MercyCare Rockingham

Performance Report

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**Commission ID:** 7218

**Provider name:** Mercy Human Services Limited

**Site Audit date:** 10 May 2021 to 12 May 2021

**Date of Performance Report:** 27 July 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** | **Non-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) | Non-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) | 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** | **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** | **Non-compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-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) | Non-compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the Approved 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 performance 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 Audit, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the Approved Provider’s response to the Site Audit report received 1 June 2021.

# STANDARD 1 NON-COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The Quality Standard is assessed as Non-compliant as one of the six specific Requirements has been assessed as Non-compliant.

The Assessment Team recommended the service did not meet Requirement (3)(e). I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the Approved Provider’s response and find the service Non-compliant with Requirement (3)(e). I have provided reasons for my findings under the respective Requirement below.

In relation to all other Requirements in this Standard, the Assessment Team found consumers considered they are treated with dignity and respect, can maintain their identity and live the life they choose. Consumers said they are supported and encouraged to do things for themselves and provided examples of how their privacy is maintained by staff, how they receive culturally appropriate care and are supported to exercise choice, take risks and maintain relationships.

Staff spoke about consumers in a manner which demonstrated respect, empathy and understanding of their life history. Staff described specific cultural and support needs of each sampled consumer and explained how they support consumers to maintain relationships and take risks.

Care planning documentation shows consumer preferences for care, relationships, religious support and activities are recorded. Staff were observed providing care to consumers in line with their documented preferences and assisting them in a kind and gentle manner.

While the service has adequately demonstrated consumers are provided information to assist in making choices in relation to meals, activities and events, not all consumers have been provided information to assist them to make informed decisions in relation to the prescription and use of medications.

Based on this evidence, I find the service Compliant with Requirements (3)(a), (3)(b), (3)(c) and (3)(d) in Standard 1 Consumer dignity and choice.

## 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) Non-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.*

The Assessment Team were not satisfied information regarding the use of chemical restraint was provided to representatives of two consumers, enabling them to exercise choice. The Assessment Team provided the following evidence relevant to my finding:

* Representatives were unaware psychotropic medications were being administered to two consumers and said the service did not provide them with information, including common side effects, to enable them to make an informed choice.
* The service did not demonstrate informed consent was obtained, communication was provided and the opportunity to discuss concerns and expectations made available to the representatives, as per the service’s Restrictive Practice Guideline (RP Guideline).
* Management said the RP Guideline does not apply to any consumers at the service, as none are being chemically restrained.
* Consumer files and Therapeutic Goods Administration (TGA) information shows the psychotropic medication administered to two consumers was not supported by their diagnosis. As the medication was prescribed to influence their behaviour (manage aggressiveness, assist with sleep and minimise distress), it falls within the meaning of chemical restraint as per the *Quality of Care Principals 2014*.

The Approved Provider accepts there are areas for improvement regarding minimisation of restraint, and the Approved Provider’s response states that initiatives were already underway to review restraint management documentation and training prior to the Site Audit.

I acknowledge the service’s actions to rectify deficiencies identified by the Assessment Team, however, in coming to my findings, I have relied on documentation and interviews with representatives, which confirm at the time of the Site Audit, the service did not provide information regarding the use of chemical restraint to representatives of two consumers, to enable them to exercise choice.

For the reasons detailed above, I find the service Non-compliant with this Requirement.

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

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

Consumers and representatives confirmed they felt like partners in the ongoing assessment and planning of consumers’ care and services. Consumers and representatives said the service works with them to develop a safe and effective care plan, and they are informed about the outcomes of assessment and planning.

Documentation showed comprehensive assessment and planning that includes consumer needs, goals and preferences, advance care and end of life planning, risks to consumer health and well-being, and risk mitigation strategies. Care plans and progress notes were reflective of the consumer and inclusive of those involved in the care of the consumer, including relevant health specialists.

Documentation showed care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact the needs, goals and preferences of a consumer.

Summary care plans were observed to be available in consumers’ rooms and included accessibility information for full care plans online. Staff were observed accessing care plans as needed.

Based on this evidence, I find the service to be Compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

## 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

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

The Assessment Team recommended the service did not meet Requirement (3)(d). I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the Approved Provider’s response and find the service Non-compliant with Requirement (3)(d). I have provided reasons for my findings under the respective Requirement below.

