to be kind, caring and calm in their interactions with consumers.

Consumers reported staff are competent and they feel safe and comfortable at the service. Documentation shows staff have skills, qualifications and experience to undertake their roles and policies and procedures guide workforce practices.

The Approved Provider was able to demonstrate the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. Staff confirmed undertaking induction and orientation processes at commencement of employment and completing annual mandatory and elective training. There is an annual appraisal schedule with management and staff confirming these are undertaken and documentation shows these are completed within required timeframes and followed up when overdue.

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 consider that the organisation is well operated, and they can partner in improving the delivery of care and services. Interviewed consumers and consumers’ representatives confirmed they are supported, engaged and a partner in the provision of care and services. For example, consumers attend quarterly resident meetings, provide feedback via forms and surveys and are kept informed regarding decision-making. Consumers and representatives advised that they can freely provide feedback to management and staff.

The Approved Provider demonstrated that its governing body has received education on the Standards and as such, board members promote a culture of safe, inclusive and quality care and services, for which they are accountable. The Approved Provider has reporting mechanisms to ensure the board of directors are aware of happenings at the service, including changes to aged care legislation. To verify statements made by the Approved Provider, the Assessment Team viewed records that board members did attend information sessions regarding the Serious Incident Response Scheme (SIRS) and a recent board meeting agenda confirmed that the Standards are discussed at monthly meetings.

The Approved Provider demonstrated that it has effective governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The Assessment Team viewed the Approved Provider’s structures which guide: general reporting; financial governance; continuous improvement; workforce governance; clinical governance; leadership, feedback and complaints; communication and reporting framework. A range of documentation was viewed by the Assessment Team to verify that management and staff understand their specific roles, are equipped to perform their duties, as well as how the Approved Provider has improved its processes to monitor compliance with legislative responsibilities.

The Approved Provider has a risk management framework in place that includes policies, procedures and audit systems, which underpin the organisation’s approach to identifying and managing risks to consumers’ care. The risk management system supports staff and volunteers to deliver safe and quality care, which is guided by providing information regarding: risks; care outcomes; tools and processes for assessing the needs of consumers; monitoring and improving the quality of care; and identifying and responding to identified risks and complaints.

The Assessment Team interviewed clinical management staff who advised that quality indicator data is collected and evaluated each month, to identify emerging risks to consumers. The Assessment Team also viewed the Approved Provider’s policies and procedures which aim to identify and minimise harm to consumers, as well as resources to guide staff in recognising when the condition of an individual is deteriorating.

Consumers are supported to live the best life they can through the assessment of risks that individuals wish to take, following which consent forms are signed by the consumer, Approved Provider and the consumer’s representative. The Assessment Team viewed the Approved Provider’s policies and processes which facilitate consumers who wish to take risks, such as leaving the service on their own, and mitigating those risks where possible.

The Approved Provider demonstrated that it has an effective incident management system (IMS) in place, which is used by staff for consumer care planning and to record incidents and access hard-copy incident forms.

With respect to minimising the use of restraint and embedding practices which support compliance with aged care legislation, the Approved Provider has taken steps to return to compliance with its responsibilities; however, it had not achieved compliance at the time of the Site Audit.

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

This Requirement was found Non-compliant following an Assessment Contact conducted in November 2021 where it was found the service was not able to demonstrate effective organisation wide governance systems in relation to information management, continuous improvement and regulatory compliance. Furthermore, the organisation’s governance systems were not effective in responding to legislative changes and the service had not introduced an updated policy in relation to restrictive practices and behaviour support plans.

In relation to this Site Audit the Assessment Team provided information that the organisation has implemented a number of actions in response to the non-compliance identified at the Assessment Contact. Since the Assessment Contact, these processes have been developed and embedded into everyday practice at a service level.

The Approved Provider was able to demonstrate organisation wide governance systems relating to information management; continuous improvement; financial governance; workforce governance; regulatory compliance; and feedback and complaints. The Assessment Team viewed the organisation's communication and reporting structures, Clinical Governance, Leadership and Board committee structures. Minutes from Clinical Care committees and supporting principles, strategies, policies, procedures and communication charts which are in place to guide staff practice.

Based on the information provided by the Assessment Team, I find that at the time of the Site Audit the Approved Provided demonstrated effective organisation wide governance systems.

I find this requirement 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.*

This Requirement was found Non-compliant following an Assessment Contact conducted in November 2021 where it was found the service was not able to demonstrate an effective clinical governance framework in relation to minimising the use of restraint. Specifically, changes to restrictive practice requirements, including policies and procedures and the use of Behavioural Support Plans were not implemented or consistently reflective of current requirements.

In relation to this Site Audit the Assessment Team provided information that the whilst the Approved Provider has undertaken improvement activities since November 2021, the Approved Provider had not demonstrated an effective clinical governance framework in relation to restrictive practices. Restraint Minimisation and Use Practice and Behaviour Support Plan policies have been updated and Behaviour Support Plans have subsequently been introduced, however the improved processes did not identify all consumers subject to chemical restraint, nor the deficits in the documentation of authorisation for the use of restraint.

In relation to the consumers and restrictive practice, I note the Approved Provider has either at the time of the audit or post the audit obtained the required consent for the use of the chemical restraint.

I do note the Approved Provider did demonstrate effective governance related to antimicrobial stewardship and open disclosure.

The Approved Provider has also planned further improvements and monitoring processes to ensure ongoing compliance with this requirement.

I have considered the Assessment Team’s report and the Approved Provider’s response and I find that at the time of the Site Audit, the Approved Provider did not demonstrate an effective clinical governance framework in relation to use and management of restraint.

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.

* Ensure consumers receive effective clinical care, including in relation to the use and management of restraint.
* Ensure effective clinical governance systems, including in relation to the use and management of restraint.