Myvista Balcatta

Performance Report

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**Commission ID:** 7202

**Provider name:** Stirling Ethnic Aged Home Association (Inc)

**Site Audit date:** 9 November 2021 to 11 November 2021

**Date of Performance Report:** 20 January 2022

# Performance report prepared by

Janine Renna, 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** | **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 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 on 6 December 2021.

# STANDARD 1 COMPLIANTConsumer 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 compliant as six of the six specific Requirements have been assessed as compliant.

Consumers considered they are treated with dignity and respect, can maintain their identity and live the life they choose. Consumers and representatives said consumers are supported and encouraged to do things for themselves and provided examples of how their privacy is maintained by staff, how they are respected and valued, how their care and services is culturally safe and how they are supported to exercise choice, take risks and maintain relationships.

Staff spoke about consumers in a respectful manner and demonstrated an understanding of life history, background and preferences, and provided examples of how they are considered to ensure care and services are culturally safe. Staff explained how they ensure consumers’ privacy and support consumers to exercise choice, take risks and maintain relationships. Staff were observed interacting with consumers in a respectful manner and in a way that maintains their privacy.

Sampled care plans documented consumers’ preferences, cultural needs and things of importance to them and provided strategies for staff to support them in taking risks and provide care that is inclusive and culturally safe.

Documentation, observations and interviews with consumers, representatives and staff, demonstrated consumers are provided sufficient information in a timely manner to assist in making choices regarding their care and service delivery.

Based on this evidence, I find the service compliant with all Requirements 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) 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 COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

Consumers confirmed they feel like partners in the ongoing assessment and planning of their care and services. Consumers and representatives said they are involved in processes to develop a safe and effective care plan, they are informed about the outcomes of assessment and planning and care plans are updated when consumers’ needs and preferences change. Consumers and representatives were satisfied with the assessment and planning processes and reported staff are aware of consumers’ assessed needs and preferences.

Staff demonstrated an understanding of assessment and planning processes and explained how they are notified of changes to consumers’ needs, goals and preferences. Staff explained how they access consumers’ care plans and provided examples of how they deliver care and services in line with consumers’ assessed needs and preferences.

Documentation showed a range of assessments and validated tools are used to assess consumers’ needs and risks on entry and on an ongoing basis. Assessment and planning documents were comprehensive and included 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 were 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.

The service has policies, procedures and guidelines to support staff in the assessment and planning process, including end of life planning and care plan reviews.

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 COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

The Quality Standard is assessed as compliant as seven of the seven specific Requirements have been assessed as compliant.

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:

* Consumers’ clinical care needs are being met and they are receiving the care they need, including management of wounds, pain and catheter care.
* Representatives are informed of incidents as they occur.
* Consumers have access to appropriate clinical and other specialists to manage their complex health needs. The referral process is undertaken in a timely manner.
* Changes to consumers’ needs and preferences are communicated to others where responsibility for care is shared, including general practitioners, kitchen staff, dietitians and physiotherapists.
* Increased infection prevention and control measures have been implemented in response to COVID-19.

Staff described processes for identifying and managing high impact or high prevalence risks to consumers and provided examples of how they adapt care and services to ensure a consumer’s comfort was maximised when nearing end of life. Staff demonstrated an understanding of identifying and escalating deterioration of a consumer, standard and transmission based precautions for infection and minimising the need for, or use of, antibiotics.

Care plans were comprehensive and reflected consumer needs and preferences, with care file documents updated regularly and inclusive of appropriate information for the effective transfer of information to others where responsibility for care is shared. Care plans demonstrated 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 end of life care is provided in line with the consumer’s goals and preferences, with their comfort maximised and dignity preserved.

Based on this evidence, I find the service compliant with all Requirements in 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) Compliant

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANTServices and 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.

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

* All consumers interviewed were satisfied with the level of support they receive and reported their independence, health, well-being and quality of life has improved as a result. Examples were provided in relation to the support they receive that is meaningful to their culture, religion, faith and spirituality.
* Some consumers reported staff spend time with them and are supportive of their emotional and psychological needs when they are feeling low.
* All consumers interviewed were satisfied with the meals provided and considered the menu caters for their preferences.
* Consumers and representatives stated consumers’ condition, needs and preferences are known by staff and communicated within the organisation, and with others where responsibility is shared.

Staff provided examples of how services are tailored to meet consumers’ individual needs, how consumers are supported to engage in activities and strategies used to promote consumers’ emotional, spiritual and psychological well‑being. Staff provided examples of how consumer feedback is used to inform lifestyle activities and menu options.

The following observations were made:

* Consumers were engaging with each other and spending time with loved ones. Lifestyle staff were undertaking lifestyle activities and providing one-to-one engagement with consumers.
* Staff were engaging with and providing assistance to consumers during meal service. Meals were served in accordance with consumers’ preferences and assessed needs.
* The kitchen appeared clean and tidy, with staff adhering to food and workplace health and safety protocols.
* Equipment appeared clean and well-maintained.

