Polish Retirement Home

Performance Report

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**Commission ID:** 3189

**Provider name:** Australian-Polish Benevolent Association of Victoria Inc

**Site Audit date:** 21 April 2021 to 22 April 2021

**Date of Performance Report:** 17 June 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) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Non-compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 13 May 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

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

Overall sampled consumers and representatives considered that consumers are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. For example:

* Consumers and representatives stated consumers are always treated with respect by staff.
* Consumers and representatives said staff understand their culture and religion and they appreciate management’s efforts to arrange religious services and celebrations for cultural events.
* Consumers described how staff encourage them to do things for themselves.
* Consumers described being supported to take risks and being able to be involved in what they find enjoyable.
* Consumers and representatives reported their privacy is respected.

Staff described how they enable consumers’ to maintain their cultural identity. Staff were observed treating consumers with respect and using greetings appropriate to Polish culture. Care documentation contains personalised information and reflects what is of importance to the consumer and their key relationships. Information is communicated in both Polish and English.

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

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

The majority of sampled consumers considered they are a partner in the ongoing assessment and planning of consumer care and services. For example:

* Consumers or representatives expressed satisfaction that consumer care is planned, considers individual risks and is safe and effective.
* Most consumers or representatives indicated care and services plans reflect consumers’ needs, goals and preferences.
* Consumers indicated they did not want to discuss advance care planning, but they had been asked if they wished this to occur.
* The majority of consumers and representatives said communication about consumer care occurs and a copy of the care plan is readily available.

Staff described consumers’ risks and strategies to ensure care promoted consumer health and wellbeing. Sampled files showed assessment and planning approaches include risk identification and minimisation of risk.

Assessment and care planning documents identified goals, needs, preferences and interventions to meet these requirements, however advance care planning is not generally discussed in line with cultural norms. Staff described their knowledge of consumers’ needs and preferences.

Care planning documents demonstrate the participation of consumers and representatives and show the involvement of other service providers in care planning as appropriate. Staff described how they involve consumers, representatives and other service providers in the assessment, planning and review of care and services.

Staff described how care plans are available to consumers and representatives on request. Care planning documents showed communication with consumers and representatives occurs in relation to assessment and care planning.

Staff described processes for reporting or reviewing care regularly, when care needs change, or incidents occur. Care plans reflect changes in care as a result of care and service reviews

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

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

Overall consumers and representatives considered that consumers receive personal care and clinical care that is safe and right for them. For example:

* Most consumers and representatives are satisfied that care is safely managed and risks affecting each consumer are controlled.
* Representatives indicated the service is responsive to any changes in the consumer’s condition and indicated they are generally notified of changes or deterioration.
* Consumers and representatives are satisfied staff know consumers care needs and preferences well.
* Consumers and representatives indicated consumers have timely access to a medical practitioner and they are referred to other service providers as needed.
* However, representatives stated the use of medications associated with chemical restraint is not discussed with them and a consumer said they are sometimes drowsy during the day.

Care planning documents showed the effective management of high impact or high prevalence risks. Management and staff described high impact risks and service specific high prevalence risks to consumers and ways they minimised risk. Incidents are documented, actioned and reviewed to minimise recurrence.

Management, nursing and care staff said consumers have low care needs and palliative care is rare and consumers nearing the end of life are transferred to hospital or to a service able to meet the consumer’s specific care facility. However, where palliative care is provided prior to transfer, care provided addresses consumer needs and maximises their comfort and dignity.

Care documentation showed actions taken in response to a deterioration or change in a consumer’s health. Management and staff described how deterioration or changes are identified and actioned.

Care planning and other documentation showed consumer conditions, needs and preferences are communicated and information exchange occurs with others who share responsibility for care. Staff described communication mechanisms and showed knowledge of the needs and preferences of each consumer they cared for.

Documentation reflected timely and appropriate referrals to individuals, other organisations and providers of other care and services. Staff described processes and examples of results of referrals to other services.

