Regis Wynnum

Performance Report

261 Preston Road   
WYNNUM WEST QLD 4178  
Phone number: 07 3249 5100

**Commission ID:** 5332

**Provider name:** Regis Group Pty Ltd

**Site Audit date:** 24 January 2022 to 27 January 2022

**Date of Performance Report:** 11 April 2022

# Performance report prepared by

Denise McDonald, 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** | **Non-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) | Non-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** | **Non-Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Non-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) | Non-Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report received 15 March 2022.
* other information and intelligence held by the Commission in relation to the service, including referrals received internally.

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 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

The Quality Standard is assessed as Compliant as 6 of the 6 specific requirements have been assessed as Compliant.

The Site audit report identified consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

Consumers and representatives stated consumers were treated with respect, their individual cultural needs were supported and they are able to live the life they chose by engaging in activities which may present a risk. Consumers and representatives said they were provided with information so that they could make decisions about the activities they wished to participate in, who was involved in their care and were able to maintain and foster social connections with people inside and outside of the service. Consumers and representatives confirmed they were afforded their privacy and personal information was kept confidential.

Staff demonstrated knowledge of consumers individual values and the diversity of the consumer cohort living within the service and described how this influenced delivery of culturally safe care. Staff described the various ways information is provided to consumers to facilitate choice including adjustments made in consideration of cognitive, language or sensory deficits. The staff demonstrated they were familiar with consumers’ backgrounds, the people who were important to consumers and could describe how they supported consumers to maintain relationships with family and friends.

Care documentation informed staff of consumer’s preferences, background, identity and choices relating to how they wished care and services to be delivered, the others they wished to involve in decision about their care and how any risks to their health and well-being would be managed to ensure they are living life the way they want to.

Staff were observed to treat consumers respectfully, greet their visitors with familiarity and maintain consumer’s privacy.

The organisation has policies, procedures and an education program to guide staff in the delivery of culturally safe care, respecting diversity, management of risk and maintaining privacy.

Based on the evidence documented above, Standard 1 Consumer dignity and choice, is 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.*

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 2 NON-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 Non-compliant as one of the 5 specific requirements have been assessed as Non-compliant.

The Assessment Team recommended Requirement 2(3)(e) as not met. 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 2(3)(e). I have provided reasons for my findings in the specific Requirement below.

Consumers and representatives confirmed they are consulted during assessment processes undertaken to develop consumers care plans, were kept informed of consumers assessed needs and either had, or were aware they could request, a copy of the consumer’s care plan. Consumers and representatives reported staff had spoken with them about advance care and end of life planning for consumers. Consumers and representatives confirmed the service seeks input from themselves and health professionals’ during care planning discussions.

Care documentation demonstrated registered staff completed initial assessments that identified consumers’ needs, goals and preferences. Consumers, their representatives, medical officers and allied health professionals were involved during the assessment process where necessary. Care documentation generally reflected the care needs and preferences of most consumers and demonstrated the consumer and others were involved in assessment and planning. Care documentation showed assessments and care planning was attended to and discussed with the consumers and representatives on an ongoing basis.

Registered staff described the process of assessment in conjunction with consumers, representatives and health professionals, when the consumer entered the service and how this informed the development of an individualised care plans. Staff demonstrated knowledge of what was important to consumers in terms of how they wanted their personal and clinical care delivered. Staff explained how they approached conversations with consumers about end of life and advance care planning including revisiting these conversations if the consumer was not comfortable in discussing this topic initially. Management and staff advised a copy of the care plan is offered to consumers and representatives and provided in accordance with their wishes. Care staff were aware of their responsibility in relation to incident reporting and reporting changes in the consumer's condition, needs or preferences and described how this may prompt a reassessment.

The service had policies to guide staff with assessment and planning, together with evidence-based assessment tools available on the service’s electronic care management system for staff to use.

However, the service was not able to adequately demonstrate care and services were reviewed regularly for effectiveness, and when circumstances changed or when incidents occurred that impacted on the needs, goals or preferences of the consumer. Some consumers’ care planning documentation was not reflective of the consumers’ current needs, goals and preferences. Additionally, for some consumers the application of restrictive practices had not been reviewed regularly.

## 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) Non-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.*

The service was not able to adequately demonstrate care and services were reviewed regularly for effectiveness, when circumstances changed or when incidents occurred that impacted on the needs, goals or preferences of the consumer. In coming to a decision on compliance for this Requirement, I have considered the information contained in the Site audit report, and the written response from the Approved Provider.

For consumers sampled care documentation did not identify reviews are consistently undertaken when scheduled and/or when circumstances change, including for complex health care needs and restrictive practices.

The Approved Provider did not agree with the recommendation of non-compliance and provided a response that included historical, additional and clarifying information through a range of supporting documents including clinical record extracts, forms, policies, procedures and revised care planning documentation.

In relation to the named consumers who had out of date information on their care plans, I note the Approved Provider’s response acknowledged the care planning documentation was not reflective of the consumers current care needs and care plan reviews undertaken post audit, confirmed these care strategies were inconsistent with care provided and the documentation has since been amended to reflect the consumers current assessed needs.

