LHI Glynde

Performance Report

24 Avenue Road
GLYNDE SA 5070
Phone number: 08 8337 0488

**Commission ID:** 6200

**Provider name:** Lutheran Homes Inc

**Site Audit date:** 26 October 2021 to 29 October 2021

**Date of Performance Report:** 23 December 2021

# Performance report prepared by

Therese Wilson, 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** | **Compliant** |
| Requirement 3(3)(a) | 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** | **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) | 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 23 November 2021.

# 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

Most consumers interviewed confirmed they are treated with dignity and respect, can maintain their identity, make informed choices about care they receive and live the life they choose. Whilst there were some individual negative comments, such as staff do not interact or speak enough to consumers on some occasions, consumers said staff treated them with dignity and respect and the comments did not have an impact on the Standard overall.

Consumers confirmed their privacy is always respected and staff support their dignity and privacy during the provision of care. Consumers confirmed staff support them to exercise choice, who should be involved in their care and they helped them to maintain relationships with others. Consumers confirmed they felt comfortable asking staff if they wanted changes to their preferences and staff ensured the changes were made.

The service has systems in place to ensure they identify and capture consumers’ individual needs, including consumers’ spiritual and cultural preferences. This includes consultation with consumers and the representatives the consumer wish to be involved in their care. The service has processes in place to assist consumers to take risks which included a risk assessment with strategies to mitigate the risk to consumers if they choose to take that risk.

Observations of staff interactions with consumers showed staff to be professional, respectful, kind and caring. Consumer information was observed to be discussed and stored in a confidential manner. Information is provided to consumers in a variety of ways, including verbally, emails, meetings, newsletters, handbooks and noticeboards to ensure consumers have current information which they can understand.

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.

Consumers and their representatives interviewed confirmed they feel like partners in the ongoing assessment process and they demonstrated awareness of the purpose of the care plan and how their input and involvement in care planning ensured the care plan was tailored to consumers’ circumstances. Consumers and their representatives confirmed staff inform them of the outcomes of assessments, including any changes following incidents, and they have access to the consumer’s care plan.

The service has suite of standard procedures and policies for staff to follow on the admission and care plan development and evaluation process. The electronic assessment and planning tool guides assessments to be completed when a consumer enters the service, when changes occur and are reviewed six-monthly. Charting and risk assessments are used following incidents or changes to identify risks and appropriate strategies to manage the risks. The service monitors assessments and care plans to ensure all are completed and they are current and effective.

Staff interviewed confirmed they follow the documented assessment process. Changing consumer needs are communicated through incident reports, handovers and progress notes. Staff confirmed they consult and report incidents and changes to the consumers’ nominated representative. Staff and consumers’ files confirmed medical officers and other health professionals are involved in the assessment and planning of consumers’ care and their directives are reflected in care plans and communicated to those providing care.

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 COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Assessment Team found the service did not meet requirement (3)(a) in relation to Standard 3 Personal care and clinical care. The Assessment Team found that not all consumers receive the clinical care that is safe and right for them. However, based on the evidence in the Assessment Team’s report and the Approved Provider’s response, I find the service Compliant in requirement (3)(a) and have provided reasons in the relevant requirement below.

Consumers and representatives interviewed confirmed staff provide the care they require and they manage high impact high prevalence risks, such as falls and weight loss. Representatives confirmed they are informed of when incidents occur, such as falls. Consumers and representatives confirmed consumers have access to a medical officer when they need it and information is shared with them. However, charting did not always reflect the instructions contained in the care plan. On being made aware of this, the service rectified the deficiencies for the consumer identified.

Consumers’ clinical files confirmed key areas of risk are identified through validated risk assessment tools, incidents and changes, including falls, weight loss, wounds, behaviours and blood glucose levels. All risks are monitored and investigated where appropriate to ensure actions are implemented to manage the risk. The service completes referrals when needed to specialists to review high risks associated with consumer care and health and well-being meetings include information on consumers referred to various specialists.

