Accreditation Decision

**Decision to re-accredit service following a site audit**

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Fairmont Aged Care Centre |
| **RACS ID:** | 2366 |
| **Name of approved provider:** | Fairmont NSW Pty Ltd |
| **Address details:**  | 20 Dunmore Street BEXLEY NSW 2207 |
| **Date of site audit:** | 24 September 2019 to 27 September 2019 |

**Summary of decision**

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| **Decision made on:** | 28 October 2019 |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. |
| **Decision:** | To re-accredit the service under section 41 of the Rules. |
| **Further period of accreditation:** | 08 November 2019 to 08 November 2022 |
| **Assessment of performance with the Aged Care Quality Standards** |
| Standard 1 Consumer dignity and choice | Met |
| Requirement 1(3)(a) | Met |
| Requirement 1(3)(b) | Met |
| Requirement 1(3)(c) | Met |
| Requirement 1(3)(d) | Met |
| Requirement 1(3)(e) | Met |
| Requirement 1(3)(f) | Met |
| Standard 2 Ongoing assessment and planning with consumers | Met |
| Requirement 2(3)(a) | Met |
| Requirement 2(3)(b) | Met |
| Requirement 2(3)(c) | Met |
| Requirement 2(3)(d) | Met |
| Requirement 2(3)(e) | Met |
| Standard 3 Personal care and clinical care | Met |
| Requirement 3(3)(a) | Met |
| Requirement 3(3)(b) | Met |
| Requirement 3(3)(c) | Met |
| Requirement 3(3)(d) | Met |
| Requirement 3(3)(e) | Met |
| Requirement 3(3)(f) | Met |
| Requirement 3(3)(g) | Met |
| Standard 4 Services and supports for daily living | Met |
| Requirement 4(3)(a) | Met |
| Requirement 4(3)(b) | Met |
| Requirement 4(3)(c) | Met |
| Requirement 4(3)(d) | Met |
| Requirement 4(3)(e) | Met |
| Requirement 4(3)(f) | Met |
| Requirement 4(3)(g) | Met |
| Standard 5 Organisation’s service environment | Met |
| Requirement 5(3)(a) | Met |
| Requirement 5(3)(b) | Met |
| Requirement 5(3)(c) | Met |
| Standard 6 Feedback and complaints | Met |
| Requirement 6(3)(a) | Met |
| Requirement 6(3)(b) | Met |
| Requirement 6(3)(c) | Met |
| Requirement 6(3)(d) | Met |
| Standard 7 Human resources | Met |
| Requirement 7(3)(a) | Met |
| Requirement 7(3)(b) | Met |
| Requirement 7(3)(c) | Met |
| Requirement 7(3)(d) | Met |
| Requirement 7(3)(e) | Met |
| Standard 8 Organisational governance | Not Met |
| Requirement 8(3)(a) | Met |
| Requirement 8(3)(b) | Met |
| Requirement 8(3)(c) | Not Met |
| Requirement 8(3)(d) | Met |
| Requirement 8(3)(e) | Met |
| **Timetable for making improvements:** | By 13 January 2020  |
| **Revised plan for continuous improvement due:** | By 12 November 2019  |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 48 of the Rules.**

Site Audit Performance
Assessment Report

The Commission makes the decision taking into account this Site Audit report, any response by the provider, and any other relevant information.

The met/not met recommendations made by the Assessment Team in this Site Audit report may differ from the findings in the decision.

## Introduction

**This is the report of an assessment of Fairmont Aged Care Centre (the Service) conducted from 24 September 2019 to 27 September 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report details the findings of this performance assessment and contains a detailed report about the performance of the Service against each Quality Standard assessed and the requirements within each Quality Standard assessed rated as either, Met or Not Met.

For a ‘Not met’ finding, the Assessment Team has provided information about why the requirement was Not Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers | 12 |
| Consumer representatives  | 3 |
| Management | 2 |
| Clinical staff | 2 |
| Care staff | 4 |
| Hospitality and environmental services staff | 2 |
| Lifestyle staff | 1 |
| External contractors (Laundry and Cleaning) | 1 |
| Allied health professionals (Physiotherapist) | 1 |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Met

#### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and organisations, 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.

#### Summary of Assessment of Standard 1:

The Assessment Team found that the organisation has met all six requirements under standard 1.