For three other named consumers who had not had their restrictive practice assessed, authorised or reviewed regularly in line with organisational timeframes, I note the Approved Provider acknowledged restrictive practices had not been assessed, authorised and reviewed at the time of the audit and undertook corrective action post the audit to address this. This included updates to clinical records by the medical officer, in consultation with the consumer representatives. I have also considered information brought forward under Requirement 3(3)(a) which supports non-compliance in relation to the assessment, authorisation and review of restrictive practice for another named consumer.

While the Approved Provider has undertaken corrective action to redress the deficiencies identified by the Assessment Team in relation to effectively reviewing care and updating documentation, the provider did not provide any further information on how they will ensure consumers’ care and services are appropriately monitored, reviewed and updated regularly for effectiveness in the future.

I have considered the Assessment Team report as well as the Approved Provider’s response. I find the service’s processes implemented to ensure the accuracy of care planning and restrictive practice needs was not consistently undertaken at the time of the audit in ensuring 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. I note the care planning and restrictive practice documentation were not always up to date and, therefore, were not reflective of consumers current assessed needs and conditions.

Therefore, I find the service Non-compliant in this Requirement.

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 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 7 specific requirements have been assessed as Non-compliant.

The Assessment Team recommended Requirement 3(3)(a) as not met. 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(3)(a). I have provided reasons for my findings in the specific Requirement below.

Most sampled consumers considered they receive safe personal care and clinical care, which is right for them, is tailored to their individual needs and they can access medical and health professionals when they need them. Representatives interviewed said the consumers received care that was safe, managed risks to the consumers health and met their needs and preferences, including at the end of their life. Representatives confirmed end-of-life care was performed with dignity and the comfort of the consumer safeguarded. Consumers confirmed when they are unwell or experiencing a deterioration in their health, it is recognised and responded to in a timely manner and if a referral to health professional is required this is undertaken promptly. Consumers and representatives advised they felt confident in the service’s ability to manage an infectious outbreak with precautions, communication and infection control practices described as well coordinated.

Staff could describe how they generally ensure care is best practice and how they ensure information is shared both within the organisation and with others outside the organisation, such as medical officers, specialists, physiotherapists, dieticians, podiatrists and mental heatlth professionals when they are involved in the care of the consumer. Staff identified the highest risks for different cohorts of consumers were falls, behaviours, unplanned weight loss, swallowing difficulties and skin related issues, however staff were not able to consistently describe appropriate restrictive practices. Staff described how changes in a consumers condition is escalated to registered staff and confirmed consumer care needs are regularly discussed between the care team, consumers and their representative. Staff advised prior to actioning referrals consent is sought from the consumer or their representative to ensure they are appropriate and confirmed referrals are actioned in a timely manner.

Care documentation identified for most sampled consumers personal and clinical care has been tailored to their individual needs to optimise their health and wellbeing including for complex health care such as diabetes management, oxygen therapy, stoma care and maintaining a consumer’s skin integrity. However, deficiencies were noted in the monitoring of consumers’ catheter care, implementation of strategies to minimise behaviours to optimise consumers wellbeing and restrictive practice identification, management and monitoring.

The organisation has a suite of policies, procedures, guidelines and flowcharts, for key areas of care including, which are reflective of current guidelines, however these are not consistently implemented. The service confirms monthy clincial indicators, incident and risk data is reviewed, trended and analysed to identify improvements to care delivery and inform better practice.

### 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 service was not able to adequately demonstrate each consumer gets both personal care and clinical care which is tailored to their needs and optimises their health and well-being. In coming to a decision on compliance for this Requirement, I have considered the information contained in the Site audit report, and the written response from the Approved Provider.

For consumers sampled, care documentation did not identify that each consumer’s health and well-being is optimised through the provision of care tailored to meet their behavioural needs, or that successful behaviour minimisation strategies are implemented prior to the administration of a chemical restrictive practice.

The Approved Provider did not agree with the recommendation of non-compliance and provided a response that included historical, additional and clarifying information through a range of supporting documents including clinical record extracts, forms, assessments and case conference records.

In relation to a named consumer, the provider acknowledges documentation processes had not been followed by the service in relation to the regular review of restrictive practices implemented for consumers. I have considered this under Requirement 2(3)(e).

The Approved Provider’s response also acknowledges, for this named consumer, the service’s documentation processes had not been followed in relation to the monitoring of the consumer’s catheter care, however additional information was provided that demonstrated the consumer’s care delivery was in accordance with care directives. While the service was able to demonstrate the consumer’s catheter care was being delivered appropriately, the provider did not provide any further information on how they will ensure consumers’ catheter care is to be effectively monitored in the future.