In relation to all other Requirements in this Standard, the Assessment Team found some consumers consider they receive personal and clinical care that is safe and right for them. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Personal care provided to consumers is delivered in a person-centred way, respectful, considers individual preferences and promotes independence.
* Information about consumers’ needs and preferences is communicated effectively within the organisation, as staff provide care in a consistent manner.
* The service informs representatives of incidents as they occur, and reviews consumers’ care to reduce the likelihood of the similar incidents occurring in the future.

Staff described strategies used to manage high impact or high prevalence risks and were satisfied the quality and quantity of information provided to them enabled them to provide safe and effective care to consumers. Staff demonstrated an understanding of how the service minimises the need for, or use of, antibiotics and ensures they are appropriately administered.

Care plans were comprehensive and reflected consumer needs and preferences, with care file documents updated regularly, accessible and inclusive of appropriate information for the effective transfer of information to others where responsibility for care is shared. They showed effective risk management and best practice care is applied, with timely and appropriate referrals made to relevant individuals, organisations and providers of other care and services where necessary.

Care planning documentation showed the service uses a collaborative approach to end of life planning and care is provided in line with the consumer’s goals and preferences, with their comfort maximised and dignity preserved.

While the service demonstrated appropriate investigation and escalation of consumers’ gradual deterioration, it failed to demonstrate effective systems and processes are in place for the early identification and escalation of acute deterioration.

Based on this evidence, I find the service Compliant with Requirements (3)(a), (3)(b), (3)(c), (3)(e), (3)(f) and (3)(g) of Standard 3 Personal care and clinical care.

### 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.*

### 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 effectively monitor and assess a consumer who showed signs of deterioration, resulting in the consumer presenting to hospital with low saturation levels. Evidence included:

* A full set of vital observations was not taken for four and a half hours from the moment the consumer became breathless and had a drop in their oxygen saturation.
* Care staff did not report changes to the consumer’s condition to a nurse to ensure timely assessment and escalation for medical review.
* The consumer was not reported as deteriorating or needing close monitoring during shift handover.
* The service’s ‘Recognition of a deteriorating consumer guideline’ was not followed to enable early detection of deterioration and timely clinical escalation.

The Approved Provider accepts the Assessment Team’s findings and the Approved Provider’s response states that a quality improvement plan is in development to address the issues identified. I acknowledge the service’s actions to rectify deficiencies identified by the Assessment Team, however, in coming to my findings, I have relied on documentation, which confirms at the time of the Site Audit, the service did not effectively monitor and assess a consumer who showed signs of deterioration.

Based on the above evidence, I find the service Non-compliant with 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 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 Quality Standard is assessed as Compliant as seven of the seven specific Requirements have been assessed as Compliant.

All consumers felt the service supports them to do the things they want to do, and which are important for their health and well-being. For example:

* Four consumers provided examples of the support they receive to enable them to do the things they want to do.
* One consumer provided an example of how their feedback has influenced the group activity schedule.
* Two consumers said staff support them when they feel sad or anxious.
* Two consumers provided examples of how their condition, needs and preferences are communicated within the organisation, and with others where responsibility is shared.
* Most consumers were satisfied with the meals provided. One consumer stated they were generally unhappy with the meals but could not give specific examples.
* Consumers are satisfied with equipment used to manage their safety and comfort.

Staff explained how activities programs are tailored to consumers’ individual needs, provided examples of how consumers are supported to engage in activities and described strategies used to promote consumers’ emotional, spiritual and psychological well-being. Catering staff demonstrated an understanding of consumers’ dietary needs and preferences and described how this information is communicated and recorded. Staff reported they have access to the essential equipment they require.

The following observations were made:

* Prompt and appropriate emotional support was provided to several consumers, who appeared to respond positively to the intervention and to have a good rapport with staff.
* Photographs of consumers appearing to enjoy various activities.
* Profile and preferences documents are available for each consumer on the wall inside the door to their room.
* The kitchen appeared clean and tidy, with staff practicing general food safety protocols.
* Equipment appeared clean and well maintained.