Consumer experience interviews show that 100% of consumers confirmed staff treat them with respect most of the time or always. The service consults with consumers and representatives through meetings, surveys and through open and/or anonymous feedback. The complaints processes ensure consumers and their representatives are satisfied that staff treat them with respect. Consumers supported to maintain their identify, make informed choices about their care and services and live the life they choose.

The service demonstrated consumers are treated with dignity and respect. The service promotes a culture of inclusion through an individual focus on each consumer’s assessed care and service needs and their expressed preferences on care and service delivery. Staff were observed to interact with consumers respectfully and could easily identify individual consumer preferences and interests. Consumers interviewed were able to provide examples of how their social connections are supported and how staff meet their personal care needs based on how they would like to live every day. The service provides regular education to the work force to ensure care and services are effectively implemented to support each consumers’ quality of life. The service promotes a wide range of activities for consumers with diverse cultural and language backgrounds and ensures staff are able to communicate and engage with consumers.

Staff were able to provide examples of how they support consumers make choices and understood the informed consent process. Consumers were able to provide examples of how staff have supported them in making decisions about their life. The service was able to provide examples of how they had supported consumers making decisions that involved risk elements and then implement strategies to mitigate further risks.

Consumers report that care and services, including personal care, are undertaken in a way that respects their privacy. The service has implemented relevant language signage for consumers, which was observed to be in use with consumers providing positive feedback in relation to this initiative. Staff provided examples of how they maintain the privacy of consumers such as knocking and seeking verbal recognition prior to entering rooms. The service demonstrated how information technology, filing systems and referral processes, support the protection of confidential information including consumer information, consistent with documented policies and procedures.

#### Requirements:

Standard 1 Requirement 3(a) Met

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### **Standard 1 Requirement 3(b) Met**

The organisation demonstrates that care and organisations are culturally safe.

Standard 1 Requirement 3(c) Met

The organisation demonstrates that each consumer is supported to exercise choice and independence, including to:

1. make decisions about their own care and the way care and organisations 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.

Standard 1 Requirement 3(d) Met

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

Standard 1 Requirement 3(e) Met

The organisation demonstrates that 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.

Standard 1 Requirement 3(f) Met

The organisation demonstrates that each consumer’s privacy is respected and personal information is kept confidential.

### Standard 2: Ongoing assessment and planning with consumers Met

#### Consumer outcome:

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

#### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and organisations 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.

#### Summary of Assessment of Standard 2:

The Assessment Team found that the organisation has meet all five requirements under Standard 2.

Of consumers randomly sampled, 100% confirmed staff meet their care needs and that staff know what they are doing. Consumers and their representatives confirmed regular contact and care conferences have helped ensure consumers get the care and services they need. Some consumers whilst unable to recall whether they had formally been involved in the care planning process were able to discuss staff asking them about their care needs and preferences with documentation sighted reflecting case conferences with consumers and their representatives are occurring. Consumers stated staff and management listen to and respect their preferences. Consumers also confirmed they have access to other professionals such as general practitioners, physiotherapists, dentists etc and referrals occur promptly when required to ensure they get the care and services they need.

Staff could describe how consumers and the multidisciplinary team work together to deliver an individualised care and service and how care and services are monitored and reviewed with the consumer and their representative as required. Care and service plans were reviewed by the Assessment Team and all had been regularly reviewed in partnership with the consumer and/or their representative with a system in place to ensure care plans are current and reflect up to date information. Staff demonstrated an understanding of reporting and analysing clinical information and lifestyle information and how this information is documented and informs assessment and care planning processes.

The service initiates discussion about end of life care on admission and provides information on what advanced care planning and end of life care is and what to expect. The service continues to document and seek engagement with consumers and their representatives on their preferences around advanced care directives and/or end of life preferences as some consumers have not yet chosen to participate in this assessment and care planning process.

#### Requirements:

Standard 2 Requirement 3(a) Met

The organisation demonstrates that assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and organisations.

##### **Standard 2 Requirement 3(b) Met**

The organisation demonstrates that 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.

Standard 2 Requirement 3(c) Met

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 organisations; and
2. includes other organisations, and individuals and providers of other care and organisations, that are involved in the care of the consumer.

Standard 2 Requirement 3(d) Met

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

Standard 2 Requirement 3(e) Met

The organisation demonstrates that care and organisations are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

### Standard 3:Personal care and clinical care Met

#### 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.

#### Summary of Assessment of Standard 3:

The Assessment Team found the organisation has met all seven requirements under Standard 3.