Additionally, the Site Audit report identified the service was not able to demonstrate care for this named consumer was being delivered which optimised the consumer’s wellbeing as staff were observed not responding to the consumer’s repeated calls for assistance, nor implementing recommended behaviour management strategies, such as offering food and drinks which were detailed in the consumer’s behaviour support care plan to minimise their behaviour. I note an evaluation of the consumer’s behaviour minimisation strategies, including those of offering food/drink and provision of continence care was undertaken by the service post the audit and concluded these strategies when implemented were successful in reducing the consumer’s behaviour. The evaluation further identified that in at least one instance chemical restrictive practice was administered by staff without alternative strategies first being trialled. I acknowledge the Approved Provider has undertaken actions post the audit including obtaining a further medical review from an alternate medical officer, which has resulted in changes to the consumer’s prescribed medications and this has also reduced the occurrence of the consumer’s behaviours. However, I have considered that at the time of the audit the service had not initiated obtaining further medical review or specialist behaviour support for the consumer, even though the approved provider’s response confirmed the consumers behaviours had been ongoing and repeated over a sustained period of time (prior to the audit).

The Site Audit identified four other named consumers had not had their prescribed or implemented restrictive practice needs assessed and authorised by an approved health practitioner, or consent obtained from either themselves or their substitute decision maker. I note the service has acknowledged, in all four circumstances, this oversight had occurred at the time of the audit and the service has since updated these consumers’ clinical records to document authorisation by medical officers, in consultation with the consumer’s substitute decision makers, and with their consent for restrictive practices to be applied. I have further considered this information under Requirement 8(3)(c).

While the Approved Provider has undertaken corrective action to redress the deficiencies identified by the Assessment Team in relation to catheter care, behaviour support, restrictive practice assessment, authorisation and documentation of consent; the provider did not provide any further information on how they will ensure consumers’ personal and clinical care will be consistently implemented and appropriately monitored in the future to ensure all care provided optimises consumers’ health and wellbeing.

I acknowledge the provider’s response, the information provided, and the actions taken by the service in relation to the Site Audit report findings. However, based on the Site Audit report and the provider’s response, I find at the time of the Site Audit, the processes implemented by the service were not effective to deliver personal care and clinical care, which is best practice, tailored to meet the individual needs and optimises the health and wellbeing of each consumer. I note the delivery of behaviour support and monitoring of clinical care were not consistently implemented to meet the needs of each consumer and their well-being not optimised.

Therefore, I find the service Non-compliant in 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.*

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 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 7 of the 7 specific requirements have been assessed as Compliant.

Consumers sampled considered they get the services and supports for daily living that are important for their health and well-being, enable them to do the things they want to do and their emotional, spiritual and psychological needs are met. Consumers and representatives said they felt consumers were supported by the service to do the things that were important to them, including through participating in the service's lifestyle program and accessing external opportunities. Consumers said there is enough activities and they are able to choose which activities they wish to engage in. Consumers and representatives described the ways consumers are supported to maintain social and emotional connections to those who are important to them both within and external to the service. Consumers reported the equipment used to support activities for daily living is suitable, safe, clean and well-maintained. While some consumers and representatives provided positive feedback in relation to the food, others expressed dissatisfaction in relation to the availability, temperature and quality of the food.

The Assessment Team recommended, Requirement 4(3)(f), was non-compliant. I have considered the Assessment Team’s findings; the evidence documented in the Site Audit report and the Approved Provider’s written response and have come to a different view from the Assessment Team and find the service Compliant with Requirement 4(3)(f). I have provided reasons for my findings in the specific Requirement below.

Consumers’ care planning documentation included personalised information about the services and supports consumers needed regarding their lifestyle interests and activities of daily living. Care documentation included information that supported consumers’ emotional and spiritual well-being, and information about personal relationships important to the individual. Consumers’ care documentation reflected the involvement of others in the provision of lifestyle supports, including external church/spiritual services for specific individuals and input from representatives. Care planning documentation was reflective of the consumers assessed dietary needs and preferences that generally aligned with consumer and staff feedback.

Staff advised consumers are requested to provide information on their leisure needs, religious beliefs, social and community ties and cultural traditions on entry to the service and this information is used to inform the appropriate services and supports for each consumer. Staff confirmed if a consumer is identified as requiring additional emotional support they were visited by social workers and staff, who provided further one-to-one social support. Staff were able to describe a variety of activities that consumers enjoyed such as craft activities, communal puzzles and games, and daily movies in the 'theatre'. Staff advised they shared information and were kept informed of the changing condition, needs and preferences for each consumer. Lifestyle staff described how they had engaged with representative, volunteers and community groups to develop activities to supplement the lifestyle program offered by the service during the COVID-19 pandemic. Staff advised where equipment was provided it was monitored to ensure it is safe, suitable, well maintained and fit for purpose; staff undertook ongoing monitoring to ensure equipment was fit for purpose.

Based on the evidence documented above, I find the provider’s performance in relation to this service, to be 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.*

The service was able to adequately demonstrate meals provided are varied and of suitable quality and quantity. In coming to a decision on compliance for this Requirement, I have considered the information contained in the Site audit report, and the written response from the Approved Provider.

For consumers sampled, feedback in relation to meals was mixed with some consumers providing positive feedback in relation to the quality of meals and their ability to contribute to the menu planning, while others expressed dissatisfaction with gluten free sandwich options, food being over cooked, food temperature and availability of some foods.