Care plans were found to document consumers’ needs and preferences. Consumer files showed timely and appropriate referrals to individuals, organisations and providers of other care and services for the provision of lifestyle support.

Lifestyle documentation showed group activities are diverse and individualised activity options are available. Documentation showed the lifestyle program is regularly reviewed and revised based on participation trending and in consultation with consumers and representatives.

The service has policies and procedures to guide staff in referring consumers to external organisations for non-clinical supports.

Based on the above evidence, I find the service compliant with all Requirements in 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 COMPLIANTOrganisation’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.

Consumers feel they belong in the service and feel safe and comfortable in the environment. Consumers and representatives reported the environment feels homely and welcoming, is clean and well‑maintained, and consumers are able to move through the service freely. Consumers also confirmed they feel safe, and the furniture and equipment they use is suitable for use.

Staff provided examples of how they make consumers feel at home and how they ensure the service environment and equipment is safe and clean, including the process for actioning and prioritising preventative and reactive maintenance.

The environment was observed to be clean, safe and welcoming. Communal areas were easy to navigate and were well used. Strategies have been implemented to assist consumers in navigating the environment, with the aim for optimising their independence, interaction and function. 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 all Requirements in 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 COMPLIANTFeedback 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 and representatives during interviews with the Assessment Team:

* they feel comfortable providing feedback and complaints about consumers’ care and services in various ways and are confident their concerns would be rectified in a timely manner;
* they are aware of external complaints services if needed;
* their feedback and complaints have resulted in satisfactory changes; and
* their feedback has been used to improve the quality of care and services, including improvements to the service environment.

Staff described how they assist consumers in making a complaint and providing feedback, including those who have impairments or do not speak English. Staff described improvements that have been made in response to complaints and feedback made by consumers.

Information relating to internal and external complaints processes is included in the ‘resident handbook’, which is available in different languages.

Documentation demonstrated where a complaint has been made, an explanation was provided detailing actions taken to rectify the complaint. Documentation also showed feedback and complaints are recorded and analysed to implement improvements for any trends identified. Consumers, representatives and staff described quality improvement activities that have resulted from consumer feedback.

The organisation has policies and procedures to guide staff in open disclosure.

Based on the evidence above, I find the service compliant with all Requirements in 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 COMPLIANTHuman 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 compliant as five of the five specific Requirements have been assessed as compliant.

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, respectful, gentle and caring when providing care and attending to consumers’ needs; and
* staff know how to deliver care and services according to consumers’ individual preferences and are well trained and competent to perform their roles.

Staff considered they have adequate numbers of staff to provide care and services in accordance with consumers’ needs and preferences. Staff reported they have been provided adequate training, can access a variety of courses relevant to their role when needed and are required to participate in annual performance reviews.

Interviews with staff and management, and documentation showed competencies and training are monitored. Management was able to demonstrate where performance management processes have been used in response to an incident.

Rosters for a sampled period preceding the Site Audit demonstrated all but one shift had been filled.

Call bells are monitored regularly and response times exceeding 10 minutes are reviewed to understand why delays have occurred.

Staff were observed to be kind, respectful and caring in their engagement with consumers.

Based on the above evidence, I find the service compliant with all Requirements 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) Compliant

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

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

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

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

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

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

This 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 Requirement (3)(e) in this Standard. The Assessment Team was not satisfied the service demonstrated the organisation’s clinical governance framework was effective in minimising the use of restraint. Specifically, governance systems did not identify consumers subject to chemical restraint, policies and procedures in use at the time of the Site Audit were not updated to reflect legislative changes, and there was no evidence demonstrating chemical restraint was used as a last resort nor that informed consent was given by an authorised representative. I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and find the service non‑compliant with Requirement (3)(e). I have provided reasons for my finding under the specific Requirement below.

In relation to all other Requirements in this Standard, the Assessment Team found consumers consider the organisation is well run and they can partner in improving the delivery of care and services.

Documentation and interviews with management demonstrated consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement via multiple channels.

Documentation showed the organisation’s governing body is accountable for and promotes a culture of safe, inclusive and quality care and services by overseeing strategic policy and planning, organisational values, purpose and vision, consumer feedback and incidents, compliance with the Quality Standards, regulatory compliance and resourcing. The organisation’s governing body is comprised of appropriately qualified and experienced subject matter experts.

Interviews with staff and documentation showed there are effective organisation wide governance systems in place to support information management, continuous improvement, workforce governance, financial governance and feedback and complaints. There are systems and practices in place to ensure effective management of high impact or high prevalence risks, managing and preventing incidents, identifying and responding to abuse and neglect and supporting consumers to live the best life they can.

