Huon Eldercare

Performance Report

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**Commission ID:** 8002

**Provider name:** Huon Regional Care

**Site Audit date:** 9 December 2020 to 11 December 2020

**Date of Performance Report:** 22 January 2021

# Publication of report

This Performance Report **may 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** | **Non-compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | 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 Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 12 January 2021
* ICM Checklist.

# 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall sampled consumers considered that 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:

* Most sampled consumers said they are treated with dignity and respect and described in various ways how staff make them feel valued and accepted. Consumers confirmed staff know what is important to them and that they are encouraged to do things for themselves.
* Consumers said the service protects the privacy and confidentiality of their information. They are satisfied that care and services, including personal care, are undertaken in a way that respects their privacy.
* Consumers described in various ways how staff provide them with personal privacy to meet their individual needs and preferences, including maintaining friendships and relationships.
* Staff described how they support consumers to make their own decisions in relation to the care and services, and how they promote consumers’ independence on a daily basis.

The Assessment Team found that six of six specific requirements were met.

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 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

The service did not adequately demonstrate that on-going assessment and planning occurs with each consumer. Assessment and care planning documentation does not always address each consumer’s current needs, goals or preferences.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Overall sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services for optimising their health and wellbeing.

For example:

* Consumers interviewed confirmed that their needs and preferences are discussed with staff on a regular basis, and they explained they had access to their care plan routinely.
* Consumers and representatives confirmed that they are involved and kept informed about the outcomes of assessment and planning of consumers care.

While the service maintains a range of assessment and care planning tools, there were gaps in relation to the use of these tools to identify or address each consumer’s current needs, goals or preferences, including advanced care and end of life planning.

The Assessment Team found four of five specific requirements were met.

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

## Assessment of Standard 2 Requirements

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

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

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

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

The Assessment Team found that the service did not demonstrate assessment and care planning documentation always identifies or addresses each consumer’s current needs, goals or preferences. Changes to consumers care needs are not always immediately reflected or addressed in the assessment and care planning documentation.

The Assessment Team found there is no information documented on the register to show how monitoring and review of psychotropic medication occurs for each consumer. There is no assessment process used within the service’s electronic documentation system to capture this information.

The assessment and review documentation for consumer’s did not always reflect the changes in circumstances and lifestyle planning after significant events or reflect consumer’s interests and activities or end of life preferences.

In response to the Assessment Team report the Approved Provider has indicated that it has updated its Psychotropic Self-Assessment Register and to identify those residents who have had changes to their psychotropic medication to demonstrate the active program of review and reduction and to demonstrate when the psychotropic medication is intended as a chemical restraint. Assessment and care plans and end of life plans are being reviewed.

The Approved Provider has also indicated it intends to strengthen reporting to the Clinical Governance Committee and thereafter to the Board to illustrate the current status of assessments and care plan reviews as measured against the Assessment and Care Planning policy.

I have reviewed the information available and find requirement 2(3)b not met. While the Approved Provider’s response acknowledges the deficits identified by the Assessment Team and its response includes plans for improvements the service has not demonstrated assessment and planning always identifies and addresses the consumer’s current needs, goals and preferences. Changes to consumers care needs are not always immediately reflected or addressed in the assessment and care planning documentation.

### 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 service did not adequately demonstrate that each consumer gets safe and effective personal and clinical care that meets their needs, goals and preferences and that best practice or service guidelines are followed.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

While the majority of sampled consumers and representatives considered that consumers receive personal and clinical care that is safe and right for them, the Assessment Team identified the service’s processes and procedures for managing consumers care were not always completed in line with best practice or the services guidelines.

For example:

* Consumer psychotropic medication and environmental restraint consent and authorisation is not documented and does not reflect best practice approaches to managing restraint.
* Consumers skin care and pain is not monitored or managed effectively to optimise consumers’ health and wellbeing.

The Assessment Team found that six of seven specific requirements were met.

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

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) 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.*

The service did not adequately demonstrate that each consumer gets safe and effective clinical care that meets their needs, goals and preferences and that best practice or service guidelines are followed.

The Assessment Team identified the service’s processes and procedures for managing consumers psychotropic medications and environmental restraint consent were not always completed in line with best practice or the service’s guidelines. Consumers skin care and pain is not always monitored or managed effectively to optimise consumers’ health and wellbeing or provided in a timely manner.

The Assessment Team was unable to determine how many consumers receiving psychotropic medications had their medication either ceased or reduced. In a sample consumer file there is no signed consent or authorisation form available for the use of medication to control behaviours of concern by the consumer or a representative. There is no information in the care plan regarding the use of psychotropic medication or information on how this is reviewed and monitored.

The Approved Provider’s response indicates that consent for chemical restraint is currently gained, documented and managed by the medical practitioner. It provided evidence it is intends using the Restraint Authorisation form in its electronic management system in partnership with the residents, representatives and medical practitioners, to document consent and the associated requirements reflecting care plans, and as detailed in the Improvement plan submitted.

The Approved Provider has updated its Psychotropic Self-Assessment Register template inserting a column to identify those residents who have had changes to their psychotropic medication. The planned update is intended to facilitate transparency of the active program of review and reduction within the assessment and care planning documentation including use of the Psychotropic Medication Assessment and management form in its electronic management system.

Plans are in place to undertake assessments and care plan reviews for pain and skin integrity.

I have reviewed the information available and I find requirement 3(3)a not met. While the Approved Provider has put in place revised processes, the service has not demonstrated implementation of the revisions, updates and plans for managing, capturing and documenting changes to consumer psychotropic medication. It has not provided evidence the assessments and care plan reviews for pain and skin integrity have been undertaken.