The Approved Provider did not agree with the finding of non-compliance and provided a response that included additional and clarifying information through a range of supporting documents including menus, dietician reviews, consultations with named consumers, minutes of meetings and consumer surveys.

In relation to named consumers who provided negative feedback, I have considered the information provided by a named consumer in relation to rushed meal experiences under Requirement 7(3)(a). Additional concerns of not having an awareness of changes following feedback on dessert suggestions is considered under Requirement 6(3)(c).

In relation to a named consumer who expressed dissatisfaction with the availability of some foods, I note the site audit report contains information that demonstrates the service has an adequate supply of food, rarely runs out of foods and alternate options are available at all meals and between meal services should a consumer not be satisfied with the meal choices on the menu or request additional food. Additionally, the Approved Providers response included meal service quality audit documentation, consumers surveys and food focus meeting minutes which demonstrated monitoring of meal service and the availability of food is undertaken routinely with consumers expressing satisfaction through these mechanisms Information provided also evidenced staff consistently reminded consumers they are able to access additional food if they wanted it.

In relation to a named representative who reported concerns regarding the temperature and taste of food provided to a consumer, I note the service consulted with the consumer who did not raise the same concerns and expressed their satisfaction with the food provided by the service. I also note the site audit report confirmed the service was aware and had already undertaken action to redress concerns raised by consumers who had identified their meals were sometimes served cold when they have chosen to eat these within their rooms.

For another named consumer who had specific dietary requirements in relation to foods free from gluten, the service had supplied gluten free bread for sandwiches at the request of the consumer, however, the service was not aware this consumer remained dissatisfied with the sandwich options provided. I have considered this information under Requirement 6(3)(c).

I have considered the Assessment Team report as well as the Approved Provider’s response. I find the service’s processes implemented to ensure the meals provided are varied and are suitable quality and quantity are effective and the service has actively worked in collaboration with consumers to sustain the quality and variety of meals provided and ensure consumer’s needs, likes and preferences are met.

Therefore, I find the service compliant in this Requirement.

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

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

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 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 3 of the 3 specific requirements have been assessed as Compliant.

The Site audit report identified consumers felt they belonged and reported the service environment is safe and comfortable.

Consumers and representatives said they felt at home, and the service optimises a sense of belonging and fosters their independence. Consumers and representatives were able to provide examples of elements of the environment that make it a nice place to live such as the availability of an on-site café; consumers advised they feel safe; the service is easy to navigate and is well maintained. Consumers and representatives also reported the furniture, fittings and equipment was safe, clean, well maintained and suitable for their needs.

The service environment was observed to be welcoming, safe, comfortable and well maintained. The service’s signage provided clear directions that enabled consumers and visitors to the service to navigate their way around the service. The service environment is sufficiently lit and the grounds were well kept with clear pathways enable consumers to safely move around while outside. Staff were observed attending to duties including cleaning and maintenance duties within the service.

Management described how the service’s staff, welcome new consumers to the service. Management reported on the features of the service environment that are designed to support functioning of consumer including signage, level pathways, lighting, keeping areas free from clutter and inclusion of private areas for consumers to share with their families. Staff reported on the systems and process in place to ensure the environment is kept clean and is well maintained; staff advised they have the equipment, supplies and training required to undertake cleaning of the service environment. Staff were able to describe how they would raise any safety concerns and escalate items about the environment through the maintenance request systems.

Maintenance systems evidenced regular maintenance of equipment, furnishings, and fittings on a preventative and reactive basis and confirmed any issues where reported and responded to in a timely manner.

Call bell points were observed to be available throughout the service environment and were operating effectively. Consumers were observed using the private lounges, communal spaces and moving freely between the indoor and outdoor facilities.

Based on the evidence documented above, I find the provider’s performance in relation to this service, to be 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.*

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 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 4 of the 4 specific requirements have been assessed as Compliant.

Overall, consumers and representatives considered that they are encouraged by management to provide feedback or make complaints and feel safe in doing so. If support is required, consumers confirmed staff assist them and they are aware of advocacy and external complaints mechanisms should these be needed. Consumers confirmed appropriate action is taken in response to feedback and complaints and staff apologise if things go wrong, however a named representative expressed they are not always satisfied with management’s response when they raise things and when actions are taken they are not always sustained.

The service had complaints management and open disclosure policies which explained the service’s commitment to support consumers to make a complaint in the easiest way for them. A consumer handbook, newsletter, residential agreement and posters displayed throughout the service, provided information on how to access internal and external complaints organisations and advocacy support. Hard copy feedback forms and a secured suggestion box were accessible to consumers and representatives within the service environment.

Staff stated, upon receiving feedback or a complaint, they would immediately apologise and attempt to resolve the concern in the first instance or escalate the matter to registered staff or management if resolution was not immediately achievable. Management and staff were aware they could lodge concerns and access advocacy services on behalf of the consumer. Education records confirmed staff are provided with training in complaints management processes and open disclosure during the service’s induction process, however care staff were unable to consistently describe what open disclosure means. Staff were also not aware of how to access interpreter or language services without consulting management for guidance, however, it was reported that there were no consumers who currently reside at the service who require these types of services or assistance.