Each consumer and representative interviewed expressed overall satisfaction with the consultation process and delivery of personal and clinical care. The service has processes in place to ensure safe and effective personal and clinical care is provided in accordance with the consumer’s needs, goals and preferences to optimise health and well-being. This includes but is not limited to medication management, pain management, palliative care, nutrition, continence management, skin care, wound care, falls prevention/management, dementia awareness and behaviour management.

Registered nurses are on-site 24 hours a day, seven days a week to assess and oversee clinical care requirements. Staff liaise with the consumer's medical officers and the consumer and/or their representatives, to identify care needs and ensure care is supported and delivered in accordance with consumer’s needs. Specialists, medical officers and allied health professionals are accessed as required and on request of consumers and/or their representatives. There are processes to support storage, administration and disposal of medications safely including processes to ensure that consumer’s medications are reviewed, and medication orders are current.

Non-pharmacological strategies are used to assist consumers to maintain their comfort levels. These include massage, repositioning, hot packs, exercise equipment, diffusers/aromatherapy and relaxation music. The service monitors clinical data including data required by the Department of Health’s National Aged Care Quality Indicator Program.

Staff were observed to ask consumers about preferences on personal and clinical care interventions including whether the consumer is ready for personal care and notifying consumers of upcoming medical and allied health visits and reviews being undertaken around physical restraint at the time of the unannounced site visit.

Staff said they have sufficient time to provide personal and clinical care and understand consumers personal and clinical care needs and preferences in relation to delivery of care.

#### Requirements:

Standard 3 Requirement 3(a) Met

The organisation demonstrates that 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.

Standard 3 Requirement 3(b) Met

The organisation demonstrates effective management of high impact or high prevalence risks associated with the care of each consumer.

Standard 3 Requirement 3(c) Met

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

Standard 3 Requirement 3(d) Met

The organisation demonstrates that 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.

Standard 3 Requirement 3(e) Met

The organisation demonstrates that 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.

Standard 3 Requirement 3(f) Met

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and organisations.

Standard 3 Requirement 3(g) Met

The organisation demonstrates 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:Services and supports for daily living Met

#### 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.

#### Summary of Assessment of Standard 4:

The Assessment Team found the organisation has met all seven (7) requirements under Standard 4.

Each consumer and representative interviewed expressed overall satisfaction with the way consumers are assisted to adjust to life at the service. The supports for daily living provided that are important for consumers health and well-being including assistance to enable consumers to do the things they want to do.

This is achieved through consultation with consumers and their representatives to identify;

* goals and needs to support daily living,
* staying active,
* maintaining independence
* assisting consumers to do things for themselves,
* supporting emotional and spiritual well-being,
* staying connected within and outside of the the home,
* continuing and maintaining personal relationships,
* doing things of interest for each consumer,
* enjoying meals and food options, and,
* ensuring needs and preferences are communicated to others with caring responsibilities are in place and that any equipment used to provide care and services are suitable, safe and well maintained.

Consumers and representatives provided examples of being supported to make choices and participate in things of interest to them. This included having choices around food options and accessing group and individual activities both within and outside of the service, while maintaining friendships and family connections. The provision of emotional and spiritual supports including the ability to attend church services offered and participate in spiritual and religious events important to the consumer. Being supported to do things for themselves that may involve the use of equipment such as mobility devices that are safe, suitable and well maintained.

During the unannounced site audit consumers were observed to participate in group and individual activities of their choosing, enjoying the company of other consumers, visitors and family, going out and participating in the open dining room option and/or eating in their rooms. Consumers said they are provided with information in writing and verbally by staff on activities offered, the menu options available and spiritual and emotional supports. Information on rights and responsibilities is displayed in the service and individualised choices and preferences for consumers was sighted in care documentation.

#### Requirements:

**Standard 4 Requirement 3(a) Met**

The organisation demonstrates that each consumer gets safe and effective organisations 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.

**Standard 4 Requirement 3(b) Met**

The organisation demonstrates that organisations and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

**Standard 4 Requirement 3(c) Met**

The organisation demonstrates that organisations and supports for daily living assist each consumer to:

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

**Standard 4 Requirement 3(d) Met**

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

**Standard 4 Requirement 3(e) Met**

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and organisations.