Care plans were found to document consumers’ needs and preferences, including their likes and dislikes, work and family history, hobbies, interests and dietary requirements. Consumer files reviewed showed timely and appropriate referrals to individuals, organisations and providers of other care and services for the provision of lifestyle support.

Lifestyle documentation shows group activities are diverse and individualised activity options are available.

Based on the above evidence, I find the service Compliant with Standard 4 Services and supports for daily living.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

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

### Requirement 4(3)(d) Compliant

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

### Requirement 4(3)(e) Compliant

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

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The Quality Standard is assessed as Compliant as three of the three specific Requirements have been assessed as Compliant.

All consumers interviewed felt they belong in the service and feel safe and comfortable in the service’s environment. The following examples were provided by consumers during interviews with the Assessment Team:

* The service is clean and well maintained, and they enjoy the communal areas and outdoor spaces.
* They feel safe and the furniture and equipment they use is clean and well maintained.
* They are encouraged to personalise their rooms and have items of importance around them.

Staff demonstrated how they ensure the service environment is safe, including the process for actioning and prioritising internal and external maintenance. In response to feedback from consumers, staff said they have implemented processes to identify consumer needs and preferences for cleaning their room.

Management described recent refurbishments to the service environment to make it more accessible and easier to navigate. In response to incidents of trespassers jumping over the perimeter fence, additional external surveillance cameras have been installed.

The environment was observed to be clean, safe and welcoming, with clear signage to help consumers navigate the area. Consumers were moving freely with outdoor courtyards well used and safe, with appropriate seating and shading areas, and furniture. Furniture, fittings and equipment appeared to be safe, clean, well maintained and suitable for consumers.

Based on the above evidence, I find the service Compliant with Standard 5 Organisation’s service environment.

## 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

The Quality Standard is assessed as Compliant as four of the four specific Requirements have been assessed as Compliant.

Consumers consider they are encouraged and supported to give feedback and make complaints, and appropriate action is taken to address feedback and complaints. The following examples were provided by consumers during interviews with the Assessment Team:

* They can provide feedback and complaints about their care and services in various ways and feel comfortable doing so.
* When they provide feedback, it is followed up and they are provided with information on what will happen once the feedback has been reviewed.
* Their feedback and complaints have resulted in satisfactory changes and an apology is offered when appropriate.

Staff described how they assist consumers in making a complaint and providing feedback, including those with cognitive impairment or poor communication. Staff described improvements that have been made in response to complaints and feedback made by consumers.

Internal and external complaints processes were on display. The ‘We Heard You Board’ demonstrated six examples of improvements made in response to complaints and feedback received.

Documentation for an incident was reviewed, which showed the service apologised to the consumer and representative and arranged an independent review of the circumstances leading to the incident. The findings of the review were shared with the representative and recommendations implemented.

Minutes from weekly focus group meetings show feedback, complaints and suggestions are recorded and addressed. Management described quality improvement activities that have resulted from consumer feedback.

Based on the evidence above, I find the service Compliant with Standard 6 Feedback and complaints.

## 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 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

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

The Assessment Team recommended the service meets all Requirements under this Standard, however, I have come to a different view from the Assessment Team and I find the service Non-compliant with Requirement (3)(c). Reasons for my finding are provided under the respective Requirement below.

In relation to all other Requirements in this Standard, the Assessment Team found consumers consider they get quality care and services when they need them, from people who are knowledgeable, capable and caring. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* The numbers and mix of staff are satisfactory to support consumers’ care and services in a timely manner.
* Staff are kind and caring, and ensure care is provided in a manner that is safe and does not cause distress or injury.
* Staff take the time to get to know consumers’ preferences.
* Staff are recruited, trained, equipped and supported to meet the needs and preferences of consumers.
* Consumers are asked to participate on interview panels for care and nursing staff.

Staff confirmed they are provided with job descriptions for their role to understand their scope of practice, responsibilities and accountabilities. Staff also confirmed they complete comprehensive onboarding, induction, training and competencies.

Rosters for the fortnight preceding the Site Audit were reviewed which showed two morning float shifts were not covered with all other shifts filled by permanent, casual or agency staff.

Whilst staff competencies and training are monitored, with staff appraisal conducted at the end of a probationary period and on an annual basis, evidence showed staff did not have the knowledge or skills relating to minimisation of chemical restraint.