### 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 COMPLIANTServices and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

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.

For example:

* Consumers said staff know what is important to them and they are supported to do the things they like. Examples included celebrating important personal or religious events, and participating in one-to-one or group activities inside or outside of the service.
* Consumers sampled provided positive feedback in relation to the choice and quality of food. Consumers said they are encouraged to provide feedback about their meals directly to staff, through resident meetings or at food focus meetings.
* The lifestyle program includes a range of activities, and consumer documentation includes information relating to how consumers are supported to participate in the community and maintain their chosen friendships or relationships.
* The service has processes to ensure each consumer’s nutrition and hydration is monitored and reviewed to ensure good health is maintained and risks of malnutrition and dehydration are reduced.

The Assessment Team found that seven of seven specific requirements were met.

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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

Overall sampled consumers considered that they feel they belong in the service, and feel safe and comfortable in the service environment.

For example:

* Consumers interviewed said they feel at home, and what this means to them. For example, one consumer said staff keep the service clean and she enjoys the outdoor gardens.
* Most consumers and representatives sampled confirmed they find the environment clean, well maintained and safe.
* Staff described how they identify and report maintenance tasks, incidents and hazards. There are preventative and reactive maintenance processes in place, and staff confirmed maintenance issues are investigated, actioned and resolved.
* The Assessment Team observed the service, both internally and externally, to be mostly clean and well maintained. There are signs and navigational aids for consumers and visitors, with a reception and hairdressing salon near the entrance. Consumers’ rooms are personalised, with rooms overlooking gardens or a river.

The Assessment Team found that three of three specific requirements were met.

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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

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

For example:

* Consumers and representatives described how they can provide feedback or make a complaint. Consumers and representatives said that matters raised are addressed in a timely manner, however, some consumers said the food is not the correct temperature.
* The Assessment Team observed internal and external complaints information on display within the service. Senior management monitor and review all complaints to their satisfactory conclusion. Trends are reported to site and heads of department as well as to the Board.

The Assessment Team found that four of four specific requirements were met.

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

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

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

For example:

* Consumers and representatives interviewed provided positive feedback about the staff being kind and caring, and that staff attend to consumers in a respectful manner.
* Consumers and representatives interviewed confirmed staff were informed and knowledgeable regarding their roles and they conducted their duties with competence and confidence.

The Assessment Team received consistent feedback from consumers and representatives that the service provides adequate staff across care, lifestyle and services.

The Assessment Team found that five of five specific requirements were met.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

The service did not demonstrate how organisational governance systems appropriately manage high-impact or high-prevalence risks in particular the management of psychotropic medications, environmental restraint and consumer skin care and pain management.

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Overall, sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services.

While the service’s governing body meets on a regular basis to review consumer data and information, the Assessment Team noted the service does not have robust systems to support the management of high-impact or high-prevalence risks, in particular the use of psychotropic medications, environmental restraint and consumer skin care and pain management for consumers. The service did not provide psychotropic medication/chemical restraint use within the service that was accurate or current. The service did not have recorded assessments and authorisations for consumer psychotropic medications or environmental restraint in use in the service. The service did not have systems to support consumer skin care or pain management.

The Assessment Team found that three of five specific requirements were met.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

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

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

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*

The Assessment Team found the service did not adequately demonstrate how organisational governance systems support the management high-impact or high-prevalence risks. The Approved Provider’s response provided evidence it has put in place arrangements to revise the Board standing agenda to include high prevalence risks including review of the Psychotropic Self-Assessment Register highlighting management and reduction strategies as well as residents for whom the psychotropic medication is intended as a restrictive practice. Assessment and care planning for some consumers’ pain and skin integrity was also found to need further review and improvement.

Having reviewed all the information provided, on balance I find this requirement is Compliant. While the Assessment Team found the service’s current risk management systems did not adequately support the management high-impact or high-prevalence risks, evidence provided indicates review and board assessment strategies have been strengthened. The board has undertaken its own review and self-assessment and I consider the actions planned and taken will be effective in managing the associated risk.

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

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

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

The Assessment Team found that the organisation has a documented risk management framework, however management of psychotropic medication and chemical and physical restraint use within the service was not accurate or current. The service did not have recorded assessments and authorisations for consumer psychotropic medications or physical restraint in use in the service. The service was unable to demonstrate how they review consumers with prescribed psychotropic medication/s. One clinical staff member was unable to demonstrate knowledge of how consumers are reviewed for reduction and/or cessation of psychotropic medication/s.

While the Approved Provider’s response includes an overview of the current actions planned to address the identified deficits including a revised register of restraint and processes to strengthen monitoring and review using an electronic medication management system the response does not include any evidence of how the service is minimising the use of restraint or education provided to staff.

I have reviewed the information available and find requirement 8(3)e not met. This is because based on the evidence provided the service has not demonstrated implementation of the revisions, updates and plans including how it reviews consumers with prescribed psychotropic medication/s.

# 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 comprehensive care planning, assessment, monitoring and review maintaining current information in consumer care files including consumer needs, goals and preferences
* Ensure a consent or authorisation form is signed by the consumer or a representative for the use of chemical or physical restraint or medication to control behaviours of concern and that appropriate monitoring and review is in place
* Implement a governance process to demonstrate consumer prescribed psychotropic medication/s are appropriately reviewed and staff have knowledge about how consumers are reviewed for reduction and/or cessation of psychotropic medication/s.