The service has an infection control policy and an outbreak management plan to support the service in practicing transmission-based precautions and preparing for a possible infection outbreak. Management and staff mostly demonstrated an understanding and effective practice of promoting a safe COVID-19 environment.

However, the Assessment Team found not all consumers receive clinical care that is best practice, tailored to their needs, and, optimises their health and wellbeing in relation to management of pain and use of chemical restraint.

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements has 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 found not all consumers receive clinical care that is best practice, tailored to their needs and optimises their health and wellbeing in relation to management of pain and use of chemical restraint. The Assessment Team presented evidence:

* Five consumers are administered medication for the purposes of influencing the management of their behaviour and dementia. While alternative strategies are documented these are not implemented by staff. Monitoring and evaluation of the use of chemical restraint does not occur. A consumer stated they sometimes feel drowsy during the day.
* Some consumers experience pain. Pain management is not tailored to the needs of these individuals and five of six consumers’ care planning sampled indicated the basic pain triggers and non-pharmaceutical management strategies are documented for these consumers. A non-verbal pain scale has not been implemented as recommended by external health service. Staff confirm only basic non-individualised pain management strategies are used as an alternative to medication to manage consumers’ pain.

The provider’s response acknowledged the deficits and stated the following remedial action has subsequently been taken:

In relation to pain a review of processes and documentation used for the assessment of pain; implementation of non-pharmaceutical strategies in management of pain; referral of a consumer assessed during the audit to a pain clinic; and, education for staff.

In relation to minimising the use of restraint, the implementation of documentation processes to monitor and review consumers and education for staff.

While I note the actions taken by the provider since the audit, these actions are yet to be fully implemented and reviewed for effectiveness. I am satisfied the service does not comply 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) Compliant

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

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

* Consumers described how they are supported to engage in things of interest to them.
* Consumers said they are supported by staff to maintain emotional, spiritual and psychological well-being.
* Consumers spoke of social interactions are enabled within the service.
* Consumers described how they are supported to access services from other care and service providers.
* Consumers said they like the food, there is variety and an adequate amount.

Consumer preferences for how they want to be supported is documented and communicated to those providing care and services to the consumer. Documentation reflects assessment and documentation of emotional, spiritual and psychological support needs. A lifestyle activities program is run each day across the service, with a variety of activities. Volunteers provide additional activities for consumers including movies, craft and social visiting.

Staff described how they support consumers to stay engage with their spiritual and religious life. Staff described how they support consumers to socialise, develop or maintain personal relationships and know the people and family important to consumers. Staff said they stay updated in relation to consumer needs and care through handover and discussion with other staff. Staff were able to describe the current needs and status of the consumers in their care.

Staff stated they have access to appropriate equipment, stocks and supplies of equipment when they need it. Equipment was observed to be safe, suitable, clean and well maintained.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

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

* Consumers mostly feel safe and comfortable at the service.
* Consumers described how they used the communal, dining and garden areas of the service.
* Consumers and representatives said the service is clean and well maintained.

The service is welcoming and offers a range of communal spaces that optimise consumer engagement and interaction. Polish artwork, craft, colour scheme and historical portraits are used to create a homely and comfortable environment for consumers. Consumers are able to move freely indoors, outdoors and across the service. The service was observed to be clean and uncluttered enabling the free movement of the consumers. There is a variety of equipment available suitable for individual consumer needs. Maintenance occurs as scheduled and as needed and an effective cleaning schedule is in place.

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

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

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

Overall consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. For example:

* Consumers and representatives feel encouraged and supported to speak up when they have concerns.
* Consumers and representatives described ways to lodge feedback and complaints with a preference for verbal lodgement.
* Consumers provided examples of when they have made complaints and how responsive management were in rectifying the matters.