Clinical and care staff could describe consumers’ risks and prevention strategies in line with the care plans and could describe the individual care plans and the current needs for consumers. Staff interviewed confirmed they had access to training and they have received training from the Infection Control Lead on infection control, including personal protective equipment use, handwashing and outbreak management along with antimicrobial stewardship and how to reduce the use of unnecessary antibiotics.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team found the service had not consistently or correctly defined chemical restraint and or that Behaviour Support Plans were in place for consumers with responsive behaviours or when they are subject to chemical restraint. The Assessment Team also found that staff could not demonstrate all non-pharmacological strategies listed for two consumers had been documented prior to the use of as required medications used as a chemical restraint. The policy in relation to restraint was found to be in draft form although it was acknowledged by the Assessment Team that staff were using the policy even though it required additional changes. The service acknowledged the review date of March 2021 on the policy was an error and it has now been updated to read March 2022 as the review date.

The service in its response acknowledged the policy in some sections was still in draft form as they are still reviewing those sections and gaining feedback from staff to ensure the policy aligns with the minimisation of restraint legislation. The policy was tabled for the Clinical Governance meeting held on 16 November 2021 and changes were made to ensure the definition of chemical restraint was clear and there was no ambiguity as pointed out by the Assessment Team during the audit.

The service provided the behaviour care plan and the getting to know me folders for each consumer named in the report. The information provided in each was tailored to the consumer and not generic instruction for staff.

In considering the response by the service I was able to determine that whilst the policy is in draft form, staff are aware of and have been participating in the review the policy to refine it. Additional changes were made to the policy following the feedback from the Assessment Team to remove any ambiguity with the definition of chemical restraint.

Documentation reviewed also provides evidence to show that whilst there was no official document called a ‘behaviour support plan’, until the electronic care system could be changed to how the service would like a behaviour support plan to be, the ‘getting to know me folders’ were to be used in conjunction with the information in the behaviour section of the care plan as an interim measure. This information will be merged once the electronic system is updated and as a temporary measure the ‘getting to know me folders’ will be written into the behaviour care plan.

In coming to my finding, I have considered the information and evidence presented by the Assessment Team and Approved Provider predominately relates to Standard 8 Requirement (3)(e) which requires that the service has a clinical governance framework to assist the service to follow the legislative requirements to minimise the use of restraint. Therefore, I have considered the evidence in my finding for that Requirement.

Reviewing the information provided for the two consumers it demonstrated that whilst not every strategy listed on the occasions consumers were provided with as required medication, staff had listed the strategies attempted and an assessment was undertaken of the effectiveness of the medications used. I have considered whether the use of all of the interventions is practicable on every occasion when a consumer displays a responsive behaviour and, in my opinion, it is not practicable as one has to consider the impact to the consumer.

Staff interviewed were aware of new restrictive practices, including the requirement for behaviour support plans and to attempt all strategies prior to the administration of medication. Staff could also describe the interventions they use with the two consumers to assist with managing their responsive behaviours which demonstrates they do know the consumers and what they need to do to minimise impact of the behaviours on the consumers well-being.

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

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

### Requirement 3(3)(c) 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

The Assessment Team found the service not met in requirement (3)(f) in relation to Standard 4 Services and supports for daily living. The Assessment team found that not all consumers were satisfied with the variety, quality and quantity of meals provide. Based on the evidence in the Assessment Team’s report and the Approved Provider’s response, I find the service is Compliant with requirement (3)(f) and have provided reasons for my decision in the relevant requirement below.

Consumers and their representatives interviewed confirmed consumers receive the services and supports for daily living which are important to their health and well-being and enables them to do the things they want, although some consumers stated they would like more stimulation and outing activities. Consumers interviewed confirmed they felt supported by the service to brighten their mood when are feeling down. Consumers confirmed they are supported to participate in the community, including staying connected to those who matter to them and they are supported to attend external activities, such as church outings.

The service has an effective system to identify and provide social activities and engagement to consumers at the service. Activities are reviewed regularly to ensure they reflect consumers’ diversity needs and preferences. Consumers are referred to external service providers when required, including for cultural, spiritual and social support.

Consumers’ care planning documentation viewed showed practical information on consumers’ needs, preferences and goals, including what is important to them, was documented and available for staff as required. The service acknowledged they could enhance the information by adding information, such as the nature of the relationship with others, being more specific with cultural needs and including names of pets.

