Langford Grange

Performance Report

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**Commission ID:** 3684

**Provider name:** Wickro Pty Ltd

**Site Audit date:** 29 June 2021 to 1 July 2021

**Date of Performance Report:** 08 September 2021

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Non-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** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-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 29 July 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

Consumers considered they get the services and supports for daily living that are important for their health and well-being and enable them to do the things they want to do. Consumers and representatives indicated consumers are supported in daily living to do things that interest them and are encouraged to maintain their independence as much as possible. The care plans of consumers interviewed, detailed information about their past lives and current preferences.

Consumers and representatives overall feel consumers are treated with dignity and respect and said staff know consumers’ preferences. Staff were observed speaking respectfully with consumers and could describe individual consumer's preferences.

Consumers reported being supported by staff to maintain relationships and connections with those who are important to them and do things of interest. Lifestyle staff and other staff know the consumers, and care plans reflect consumers' current goals and preferences to optimise their independence, quality of life, health and well-being.

For consumers who engage in activities that may pose some risk, staff explained the steps taken to mitigate the risk. These include a risk assessment, continuous monitoring and discussions where consumers acknowledge the assessed risk and choose to continue to engage in the activity.

Consumers and representatives mostly expressed satisfaction the information they receive is current and up to date and gave examples of how this supports choice in consumers’ activities of daily life.

Feedback from consumers and staff, documentation and observations made by the Assessment Team demonstrate how the service respects each consumer's privacy, including their personal information and private space.

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

Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Overall, most consumers and representatives considered that they feel like partners in the ongoing assessment and planning of consumers’ care and services.

Most consumers and representatives said consumers’ care and services are generally planned around what is important to them and described their participation and that of others they wish to be involved in assessment and care planning.

Care documentation shows care planning includes relevant assessment and risk identification, generally reflecting consumers’ current goals, needs, and preferences and including the documentation of advance care wishes and end of life planning.

Care planning documents demonstrated consumers and/or their representatives and others are involved in consumers’ care planning. Care plans are used as the basis of care delivery, are easy to understand and reflect changes in care as a result of reviews. The staff know consumers’ risks and what is important to consumers in terms of how their care is delivered describing strategies to ensure their safe and effective care .

Staff described how consumers, representatives, health professionals and other organisations contribute to the consumer’s care and how they work together to deliver a tailored care and service plan.

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

## Assessment of Standard 2 Requirements

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

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

### Requirement 2(3)(b) Compliant

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

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### Requirement 2(3)(d) Compliant

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

### Requirement 2(3)(e) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

# STANDARD 3 NON-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

While most consumers and representatives considered that consumers receive personal care and clinical care that is safe and right for them, the service did not always demonstrate safe and effective care was provided.

Pain monitoring or management is not always appropriate or effective. The Assessment Team noted significant deficits in the management of two individual consumers’ pain resulting from falls-related injuries.

Not all consumers experiencing chemical restraint were identified and non-pharmacological strategies were not always trialled prior to the use of ‘as necessary’ psychotropic medications.

The service did not always recognise and respond appropriately to acute deterioration in a consumer’s health status. Response to deterioration was not always demonstrated to be effective or conducted in a timely manner leading to negative outcomes for consumers.

Staff interviews and documentation reflected individualised care that is mostly safe, effective and tailored to the specific needs and preferences of the consumer. This includes effective, best practice management to optimise health and well-being of skin integrity and high impact or high prevalence risks associated with the care of each consumer.

Care documents including electronic progress notes and handover documents provide adequate information to support effective and safe sharing of the consumer’s care needs. The service refers consumers to external health professionals when needed.

Representatives are satisfied the service provides consumers with support, comfort and care at the end of their. Staff interviews, documentation and observation confirmed end of life needs are met in line with consumers’ wishes and their comfort and dignity maintained.

Infections are identified and the usage of antimicrobials is minimised and monitored. The service demonstrates that minimisation of infection-related risks is generally effective.

The Quality Standard is assessed as Non-compliant as two 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 Assessment Team noted significant deficiencies in the management of consumers’ pain resulting from falls-related injuries. Two consumers did not receive effective care and services after sustaining falls. One consumer did not receive an x-ray for 11 days after their fall where it was subsequently determined the consumer had suffered a fracture.

The service’s Falls Management Flow chart procedures were not followed in this instance, as the physiotherapist did not review the consumer until 5 days later.