The service’s complaints management system established complaints are managed within a framework of open disclosure, the sources of the complaint are identified, results of any investigation recorded and evidenced the response provided to the complainant included any follow up actions to minimise future reoccurrence and an apology provided. Documentation confirmed feedback and complaints are compiled, reviewed, monitored, reported to the governing body and are utilised to improve the quality of care or services.

The Assessment Team recommended, Requirement 6(3)(c), as not met. I have considered the Assessment Team’s findings; the evidence documented in the Site Audit report and the Approved Provider’s written response and have come to a different view from the Assessment Team and find the service Compliant with Requirement 6(3)(c). I have provided reasons for my findings in the specific Requirement below.

## 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.*

The service was able to adequately demonstrate appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. In coming to a decision on compliance for this Requirement, I have considered the response from the Approved Provider and information contained in the Site audit report, under this and other Quality Standards, including Standard 4 and Standard 8.

The Approved Provider did not agree with the recommendation made by the Assessment Team of non-compliance in relation to this Requirement, and provided a response that included additional and clarifying information through a range of supporting documents including policies, newsletters, consumer satisfaction surveys, education records and records of consultation with a named representative.

During the site audit, feedback captured from staff and consumers confirmed management takes appropriate action when concerns are raised and consumers said staff apologise if things go wrong. The Site audit report and Approved Provider’s response contains various examples of management responding to feedback or complaints including in relation to the purchasing of specific food items at consumer request and corrective actions implemented to ensure meals are served at an appropriate temperature. The Site audit report also evidenced all feedback or complaints had been documented on a continuous improvement register and showed these items had been followed up by management.

However, for one named representative who expressed occasional dissatisfaction with management’s response to their concerns; while they acknowledged management had undertaken corrective actions, they were not satisfied with the sustainability of the actions as care planning discussions on a monthly basis had not continued. The Approved Provider’s response included a copy of a consumer and representative newsletter distributed in September 2021 which communicated a change in the scheduling of care planning discussions, from monthly to 3-monthly. The named representative confirmed, during a case conference that was undertaken with the service post the audit, the communicated change had been missed and records confirm this issue was now resolved to the representative’s satisfaction.

The Site Audit report also included information that some clinical and care staff were not able to confidently describe an open disclosure approach, even though they acknowledged they had completed training on the topic; the Approved Providers response acknowledges some staff may not be familiar with the language and/or terminology used. The site audit report contained evidence of consumer feedback which confirmed staff apologise when things go wrong and documentation showed that management consistently responded utilising the principles of open disclosure including investigation, causative analysis, ongoing consultation with involved parties and implementation of strategies to reduce reoccurrence. I acknowledge the service has undertaken corrective actions and provided additional education to staff to increase their familiarity with open disclosure terminology and policy.

While the site audit report brought forward evidence that one named representative was occasionally dissatisfied with the sustainability of actions taken in response to concerns and some staff were unable to describe aspects an open disclosure approach, I do not consider these issues to be of a systemic nature as the majority of consumers and staff responded positively and documentation confirmed appropriate action is taken in response to complaints and open disclosure principles are applied. I have also noted the provider has already undertaken further action by providing additional staff training regarding open disclosure terminology and policy.

Therefore, I find the service compliant in this Requirement.

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

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

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 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 5 specific requirements have been assessed as Non-Compliant.

Consumers and representatives confirmed the workforce generally provided safe and quality care in line with the consumer’s needs, however some reported delays in staff responsiveness to calls for assistance and at times staff were delayed or were rushing when providing support to consumers who required mobility, meal and toileting assistance. Consumers and representatives interviewed generally described the workforce to be kind, caring, respectful and gentle in their approach, however workforce interactions were at times observed to be disrespectful and staff were not always responding to requests made by a consumer for assistance in a timely manner. Consumer expressed confidence that staff have the appropriate skills needed to meet their care needs.

The organisation had systems and procedures in place to direct workforce planning, recruitment processes, staff leave replacement, professional development and monitoring of workforce performance. Position descriptions established competencies and qualifications for each designated role, and ensured staff are informed of their responsibilities. The service had systems to monitor the credentials and competencies of staff to ensure these are maintained. A system is in place to ensure staff complete induction and ongoing scheduled training across a range of topics, including but not limited to, manual handling, infection control, food and fire safety. However, some deficiencies in the monitoring of the completion of training and staff knowledge on antimicrobial stewardship, open disclosure and restrictive practices were identified.

Management confirmed the number and time of rostered staff was based on analysis of the care and service needs and preferences of individual consumers and these are regularly reviewed to ensure staff allocations are appropriate. Recruitment processes continue to be ongoing to address the current issues relating to aged care sector workforce shortages due to the current COVID pandemic and the service has actively engaged with numerous agencies to ensure staff availability to assist with short notice shift vacancies resulting from unplanned sick leave or close contact isolation requirements. Management described alternate strategies to fill shifts included extension of staff hours where staff have the capacity to do so.