Interviews with management demonstrated performance management processes are used in response to an incident, after observation of incorrect practice or when negative feedback is received.

Staff were observed to be kind, caring and appropriate in their engagement with consumers. Call bells were responded to in a timely manner, with staff available to support consumers with their meals and mobility.

Based on the above evidence, I find the service Compliant with Requirements (3)(a), (3)(b), (3)(d) and (3)(e) in Standard 7 Human resources.

## 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) Non-compliant

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

The Assessment Team recommended the service meets this Requirement, however, findings and evidence presented in the Assessment Team’s report under Standard 1 Requirement (3)(e) and Standard 8 Requirements (3)(c) and (3)(e) indicate staff do not have the knowledge and skills relating to minimisation of chemical restraint.

In coming to my finding, I have considered the following evidence:

* Care planning documentation and TGA information showed psychotropic medication administered to two consumers was not supported by their diagnosis and was prescribed to manage aggressive behaviour, assist with sleep and minimise distress.
* The service’s RP Guideline states “chemical restraint is when medications are administered when no medically identified condition is being treated. If the primary purpose of administering medication is to subdue or control the behaviour of a consumer, likewise, the use of medication ‘when required’ for the primary purpose of controlling behaviour, it is a restraint”.
* The clinical nurse confirmed a Restraint Consent form has been completed for all consumers who are prescribed psychotropic medication, with no consideration given to whether the psychotropic medication is to treat a diagnosed condition, or for applying chemical restraint.
* Staff confirmed they received training and coaching to support consumers with challenging behaviours.
* As staff did not have the knowledge or skills relating to minimisation of chemical restraint, when in both cases the purpose of the prescribed medications was to influence the consumers’ behaviour, the service’s RP Guideline and Restraint Minimisation Policy (RM Policy) was not followed, including:
  + Trialling non-pharmacological strategies prior to the administration of the psychotropic medication;
  + Obtaining informed consent; and
  + Communicating with the representative and providing the opportunity to discuss concerns and expectations.

The Approved Provider’s response states that initiatives were already underway to review the service’s restraint management documentation and training prior to the Site Audit.

I acknowledge the service’s actions and improvements regarding deficiencies identified by the Assessment Team, however, at the time of the Site Audit, staff did not have the knowledge or skills relating to minimising chemical restraint. In coming to my finding, I have relied upon the Assessment Team’s interviews with staff, which confirms they gave no consideration to whether psychotropic medication administered to two consumers was to treat a diagnosed condition, or for applying chemical restraint. I have also relied upon documentation and the Assessment Team’s interviews with representatives, which confirms that informed consent was not obtained, and alternative strategies were not trialled prior to the administration of psychotropic medication, as staff did not have the knowledge or skills to recognise chemical restraint and apply the appropriate policy.

Based on the summarised evidence above, I find the service Non-compliant with this Requirement.

### 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 Quality Standard is assessed as Non-compliant as one of the five specific Requirements has been assessed as Non-compliant.

The Assessment Team recommended the service did not meet Requirements (3)(c) and (3)(e) in this Standard. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the Approved Provider’s response and find the service Non-compliant with Requirement (3)(c). With regard to Requirement (3)(e), I have come to a different view from the Assessment Team and I find the service Compliant with Requirement (3)(e). I have provided reasons for my findings under the respective Requirements below.

The Assessment Team identified consumers feel they are given a voice and have various platforms to provide suggestions, raise concerns and discuss their feelings. Consumers confirmed the service resolves issues in a timely manner and provided examples of improvements made because of their input.

Policies and procedures show there are effective organisation wide governance systems in place to support information management, continuous improvement, workforce governance, financial governance and feedback and complaints. Staff provided examples of how these systems are used to guide the delivery of safe and effective care.

The organisation’s risk management framework demonstrates systems and practices are in place to ensure effective management of high impact or high prevalence risks, identifying and responding to abuse and neglect and supporting consumers to live the best life they can. The organisation’s clinical governance frameworks guide clinical care, which staff could evidence through examples of open disclosure and antimicrobial stewardship.