Based on this evidence, I find the service to be compliant with Requirements (3)(a), (3)(b), (3)(c) and (3)(d) 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) 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.*

The Assessment Team was satisfied the service demonstrated an effective clinical governance framework in relation to antimicrobial stewardship and open disclosure. However, the Assessment Team found the organisation’s clinical governance framework was not effective in minimising the use of chemical restraint, as governance systems did not identify consumers subject to chemical restraint and policies and procedures in use at the time of the Site Audit were not updated to reflect legislative changes. Additionally, there was no evidence demonstrating chemical restraint was used as a last resort or informed consent was given by an authorised representative. The Assessment Team provided the following evidence relevant to my finding:

* Management reported at the time of the Site Audit no consumers were subject to chemical restraint as psychotropic medication had been prescribed by the general practitioner (GP).
	+ The *Quality of Care Principles 2014* defines chemical restraint as a ‘practice or intervention that is, or that involves, the use of medication or a chemical substance for the primary purpose of influencing a care recipient’s behaviour.’
* Monthly clinical reports do not include consumers subject to chemical restraint, however, the service maintains a Psychotropic medication monitoring assessment report, which demonstrates 13 consumers are prescribed psychotropic medication.
	+ Psychotropic medication has been prescribed to nine and four of the 13 consumers respectively.
	+ None of the consumers have been diagnosed with a condition consistent with the approved therapeutic use of the psychotropic medication prescribed (as per the Therapeutic Goods Administration).
	+ For all 13 consumers, the intended purpose of administering psychotropic medication is to manage behavioural and psychological symptoms of dementia and/or for the purpose of influencing their behaviour.
* In July 2021, amendments were made to the Quality of Care Principles, which set out clear accountabilities of providers to ensure the use of restraint is minimised. These accountabilities were required to be implemented effective 1 September 2021 and include (but not limited to), use of restrictive practices as a last resort, development of behaviour support plans and receipt of informed consent.
	+ The organisation’s policy and procedure in relation to restrictive practices has been in draft since September 2021.
	+ The organisation’s restrictive practices policy and procedure in use at the time of the Site Audit was dated November 2019 (prior to the amendment of the Quality of Care Principles).

The policy states the use of restraint needs to be recorded on the consumer’s care plan and a Restrictive Practice Assessment and Authorisation (RPAA) form needs to be completed.

There was no evidence indicating the RPAA form had been completed for any consumer subject to chemical restraint.

There was no evidence demonstrating chemical restraint was used as a last resort to prevent harm to a care recipient or others, and the care recipient or restrictive practices substitute decision maker has given informed consent for the use of the practice.

The provider did not agree with the Assessment Team’s findings and asserts the organisation’s clinical governance framework is effective in minimising the use of restraint. The provider’s response includes the following documentation:

* Progress notes from the GP dated after the Site Audit, indicating six and two of the 13 consumers prescribed psychotropic medication have been diagnosed with psychosis and have had their medication ceased respectively.
	+ For consumers diagnosed with psychosis, the note from the GP is generic. For example, ‘diagnoses of psychosis related to psychotic symptoms of delusion and hallucination.’ No additional records or assessments were provided to support the diagnosis.
* RPAA forms for four consumers dated and signed after the Site Audit, which details the reasons for the restrictive practice, agreed goals of care, the type of restrictive practice, behaviours of concern, alternate strategies trialled before using the restrictive practice, assessment of likely impact on the consumer and consent from consumer or representative.
	+ Strategies to be trialled before using the restrictive practice are similar for all four consumers, are generic and do not consider individual needs and preferences.
	+ The RPAA forms do not guide staff in relation to monitoring for signs of distress or harm, side effects and adverse effects, changes of mood, behaviour, well-being and function whilst the restrictive practice is in use.
	+ Warning signs or triggers that lead to the behaviours of concern are not documented.
	+ The RPAA forms do not include prior alternative strategies that have been used, their effectiveness and records of monitoring and evaluation of the strategies.
* Restrictive practices policy and procedure updated November 2021.

The provider’s response also includes the service’s Quality Improvement Plan detailing actions taken to address deficiencies identified by the Assessment Team, including staff education and supervision, and implementation of improved processes.

I acknowledge the actions taken by the provider to address deficiencies identified by the Assessment Team, however, I find at the time of the Site Audit, the service did not demonstrate the organisation’s clinical governance framework was effective in minimising the use of restraint.

In coming to my finding, I have considered policies and procedures in use at the time of the Site Audit had not been updated to include amendments to the Quality of Care Principles and as a result, the service was not meeting their regulatory obligations in relation to minimisation of restraint. I have also considered that the organisation’s clinical governance framework and monitoring processes did not identify consumers subject to chemical restraint, that policies and procedures were not being followed by staff and regulatory obligations were not being met.

The provider’s response includes documentation to support their compliance with this Requirement, however, all evidence is dated after the Site Audit had been completed.

For the reasons detailed above, I find the service to be non-compliant with Requirement (3)(e) in Standard 8 Organisational governance.

# 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 8 Requirement (3)(e)

* Ensure policies, procedures and guidelines are effective in meeting the organisation’s regulatory obligations in relation to minimisation of restraint.
* Ensure policies, procedures and guidelines in relation to minimisation of restraint are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to minimisation of restraint.
* Ensure processes are in place to monitor consumers subject to chemical restraint and ensure regulatory obligations are being met.