Staff confirmed they participate in training on commencement, annually and other training is provided should they request it. Staff advised their performance is appraised annually and they are responsible for monitoring the performance of other staff. Staff expressed they were under significant time related pressure, unable to respond to consumers’ calls for assistance promptly and described performing some tasks which were outside of the job descriptions such as collecting meals from the kitchen when shifts are unfilled. Staff said they are always busy and there is limited agency staff available to fill shifts when required.

The Assessment Team recommended, Requirement 7(3)(a), 7(3)(b) and 7(3)(c) as not met. I have considered the Assessment Team’s findings; the evidence documented in the Site Audit report and the Approved Provider’s written response and have come to a different view from the Assessment Team and find the service Compliant with Requirement 7(3)(a) and 7(3)(c), and Non-Compliant in Requirement 7(3)(b). I have provided reasons for my findings in the specific Requirement below.

## 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.*

The service was able to demonstrate the number and skill mix of staff deployed enabled the delivery and management of safe and quality care and services; even though there being limited availability of permanent, casual or agency staff due to the impact of the COVID-19 (Omicron variant) outbreak which was occurring at the time of the site audit. In coming to a decision on compliance for this Requirement, I have considered the information contained in the written response from the Approved Provider and the Site audit report, under this and other Quality Standards, including Standards 3 and 4.

The Approved Provider did not agree with the recommendation of non-compliance and provided a response that included additional and clarifying information through a range of supporting documents including surveys, records of consultations with named consumers or representatives, clinical file extracts and care plans.

The Site audit report identified that while five consumers said they were happy with staff, these consumers advised staff were busy and at times they can experience delays. However, I note that consumer feedback throughout the site audit report, evidenced consumers were generally receiving the care and services they need, when they needed it. For, a named consumer, the consumer described at times they felt staff were rushing them during meals or they had to wait to receive mobility assistance; however, during consultations with management/the service post the audit, the consumer advised they were happy with the care provided, said staff are always helpful and responsive to the consumer’s calls for assistance and they did not have to wait for long periods of time.

For a named representative, the representative expressed their observations at meal service there was inadequate staff allocated during these times as not enough staff were available to deliver meals to consumers’ rooms, provide assistance in the dining room and assist other consumers with their care needs. The service demonstrated they were aware of the concerns around insufficient staff during the meal service and had undertaken improvement actions in response; including adding additional hours into the roster in November 2021, purchasing food warming equipment and recruiting additional staff across various designations. Additionally, the consumer (of the named representative) had advised they had no issues with the meal service.

For a named representative, they advised trust in staff was limited due to an incident where staff were unable to respond in a timely manner to the consumer’s request for urgent toileting assistance, however, the provider’s response provided information which demonstrated this was as a result of an acute condition of the consumer and had not been repeated.

The Site audit report identified staff had stated they were rushing to complete tasks and staff advised they did not have time for quality one-to-one interactions with consumers. However, during the audit staff had been observed sitting with consumers and providing them with one on one time. While staff reported there was insufficient time to complete the care needs of consumers, I note all consumers said they were receiving care that met their needs, feedback documentation did not contain any complaints from consumers relating to unmet care needs and monthly consumer satisfaction surveys identified consumers consistently responded the care they needed was provided always or most of the time.

I note the provider’s response confirms there had been some vacant shifts, and advised this was due to the current COVID-19 pandemic, a recent outbreak within the service, high demand for agency staff from a limited resource pool across the sector. While I acknowledge these staffing issues experienced during the Covid outbreak were not unique to the service, it is expected that workforce planning includes ways to promptly identify and manage risks such as insufficient staff as a result of an infectious outbreak and consideration is to be given to staffing needs during internal and external emergencies. I note the site audit report evidences consumers confirmed the outbreak was well coordinated and managed by the service. As part of the service’s continuous improvement strategies and/or plan, and now that the service’s outbreak is over, it is reasonable to expect the service will re-evaluate its processes to ensure the rostered staff numbers remain consistent and do not put undue time related pressure, on other members of the workforce.

While the site audit report brought forward evidence that staff were expressing dissatisfaction with workforce planning and sufficiency, at the time of the audit, consumers reported and documentation demonstrated consumers were receiving safe, quality care and services.

Therefore, I find the service compliant in this Requirement.

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

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

The service was not able to adequately demonstrate workforce interactions with consumers were kind, caring and respectful. In coming to a decision on compliance for this Requirement, I have considered the information contained in the written response from the Approved Provider, and the information contained within Site audit report, under this and other Quality Standards, including Standard 3.

During, the site audit, staff were observed to not consistently treat consumers with respect or provide care that was kind or considerate of the consumer’s needs.

The Approved Provider did not agree with the recommendation of non-compliance and provided a response that included supporting documentation consisting of a consumer survey undertaken post the completion of the site audit and clinical file extracts supporting changes to consumer care under Standard 3.