**Standard 4 Requirement 3(f) Met**

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

**Standard 4 Requirement 3(g) Met**

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

**Standard 5:
Organisation’s organisation environment Met**

#### 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.

#### Summary of Assessment of Standard 5:

The Assessment Team found that the organisation has meet all three (3) requirements under Standard 5.

The service was observed to be welcoming, clean and maintained whilst significant building and refurbishment was occurring. The service operates from a heritage listed building and consumers have single and shared room accommodation available. Consumer spaces and rooms were observed to have some personal photographs and items such as personal quilts and paintings. The layout of the service enables consumers to move around freely, with lift, chair lift and platform lift installed to support access and egress. The service has suitable furniture, fittings and signage to help consumers navigate the service. The service has a combined activity/dining room with access to outdoor balconies and garden areas for consumers and visitors.

Consumers and representatives did not raise any concerns about the service environment, current building works and/or furnishings and equipment. Consumers and their representatives advised the service is always clean, there are spaces to go other than their room if they wanted. They are able to choose how they personalised their bedrooms and that they felt comfortable and they could offer feedback at any time.

The service has systems in place to support purchasing, servicing and maintenance of furnishing and equipment. Environmental related risks to consumers were identified and signage is in place around the current building works including management of noise and implementation of additional cleaning to minimise building dust/dirt within the service. Staff interviewed demonstrated an understanding of these systems and processes. Interviews with staff indicated cleaning, maintenance and laundry services are delivered appropriately. The service environment is an agenda item at corporate meetings and feedback received from consumers and their representatives is considered. Management advised following negative feedback from consumers on the cleanliness of the service their contracted cleaners were changed in March 2019 that has resulted in positive feedback on the cleanliness of the rooms and communal areas.

The service also maintains air conditioning throughout the home to ensure comfortable temperatures for consumers, visitors and staff. Consumers and staff interviewed also confirmed additional alerts and actions are put into place during summer that include additional hydration rounds and access to water stations in the communal areas.

#### Requirements:

**Standard 5 Requirement 3(a) Met**

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

**Standard 5 Requirement 3(b) Met**

The organisation demonstrates that the organisation environment:

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

**Standard 5 Requirement 3(c) Met**

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

**Standard 6:
Feedback and complaints Met**

#### 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.

#### Summary of Assessment of Standard 6:

The Assessment Team found the organisation has met all four (4) requirements under Standard 6.

The service demonstrated that consumers know how to give feedback and make complaints and feel safe and comfortable doing so. Consumers and their representatives have access to information on ways to provide feedback, make complaints and access supports and advocates if required. One representative had requested the director of care advocate on his father’s behalf which resulted in a resolution to the issue raised and improved systems with an external supplier used by the service. The service has multiple methods for receiving feedback which include; a confidential written complaints process, direct verbal feedback to staff and via meetings held. Feedback is sought through surveys and on request. Information on external complaints processes is provided to consumers in brochures/posters displayed, and in resident handbooks and resident agreements. Management and staff demonstrated that appropriate action is taken to acknowledge and action complaints. Management have a commitment to open disclosure when things go wrong providing an example of open disclosure processes. Feedback and complaints are reviewed, analysed for trends and used to improve the quality of care and services. Consumers and their representatives consistently said they are encouraged and supported to give feedback and that they are confident the service takes appropriate action to resolve complaints.

#### Requirements:

**Standard 6 Requirement 3(a) Met**

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

**Standard 6 Requirement 3(b) Met**

The organisation demonstrates that consumers are made aware of and have access to advocates, language organisations and other methods for raising and resolving complaints.

**Standard 6 Requirement 3(c) Met**

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

**Standard 6 Requirement 3(d) Met**

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and organisations.

**Standard 7:
Human resources Met**

#### 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.

#### Summary of Assessment of Standard 7:

The Assessment Team found the organisation has met all five (5) requirements under Standard 7.

The service demonstrated it has a workforce that is sufficient and is skilled and qualified to provide safe, respectful and quality care and services. Workforce planning processes are in place to ensure that the service maintains optimal numbers of and a suitable skill mix of staff. The Assessment Team observed that staff interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. Consumers confirmed that staff treat them with respect, are kind and caring and gave numerous examples of what this meant to them. The service demonstrated that the workforce is recruited to specific roles, trained and equipped to undertake these roles and supported to deliver the best possible outcomes for consumers. The service demonstrated that the workforce is competent, suitably qualified and supported with initial and ongoing training to effectively perform their roles. The skills and capabilities of each member of the workforce is regularly assessed, monitored and reviewed with all staff interviewed confirming they have access to initial and ongoing relevant training. Consumers and representatives said staff know what they are doing.