Management and staff provided examples of how they support consumers to lodge feedback and concerns. The service provides information on internal and external complaint information and has advocacy services in Polish and English. The service employs Polish speaking staff to support advocacy, translation and communication.

Clinical care and lifestyle staff were able to describe the process of open disclosure and have received education in relation to this. The organisation has policies and procedures in relation to open disclosure.

Management demonstrated through examples how they review feedback and complaints to improve care and services for consumers. Although improvements are not always documented in the continuous quality improvement register, consumers and representatives described improvements made in response to feedback.

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

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

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

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

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Overall consumers and representatives considered that consumers get quality care and services when they need them, and from staff who are knowledgeable, capable and caring. For example:

* Consumers and representatives said staff are kind, caring and respectful when providing care and services.
* Consumers and most representatives said staffing levels are generally adequate, however some representatives said the service could do with more clinical staff.
* While consumers and representatives expressed satisfaction with the skills and quality outcomes provided by staff, a representative said staff would benefit with additional dementia education due to an increase of consumers living with dementia.

Most staff said management provide adequate staff to meet consumers’ needs. Management interviews and roster review confirms unplanned leave is replaced. Staff described their roles and management discussed minimum qualification requirements. Staff said they complete their mandatory education and competencies and have access to a range of additional training. Staff are satisfied with the quality of training provided through the organisation’s education program.

Staff interviews and documentation demonstrate how management regularly assess, monitor and review the performance of their workforce. Staff expressed satisfaction with their performance appraisals and said they can raise education opportunities.

Staff were observed to be kind, caring and respectful. Most staff speak Polish and English to support consumer care needs.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 NON-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

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

Overall consumers considered the organisation is well run and they can partner in improving the delivery of care and services. For example:

* A consumer and a representative both confirmed the service is well run and expressed their satisfaction with the services provided for consumers.

Management described how consumers and their representatives engage via various avenues and confirm most engagement is verbal and actioned. Committee of management meetings occur quarterly and review feedback, surveys, audits, clinical data, incidents and statistics to improve care and services.

Management discussed ways the Board satisfies itself that the Quality Standards are being met within the service.

Management demonstrated generally effective governance systems for information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. Management provided documented evidence and examples where applicable. Management implemented secure passwords for computer systems during the audit to protect the privacy and confidentiality of consumer information. Some of the organisation’s documentation, such as audits and the continuous improvement register, reflect superseded Standards requirements. Management acknowledged this feedback and will update required documentation.

The service has a risk management system. Management and staff demonstrated application of the service’s risk management systems and practices, including managing high-risks to consumers and supporting risk-taking to enable the consumer to live the best life they can.

However, management were not able to demonstrate effective clinical governance systems. Management and staff do not implement the organisation’s policy and procedure for minimising the use of chemical restraint.

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.*

The Assessment Team found that while the organisation has a policy relating to minimising the use of restraint, it is not being applied by management and staff in the service.

The Assessment Team identified five consumers administered medication considered restraint for challenging behaviour and dementia. Consent, monitoring and review for the use of restraint for these consumers does not occur and there is no process for documenting this.

The provider’s response acknowledges the deficits and stated the following has been implemented:

* A review of the policy and procedure for minimising the use of restraint.
* Template forms for managing consumers in relation to chemical restraint and consent.
* Education for staff.

While I note the remedial action taken by the service since the audit, these actions are yet to be reviewed as effective. Taking this into consideration and that the service was non-compliant at the time of the audit, I find the service Non-compliant in 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.

### Requirement 3(3)(a)

* Ensure management and staff understand chemical restraint.
* Ensure documented alternatives to use of chemical restraint are use by staff.
* Implement effective processes for the monitoring and review of the use chemical restraint.
* Ensure pain management strategies are tailored to the needs of the individual.

### Requirement 8(3)(e)

* Ensure effective governance structures for monitoring and the minimising the use of chemical restraint.
* Ensure effective processes for informed consent in relation to chemical restraint.