Staff interactions were observed to not be kind, caring or respectful. This included, for a named consumer, staff deliberately ignoring the consumer’s repeated requests for assistance and staff becoming frustrated when another consumer chose not to sit down when requested to do so by that staff member.

While I acknowledge the provider’s response, I note the provider did not make available any further information on how the service will investigate or redress staff behaviours, and/or how staff will be monitored to ensure requests for assistance and consumer choice is responded to in a kind, caring and respectful manner. Based on the Site Audit report and the provider’s response, I find at the time of the Site Audit, the processes implemented by the service in ensuring the workforce behaves in a kind, caring and respectful way were not effective. I find that the request for assistance was not attended to by staff when asked by a consumer and the choices of another consumer were disrespected by staff, whom consumers rely on for the provision of care and services that is kind, caring and considerate of their identity.

Therefore, I find the service Non-compliant in this Requirement.

### 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.*

The service was able to demonstrate the workforce is competent, and has the qualifications and knowledge to effectively perform their roles. In coming to a decision on compliance for this Requirement, I have considered the information contained in the written response from the Approved Provider and the Site audit report, under this and other Quality Standards, including Standards 3 and 6.

The Approved Provider did not agree with the recommendation of non-compliance and provided a response that included additional and clarifying information through a range of supporting documents including training guidelines, education records and consumer surveys.

The Site audit report evidenced consumers were confident in the skills of staff and when requested to identify any areas that staff may require further training, they did not identify any areas of concern. The Approved Provider’s response included consumer satisfaction survey results where consumers stated staff know what they are doing most of the time or always. While, a named representative described concerns relating to staff competency as staff were unable to provide documented evidence supporting application of a cream for a consumer, the information brought forward in the Site Audit report supports skin care directives for the consumer were being followed including the application of daily moisturiser.

The Site audit report and the Approved Provider’s response evidences position descriptions are in place which outline the qualifications, knowledge skills, roles and responsibilities for each position and how registration requirements, skills attainment and competencies are monitored. The organisation has systems in place to deliver initial, ongoing and professional development training, with staff confirming any further training needs identified through regular performance assessments are promptly provided by the service. The Site audit report identified deficiencies in the monitoring of staff completion of some training modules, however the providers response demonstrated that attendance and completion of training was monitored, the provider acknowledged some staff were yet to complete training which had been scheduled during January 2022 and February 2022 and this was due to staff being unable to attend work due to recent COVID outbreaks. The approved provider confirmed these training sessions are held monthly, and staff who have training outstanding would be alerted to attend the training through the approved provider’s existing processes.

The Site audit report identified staff had described completing tasks outside of their position description including assisting a consumer to the bathroom and collecting meals from the kitchen while helping consumers to get ready for the day. In its response the service stated staff are purposely cross skilled to enable them to assist with consumers’ needs, across different departments, as required.

The site audit report brought forward deficiencies in some staff knowledge in restrictive practice, open disclosure and antimicrobial stewardship. I have considered the evidence in relation to restrictive practice under Requirement 8(3)(c). In relation to staff being unable to describe aspects of open disclosure and antimicrobial stewardship, I note the Site Audit report contains evidence of staff practice which demonstrates the elements of these frameworks are applied by staff in line with their respective responsibilities. Additionally, I have considered that in the Approved Providers response, additional training on these topics has already been undertaken with staff post the audit to ensure the understanding of open disclosure and antimicrobial stewardship by all staff.

While the Site audit report brought forward evidence that staff were unable to demonstrate knowledge, at the time of the audit, consumers and their representatives expressed confidence in the knowledge of staff, management confirmed staff are purposefully cross-skilled, documentation evidenced staff training had occurred and additional training has been provided in response to the identification that some staff were not knowledgeable, however staff practice supported staff are aware of open disclosure and antimicrobial stewardship.

Therefore, I find the service compliant in 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.*

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### 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 5 specific requirements have been assessed as Non-Compliant.

Consumers and representatives interviewed considered the organisation to be well run and advised they are partners in improving the delivery of care and services through participation in care consultations, discussions at consumer meetings and through feedback mechanisms. Consumers confirmed the service is responsive when things are raised and changes are implemented in consultation with the consumer.

The governing body promotes a culture of safe, inclusive and quality care through the monitoring the service’s performance by receiving monthly reports including clinical indicators, feedback, consumer survey results and incidents. The organisation has implemented a consumer engagement committee to provide a direct opportunity for consumers to speak with representatives of the board and senior management.

The service demonstrated it had effective information management systems to provide staff with relevant, current and updated information to help inform their roles. Staff confirmed they could readily access the information they needed about the organisation’s processes, practices, forms and about the care and service requirements of each consumer on the organisation’s electronic systems.

A continuous improvement system demonstrated opportunities to improve care and service delivery are identified, planned, monitored and generally evaluated. The governing body uses the information to monitor the service’s compliance with the Quality Standards, initiate improvements and enhance performance.

The service has an annual and capital expenditure budget including the ability to access additional discretionary funds to meet any emerging care or service needs of consumers.