Staff interviewed described what is important to consumers, their needs and preferences. Staff provided examples of how they assist and support consumers to do the things they like and participate in the community, as well as provide emotional and psychological support when required.

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.*

The Assessment Team found that although the provider had identified concerns about the meals provided in the service and were making progress in rectifying issues. Two consumers and a representative raised concern in relation to the meal quality and presentation. Seven consumers raised concerns including not being able to observe food unless you go to the bain-marie before serving, staff not offering a choice and not being advised in advance of what meals are being served. Three consumers had provided positive comments towards food.

Feedback was provided to management during the visit and they acknowledge the feedback. The Assessment Teams report stated management took immediate action by issuing a memorandum to staff that some consumers felt they were not being offered choices and for staff to photograph the food and show consumers to help them decide and remind them of the choices they have with food.

The service provided evidence to show that when issues with the food were identified, investigation showed the primary cause was due to the poor performance of the head chef. They were suspended from duty pending investigation and the Hospitality Project Co-ordinator (an experienced chef) was appointed to oversee food production and remedy concerns.

A resident survey was initiated which is currently being reviewed, along with an interim menu rolled out that was hand delivered to each consumer. A full new menu is under development based on consumer preference that will be reviewed by a dietician prior to implementation.

The service was able to provide an analysis of consumer complaints about food which confirmed that whilst there were complaints about food in the early months of 2021, they had dropped off with no complaints in June 2021 and only one in July 2021. During September 2021, complaints were noted to have spiked to 14 complaints about food.

The service provided the minutes for a residents and friends meetings held in early November 2021 and it was recorded there was a general consensus that the food had improved. Any individual concerns were noted and were being addressed by management.

In considering the response by the Approved Provider, I agree that whilst there were some complaints about food early in 2021, they had reduced to almost none in June 2021 and in September that year they spiked again.

The issues from the complaints were identified by the Approved Provider and actions were undertaken to address the issues prior to the commencement of the site audit. Whilst some of the analysis and improvements are ongoing, it was noted by the Assessment Team and residents and friends meeting that some consumers have noted an improvement in the quality of food.

The service has also changed the menu to a temporary menu in order to assess the outcome of the survey to introduce a permanent menu based on consumer preferences. The Approved Provider included information in its response to show that consumer sentiment will continually be captured through daily surveys and other means to ensure meals are meeting consumer satisfaction.

Whilst it is acknowledged there are a few consumers who still have issues with the food, the service is trying to satisfy all consumers with the improvements currently underway. Concerns are captured and acknowledged and the service is attempting to please all consumers.

### 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

Consumers and their representatives interviewed confirmed they feel safe, welcome and at home in the service and have access to indoor and outdoor areas for their enjoyment. Consumers confirmed they can easily navigate the service, personalise their rooms and the environment and equipment are clean and suitable for their use and well maintained.

The service has systems to ensure the environment is clean and well maintained. The service has scheduled and reactive maintenance and cleaning programs. The service also utilises external contractors to perform equipment and safety servicing and monitoring and compliance with requirements for environmental safety.

Staff interviewed could explain the process of requesting and responding to maintenance requests, cleaners could describe how they followed a cleaning schedule to ensure all areas of the service are cleaned on regular basis. Observations of the environment and equipment showed they service environment is clean and well maintained.

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

Consumers and representatives confirmed they are encouraged and supported to provide feedback and make complaints and when they do appropriate action is taken with them. They could describe options for making complaints and providing feedback and said staff are approachable and helpful if they have any issues.

The service has an effective complaints conciliation and consumer feedback process, including policies and information on open disclosure to assist them to resolve issues.

Staff could describe the complaints process, what they do if they receive a complaint or feedback from a consumer and they are aware of external advocacy and language services for consumers.

All complaints are recorded to identify trends, indicate response and action and identify the party responsible for follow up and action. All complaints are reported and discussed at the monthly quality meeting and actions are added to the continuous improvement plan to improve care and services for consumers.

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

Consumers confirmed they receive quality care and services from staff who are kind caring and thoughtful. Consumers and representatives felt staff are knowledgeable and have the qualifications to perform their roles and there is enough staff so consumers don’t have to wait long if they require assistance. They described staff as being kind, gentle and thoughtful when delivering care.