#### Requirements:

**Standard 7 Requirement 3(a) Met**

The organisation demonstrates that 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 organisations.

**Standard 7 Requirement 3(b) Met**

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

**Standard 7 Requirement 3(c) Met**

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

**Standard 7 Requirement 3(d) Met**

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

**Standard 7 Requirement 3(e) Met**

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

**Standard 8:
Organisational governance Not Met**

#### 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.

#### Summary of Assessment of Standard 8:

The Assessment Team found the organisation met four (4) of the five (5) requirements under Standard 8.

The service has some governance processes in place to promote a culture of safe, inclusive and quality care and services and sets clear expectations for accountability for delivery of care and services. The service demonstrated that it involves consumers in the development, delivery and evaluation of care and services providing examples of how consumers are involved in the decision making through meetings and other feedback processes including surveys. Consumers confirmed they are involved in their care planning providing examples of how this occurs in practice day to day.

However, whilst there are some governance systems in place to support information management, workforce management and clinical care the Assessment Team identified a gap in the service’s understanding, application, monitoring and review of regulatory compliance. Specifically, around restraint and the requirements outlined in Schedule 1, Section 4 of the Quality of Care Amendment (Minimising the Use of Restraints) Principles 2019 (legislation).

Management were unclear as to what constituted physical restraint and were unable to demonstrate they had complied with all requirements specified in Section 15 F of the legislation for twelve consumers who had documented authorisations in place by their medical officer to use (bed rails). On entry to the unannounced site visit management advised the Assessment Team that one consumer had physical restraint (bed rails) in place, however, documentation sighted in the service’s restraint folder identified twelve consumers were using bed rails and had signed authorisations in place by their medical officer. Management indicated they had received advice and did not consider bed rails used for comfort and/or safety a form of restraint. However, the service’s practice and restraint policy reflected they did consider bed rails to be a form of restraint and had sought authorisations by the consumer’s medical officer and family members to use bed rails. One consumer unable to provide informed consent had bed rails in place did have signed authorisation by their medical officer but not an appointed or nominated representative.

During the unannounced site audit the approved provider engaged a consultant to undertake a review of all consumers using physical and/or chemical restraint. At the time of completion of the unannounced visit the approved provider had put together a plan of action and undertaken a review of twelve consumers that had been using using bed rails. However, following the review undertaken by the staff;

* Two consumers had signed authorisations by their medical officer and consent from their representative in place, which was sighted by the Assessment Team,
* Ten other consumers had a bed rail risk assessment undertaken. Eight of the consumer representatives provided verbal consent and two consumers were able to provide their own consent to use bed rails. Whilst a bed rail risk assessment for the above consumers had occurred the service was still unable to demonstrate they had understood and complied with the legislation. The legislation defines restraint as “restraint means any practice, device or action that interferes with a consumer’s ability to make a decision or restricts a consumer’s free movement.” In line with the legislative definition of restraint the bed rail risk assessments undertaken do not adequately document required information specified in 15 F (a), (b), (c) and (e) of the legislation.
* The bed rail risk assessment identifies risk to the consumer such as climbing out of bed but not the actual risk of harm to the consumer as per 15 F (a) (i) that specifies “assessed the consumer as posing a risk of harm to the consumer or any other person, and as requiring the restraint”, and
* The bed rail risk assessment identifies that other options have been trialled but not what was tried and/or the outcomes in line with 15 F (b) and (c) alternatives to restraint that have been considered or used have been documented,
* The bed rail assessment does not provide adequate information on informed consent as required under 15 F (e) that requires the approved provider has the informed consent of the consumer or the consumer’s representative to the use of the restraint, unless the use of the restraint is necessary in an emergency.

#### Requirements:

**Standard 8 Requirement 3(a) Met**

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and organisations and are supported in that engagement.

**Standard 8 Requirement 3(b) Met**

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

**Standard 8 Requirement 3(c) Not Met**

The organisation demonstrates 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.

**Standard 8 Requirement 3(d) Met**

The organisation demonstrates 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.

**Standard 8 Requirement 3(e) Met**

The organisation demonstrates that 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.