There were ineffective processes to determine consumers’ pain as the numeric scale was used instead of the abbey pain scale for a consumer with cognitive deficits. Progress notes document pain was observed on a number of occasions during weightbearing of the affected limb and was reduced when non-weightbearing. One staff member stated the consumer screamed in pain on standing. Analgesia was provided but as the pain had continued since the fall and the limb was swollen and red, further referral was warranted. This consumer’s representative expressed dissatisfaction in relation to how their pain was managed and the delay in organising an x-ray.

Another consumer was assessed by a physiotherapist post fall as per the Falls Flowchart, however ineffective clinical care was provided to them. Pain was assessed.

The representative for this consumer stated the consumer was in a lot of pain the day after the fall. On the 18 April 2021 they found the consumer to be crying with pain and noticed the swollen knee and requested the registered nurse to arrange for transfer to hospital.

The response from the service is that the pain was managed at all times and had previously managed pain for bilateral knee pain for this consumer. They stated pain charting was conducted daily post fall and supplied documentary evidence. However, the evidence showed pain charting on those dates for the upper back not the knee. The service also responded that the consumer was reviewed by a medical practitioner and the physiotherapist and had adhered to all post fall protocols.

The service did provide a response to the site report outlining the care provided to these consumers. Although monitoring and pain medication was provided there was a breakdown in the processes that caused one consumer to be in constant unnecessary discomfort for almost two weeks.

The Assessment team also found deficits in the management of consumers in relation to restrictive practices, particularly in relation to the use of psychotropic medications as chemical restraint. This included:

* One consumer who was not considered to be chemically restrained as per the service’s psychotropic medication register. This consumer however, had a signed consent form indicating that they were receiving a form of chemical restraint.
* Two consumers administered ‘as required’ chemical restraint did not always receive this medication as last resort. Additionally, nonpharmacological strategies to manage each consumer’s behaviour prior to administration of the chemical restraint, and monitoring of the effects of the administrations, were not recorded consistently.

Based on all of the information provided I find the service non-compliant with this requirement.

### 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) Non-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.*

The Assessment Team found the service did not demonstrate that deterioration or change in a consumer’s health or physical function is always recognised and responded to in a timely manner. This has impacted individual consumers in relation to the management of pain and the acute deterioration of one consumer’s health status.

As documented in 3(3)(a) there was a delay in recognising the severity of two consumer’s injuries following falls. A consumer’s further deterioration was also not recognised or acted upon until their representative notified the service to request an ambulance, although two hours earlier the consumer had shown signs of deterioration. The consumer had signs of deterioration for three days prior to being transferred to hospital (at the request of their representative) with no review by a medical practitioner undertaken. The medical practitioner was to review the consumer the day after she was transferred to hospital, three days after the first symptoms began.

The service in their response documented the procedures followed in relation to these cases and feel the consumers were monitored adequately and all correct processes were followed.

Based on the information provided I find the service non-compliant in this requirement.

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

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Consumers and representatives interviewed indicated the consumers are supported in daily living with things that interest them and staff encourage them to maintain their independence as much as possible.

Consumers are supported by staff to maintain relationships and connections with those who are important to them and do things of interest. Lifestyle staff and other staff know the consumers, and care plans reflect consumers' current goals and preferences to optimise their independence, quality of life, health and well-being.

Consumers and representatives indicated they are satisfied that the service promotes consumers' emotional, spiritual and psychological well-being.

Consumers and their representatives expressed satisfaction that their needs and preferences are communicated effectively to staff delivering their care.

The service engages the support of, and refers consumers to individuals, other organisations, and providers of other care and services as appropriate, to meet consumers' needs.

Consumers and representatives indicated that consumers are satisfied with the quality and quantity of meals and snacks provided. Staff prepare meals and snacks on-site from a rotating seasonal menu, and consumers are provided with additional snacks throughout the day.

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

Overall, consumers considered that they have a sense of belonging in the service, and feel safe and comfortable in the service environment.

Consumers and representatives are satisfied with the service environment, indicating the service is welcoming and supports their independence and sense of well-being.

Consumers confirmed living areas are cleaned regularly, and maintenance of equipment and furnishings occurs promptly. Improvement opportunities have been identified around the documentation of cleaning conducted.

Consumers said the service is clean, comfortable and well maintained.