The service could demonstrate the workforce is planned and acuity, multi-person assists, palliative care and gender needs are considered when developing rosters and staffing allocations. The service monitors staff performance, police clearances, professional registrations and licences when entering the workforce with regular follow ups to ensure up-to-date information is recorded. The service has a structured approach to recruitment and training and use feedback to inform and improve development needs.

The service has policies and procedures to support staff to perform their duties and duty statements to outline their roles. Training is delivered face-to-face and through online platforms which is monitored to ensure staff are current with their training requirements.

Staff interviewed confirmed there are adequate numbers of staff to provide quality care although some did raise concerns about the new model of care where care staff would be trained to administer medications. Management was able to outline the training and ongoing support staff would receive when they commence medication administration to allay their fears. Staff interviewed confirmed training and performance reviews occur regularly and they are provided information to direct them in performing their roles. Staff we observed to be interacting with consumers in a respectful manner throughout the site audit.

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 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

The Assessment Team found the service not met in requirement (3)(e) in relation to Standard 8 Organisational governance. The Assessment Team found the service did not have an effective clinical governance framework regarding minimisation of restraint ensure compliance with the minimisation of restraint legislation. Based on the evidence in the Assessment Team’s report and the Approved Provider’s response, I find the service is Compliant with requirement (3)(e) and have provided reasons for my decision in the relevant requirement below.

Consumers and representatives said they have a variety of engagement mechanisms to allow them to provide feedback in the development, delivery and evaluation of care and services which includes consumer meetings, consumer and representative surveys, feedback systems, and the care planning admission and review process.

The service is supported by the organisation’s governing body which promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The service could demonstrate the board and the sub committees has visibility and is accountable for the care and services delivered and they ensure consumer enhancing quality improvements are implemented.

The service demonstrated they have effective risk management systems and practises in place, including effective systems for information management, continuous improvement, feedback and complaints, financial governance, workforce governance and regulatory compliance.

The service has effective risk management systems to identify and respond to high-impact risks associated with the care of consumers, along with an incident management system to record, review and analyse incidents. The service has established frameworks which aid in identifying abuse and assisting consumers to live the best life they can. The service provides training to staff on risks, elder abuse and a person centred approach to the delivery of care to assist consumers to live the best life they can along with training on the incident management system.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as 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*
4. *managing and preventing incidents, including the use of an incident management system.*

### Requirement 8(3)(e) Compliant

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

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

The Assessment Team found the service did not have an effective clinical governance framework in relation to minimising the use of restraint, specifically in relation to completing the documentation requirements, such as a behaviour support plan for each consumer, in relation to the current legislation for the minimisation of restraint and the restrictive practices policy is in draft form only.

I have reviewed the information provided for Standard 3 Requirement (3)(a) and the material relating to minimisation of restraint, including the Approved Providers response and have come to a different view than the Assessment Team.

The service was able to provide evidence of the letters they have been sending the medical officers to demonstrate they have been liaising with the medical officers to enable them to understand the changes to minimisation of restraint and embed them into the practices of the service and the medical officer. The service provided evidence of the reduction in the use of psychotropic medication since liaising with the medical officers to make these changes. They could demonstrate through documentation that the use of medication to assist with consumers’ behaviours of concern has ceased for 12 consumers since September 2021, in line with the legislative requirements.

The changes to the legislated requirements for restrictive practise have been discussed at meetings and memoranda issues, including the changes in terminology and the requirements to have a behaviour support plan for each consumer. Interviews with staff confirmed they understood minimisation of restraint and they are aware of the requirements to minimise the use of restraint.

In relation to the policy being in draft state, the Assessment Team detailed in their report how staff are aware and have been assisting the service to refine the restrictive practice policy. There was agreement with management and the Assessment Team that a statement defining chemical restraint was not clear. This has now been updated to make it clear for staff on the definition of chemical restraint.

The service has trained staff in the changes to the legislation, including the requirement for behavioural support plans. While the behaviour care plan and the ‘getting to know me’ folders are not officially called a ‘behaviour support plan’ the documents combined do provide staff with the information they require to assist a consumer with responsive behaviours. Since the site audit, the service has been integrating the information from the ‘getting to know me’ folders into the current behaviour care plan until the electronic management system is updated to include a customised behaviour support plan.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.