Documentation showed there are processes in place for reporting clinical governance, quality, finance, incidents and risk matters to the Board of Governors, who are accountable for and promote a culture of safe, inclusive and quality care and services.

Based on the above evidence, I find the service Compliant with Requirements (3)(a), (3)(b), (3)(d) and (3)(e) in Standard 8 Organisational governance.

## 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) Non-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.*

The Assessment Team found the service has effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance and feedback and complaints. However, the Assessment Team were not satisfied the service demonstrated governance systems were effective in detecting regulatory non-compliance for the use of chemical restraint. The Assessment Team provided the following evidence relevant to my finding:

* Whilst the service has a RP Guideline, management advised there are no consumers to which it applies, as none are being chemically restrained.
* Care planning documentation and TGA information showed psychotropic medication administered to two consumers was not supported by their diagnosis and was prescribed to manage aggressive behaviour, assist with sleep and minimise distress.
* The service failed to identify that the administration of psychotropic medication to two consumers falls within the meaning of chemical restraint as per the *Quality of Care Principals 2014*.
* The service failed to recognise and meet its regulatory obligations in accordance with the *Quality of Care Principals 2014*, including informing the consumers’ representative before the restraint is used or as soon as practicable after administration.
* The service did not adhere to its RP Guideline or RM Policy for chemical restraint including:
  + Documenting non-pharmacological strategies trialled prior to the administration of psychotropic medication.
  + Obtaining informed consent from representatives, including communicating relevant information and providing the opportunity for discussion of discuss concerns and expectations.

The Approved Provider accepts the Assessment Team’s findings and the Approved Provider’s response states that a quality improvement plan is in development to address the identified issues.

In coming to my finding, I have relied upon documentation and interviews with management, which demonstrates the service failed to identify that the administration of psychotropic medication to two consumers falls within the meaning of chemical restraint and as a result, the service did not meet its regulatory obligations pursuant to the *Quality of Care Principals 2014.*

For the reasons detailed above, I find the service Non-compliant with this Requirement.

### 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 was not satisfied the service adequately demonstrated its clinical governance framework was effective in minimising the use of restraint. The Assessment Team provided the following examples to support their recommendation:

* Care planning documentation and TGA information showed psychotropic medication administered to two consumers was not supported by their diagnosis and was prescribed to manage aggressive behaviour, assist with sleep and minimise distress.
* The service’s RP Guideline states “chemical restraint is when medications are administered when no medically identified condition is being treated. If the primary purpose of administering medication is to subdue or control the behaviour of a consumer, likewise, the use of medication ‘when required’ for the primary purpose of controlling behaviour, it is a restraint”.
* Whilst the service has a RP Guideline, management advised there are no consumers to which it applies, as none are being chemically restrained.
* The clinical nurse confirmed a Restraint Consent form has been completed for all consumers who are prescribed psychotropic medication, with no consideration given to whether the psychotropic medication is to treat a diagnosed condition, or for applying chemical restraint.
* Documentation showed the service’s RP Guideline and RM Policy was not followed, including:
  + Trialling non-pharmacological strategies prior to the administration of the psychotropic medication;
  + Obtaining informed consent; and
  + Communicating with the representative and providing the opportunity to discuss concerns and expectations.

Based on the Assessment Team’s report and the Approved Provider’s response, I have come to a different view from the Assessment Team’s recommendation of not met and find the service Compliant with this Requirement. Evidence shows there is a framework in place for minimisation of restraint, however, at the time of the Site Audit, staff did not have the knowledge or skills relating to minimisation of chemical restraint and I have considered this information under Standard 7 Requirement (3)(c).

Based on the summarised evidence above, I find the service 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.

Standard 1 Requirement (3)(e)

* Ensure representatives of consumers’ prescribed psychotropic medication are provided with up-to-date information and give informed consent to administer the medication.

Standard 3 Requirement (3)(d)

* Ensure effective systems and processes are in place for the early identification and escalation of acute deterioration.

Standard 7 Requirement (3)(c)

* Ensure the workforce is capable in recognising and minimising chemical restraint.

Standard 8 Requirement (3)(c)

* Ensure effective organisation wide governance systems relating to Part 4A – Minimising the use of physical and chemical restraint, of the *Quality of Care Principals 2014*.