The Assessment Team observed the service is welcoming, and consumers can move around freely indoors and access outdoor areas to secure gardens. The service is safe, clean and comfortable with functioning equipment, furnishings and fixtures. Records confirmed maintenance issues are actioned promptly. .

Consumers’ rooms are well-presented and personalised to each consumer, with memorabilia and personal furniture making their rooms as comfortable and homely as possible.

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 NON-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

Not all consumers and representatives felt they are encouraged to provide feedback or that appropriate action would be taken. Consumers felt that management were dismissive when complaints were made.

Management provided some examples of complaints with described actions taken; however, the Assessment Team said these actions were not able to be demonstrated.

Most consumers and representatives said they felt management would respond promptly if they felt they need to make a complaint.

While consumers, representatives, and others are aware of how to provide feedback and make a complaint and of external complaints and advocacy services available, most have not felt the need to make a complaint.

Most staff demonstrated a general awareness of the complaints system and how to support consumers in providing feedback and accessing advocacy resources.

Management and staff demonstrated an understanding of open disclosure. The service has a policy in relation to open disclosure.

The Quality Standard is assessed as Non-Compliant as one of the four specific requirements have been assessed as Non-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) Non-compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong*

Representatives, who had raised complaints internally, said management did not respond appropriately, nor had issues been addressed satisfactorily.

A representative cited an instance of a staff member speaking harshly to a consumer believing the family of the consumer had raised a complaint about them. After this interaction the consumer has been reluctant to voice their concerns. The representative said management stated they would look into this matter. The representative stated the service never followed up with them regarding this concern.

The representative is not satisfied with the service’s response in relation to the care provided to the consumer and has raised an external complaint with the Aged care Quality and Safety Commission.

There has been a lack of follow up noted in relation to these complaints with the representative having to reach out on several occasions.

The service provided a response outlining they have taken all actions that an aged care organisation is expected to take in response to the complaints.

Based on the information provided I find the service is non-compliant in this requirement.

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

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

Consumers and representatives provided negative feedback in relation to staffing levels and call bell response times and the impact on care provided. A representative stated, staff told them consumers ”cry wolf” and therefore they do not always respond to call bells.

Consumers, representatives and staff interviewed feel the service is understaffed, specifically referring to the high acuity of consumers who are at high risk of falls.

Consumers and representatives confirmed that requests for assistance are not always answered within reasonable timeframes. Where there has been a delay, timely care was not provided and impacted consumers' hygiene.

Most consumers and representatives said staff are kind, caring and respectful.

All consumers interviewed considered the staff know about their personal care needs and are appropriately trained.

Documentation demonstrates staff have qualifications relevant to their roles, and their competency is monitored. Records demonstrate that staff participate in mandatory training annually, and additional training is provided as needed or at the request of staff.

Management described and demonstrated processes to assess, monitor and review the performance of staff working at the service.

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

Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-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.*

The Assessment Team found this requirement not met based on the feedback from consumers, representatives and staff expressing concern on the sufficiency of staffing within the service. Consumers described call bell responses can be long and this has impacted their care needs being met. There were no allied health personnel available during the visitor restrictions and providers' change-over period, impacting consumers' pain management and post-fall reviews.

A number of consumers and representatives commented how the lack of staffing impacted on their care including in the areas of toileting, assistance with daily care and consumers being left in the same area for much of the day.

Staff also stated there are insufficient staff to meet the care needs of consumers in a timely manner. They described the high care needs of most consumers who require two-person assists for daily hygiene, meal assistance and ambulation. The impact was it resulted in challenging behaviours escalating and also in hygiene or sanitary care not being attended to in a timely manner.

The service responded that call bell response times did not reflect that consumers were not attended to in a timely manner. However, the documented evidence provided indicated one consumer had wait times of almost 30 mins on numerous occasions.

They also provided data intended to show that if the concerns raised were accurate, there would be increases to consumers with falls, pressure injuries, urinary tract infections, and other related conditions. The decrease in falls is acknowledged however, it would appear that there was an increase in weight loss, urinary tract infections and pressure injuries in June.

Based on the information provided I find the service is non-compliant in this requirement.

### 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-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 service was unable to demonstrate effective identification and monitoring of consumers prescribed chemical restraint.

Overall, consumers were unable to comment on whether the organisation is well run as they feel they are not qualified to comment on that? However, there are instances where there is partnership involving the consumers in improving the delivery of care and services.

The service demonstrated consumer involvement in developing, delivering, and evaluating care and services through involvement with ‘food focus’ groups and an upcoming ‘consumer group’ expected to commence soon.

Management generally seeks input from consumers and representatives and acts on feedback and suggestions provided.

The service has an established Board and governance committees to support their oversight in relation to regulatory compliance, clinical governance, antimicrobial stewardship and the use of restraint. A range of policies and procedures are available in relation to guide staff practice.

The organisation’s risk management framework ensures risks are reported, escalated and reviewed by management at the service level and by the organisation’s executive management, including the board.

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*
4. *managing and preventing incidents, including the use of an incident management system.*

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

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

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

While the Assessment Team found the service generally manages consumers subject to chemical restraint, some issues were noted in the Assessment Teams report, and the providers response, which indicate restrictive practice legislation is not well understood. For example:

* The Assessment Team noted a lack of clarity in consumer documentation to indicate the extent to which their psychotropic medications had been reviewed by their medical practitioner.
* The Assessment Team noted the service has not identified all consumers subject to chemical restraint. For example, while the service has identified six consumers subject to chemical restraint, the Assessment Team identified an additional nine consumers subject to chemical restraint not identified by the service.
* The Assessment Team noted the service does not consistently administer chemical restraint as a last resort and does not consistently provide an account of nonpharmacological strategies used prior to the administration of chemical restraint. For example, for one consumer the trialling of non-pharmacological interventions was only recorded three out of seven instances when ‘as needed’ psychotropic medication was provided to them.
* The Assessment Team noted there is an inconsistent approach to monitoring consumers following the administration of chemical restraint. Evidence of this was provided for two consumers subject to chemical restraint.

In reviewing the Assessment Teams evidence and the providers response, further issues were noted in the services understanding of chemical restraint. For example:

* The service’s psychotropic medication register contains 11 instances where ‘as needed’ psychotropic medications were prescribed for a diagnosis listed as anxiety. The service did not demonstrate an understanding of the difference between anxiety and anxiety disorder, and there is no distinction made. For example, for one consumer prescribed a chemical restraint for anxiety, it is unclear if this medication is prescribed as a form of restraint or to treat a medical condition of anxiety disorder.
* It is unclear how the service works to minimise or cease the use of chemical restraint. The psychotropic medication register does not include any area where there are targeted measures or timeframes for minimisation or cessation of chemical restraint.

The service provided a response that all consumers on chemical restraint are recorded and reviewed as per the requirement. They state their use of psychotropic medications are only prescribed medications for the treatment of a diagnosed mental disorder, physical illness, or physical condition, and not for the purposes of behaviour management. They state each resident’s care plan provides the relevant monitoring requirements for that specific resident, such as routine restraint charting, sighting charting etc. Three monthly care plan reviews are also when the restraint can be reviewed and evaluated. This response is inconsistent with the Assessment Teams findings.

# Based on the evidence (summarised above) the service has not demonstrated a robust understanding of restrictive practice legislation or that an appropriate governance framework is in place to manage, monitor and minimise the use of chemical restraint. I find the service non-compliant with this requirement.

# 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.

* Pain management must be improved with correct assessments made based on a consumer’s cognitive abilities. Charting should be thorough and commence immediately when an incident has occurred.
* Deterioration in a consumer’s condition is to be managed better with education provided to staff and processes and procedures improved especially following incidents such as falls. Referrals are to be made to allied health professionals in a timelier manner.
* Establish processes to demonstrate that regular monitoring for signs of distress or harm, side effects, interactions and adverse events, changes in wellbeing, as well as independent functions or ability to undertake meaningful activities of daily living and leisure is occurring. Demonstrate that consideration is given to enhancing the quality of life of consumers subject to restrictive practices.
* Document the individualised preventive measures and alternatives to restrictive practices that have been considered and used, and why they have not been successful, demonstrate that medication has been used as a last resort. Ensure a behaviour support plan has been implemented from 1 September 2021 for all consumers with restrictive practices in place.
* Complaints are to be responded to appropriately and actions taken as required. Open disclosure is to be practiced on each occasion.
* There should be adequate staffing numbers to ensure all consumers receive quality care especially in the areas of personal care and medication.