The service has a quality management system that tracks and informs management and staff of any new documentation or updates to existing legislation. However, some staff were unable to describe legislative changes for the use of restrictive practice and deficiencies were identified in the planning, management and monitoring documentation for consumers who were subject to a restrictive practice.

The organisation’s risk management framework incorporated policies and procedures that included the identifying and responding to serious incidents involving potential abuse and neglect of consumers. Staff demonstrated knowledge of risk management and were aware of their reporting responsibilities in the event of an allegation of abuse raised or witnessed by them. Staff confirmed care and service plans contain strategies to manage risks to consumers enabling consumers to live their best life.

The service provides clinical care and has a documented clinical governance framework that covers antimicrobial stewardship, minimising the use of restraint and the use of open disclosure. While some staff were unable to demonstrate knowledge of these terms, they described how their daily practice generally aligned with policy requirements.

The Assessment Team recommended, Requirement 8(3)(c) and 8(3)(e) as Non-Compliant. I have considered the Assessment Team’s findings; the evidence documented in the Site Audit report and the Approved Provider’s written response and have come to a different view from the Assessment Team and find the service Non-Compliant with Requirement 8(3)(c) and Compliant with Requirement 8(3)(e). I have provided reasons for my findings in the specific Requirements below.

## 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 service was able to demonstrate the organisation’s governance systems are effective in relation to information management, financial governance, feedback/complaints management, continuous improvement and workforce governance.

However, the service was not able to adequately demonstrate effective organisation governance systems relating to regulatory compliance as the legislative requirements for restrictive practice have not been implemented. In coming to a decision on compliance for this Requirement, I have considered the information contained in the written response from the Approved Provider, and the information contained within Site audit report, under this and other Quality Standards, including Standard 2 and 3.

During, the site audit, care documentation relating to consumers’ restrictive practice needs did not include evidence of assessment, authorisation and consent, and when applied or administered, did not evidence the restrictive practice was implemented as a last resort, or was monitored and reviewed in accordance with the requirements of the *Quality of Care Principles 2014.*

The Approved Provider did not agree with the recommendation of non-compliance and provided a response that included supporting documentation consisting of staff education records, clinical file extracts and forms, completed post the audit, to support how they considered restrictive practice compliance had been achieved for the deficiencies identified in the Site Audit Report under Standard 2 and 3, which recommended non-compliance.

The Site Audit identified the approved provider has endorsed restrictive practice policies and procedures, which were noted to align with and identify the legislated requirements. However, these policies had not been implemented by the service for consumers with restrictive practice, as the consumers’ needs had not been appropriately assessed by an authorised health practitioner, consent had not been obtained from either the consumer or their substitute decision maker, monitoring or review restrictive practice timeframes had not been adhered to and staff were applying restrictive practices without ensuring all other alternatives management strategies were unsuccessful. I note the service has acknowledged this oversight had occurred at the time of the audit and the service has since updated the relevant consumers clinical records to evidence the use of the restrictive has been reviewed and deemed as remaining necessary; authorisation by appropriate health practitioners in consultation with the consumer’s substitute decision makers has been obtained, and the consumer’s consent recorded for restrictive practices to be applied as a last resort.

While I acknowledge the Approved Provider has undertaken corrective action to redress the deficiencies identified at the time of the Site Audit and included evidence to support additional training to improve staff knowledge of the legislative requirements for behaviour support planning, restrictive practice assessment, authorisation and documentation of consent; the provider did not provide any further information on how they will ensure the restrictive practice legislative requirements will be consistently implemented and appropriately monitored in the future to ensure these legislative requirements are consistently met.

Therefore, I find the service Non-compliant in 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 service was able to demonstrate where clinical care is provided, there is a clinical governance framework; including antimicrobial stewardship, minimising the use of restraints and open disclosure. In coming to a decision on compliance for this Requirement, I have considered the information contained in the written response from the Approved Provider and the Site audit report, under this and other Quality Standards, including Standards 2, 3, 6 and 7.

The Approved Provider did not agree with the recommendation of non-compliance for this Requirement and provided a response that included additional and clarifying information through a range of supporting documents including clinical care extracts, policies, training guidelines and education records and records of consultation with consumers or their representatives.

The Site audit report identified the approved provider has endorsed restrictive practice policies and procedures, which were noted to align with and identify the legislated requirements. While there were deficiencies in the assessment, authorisation, consent and review processes for restrictive practice, I have considered these under Requirements 2(3)(e), 3(3)(a) and 8(3)(c).

The Site audit report brought forward deficiencies in some staff knowledge in relation to restrictive practice, open disclosure and antimicrobial stewardship. I have considered the evidence in relation to restrictive practice under Requirement 8(3)(c). In relation to some staff being unable to describe aspects of open disclosure and antimicrobial stewardship, the Site audit report contains evidence of staff practice which demonstrates the elements of these frameworks are applied by staff in line with their respective responsibilities. Additionally, I note the Approved Providers response corroborates training had been provided to staff on these topics and as an added measure additional training has been undertaken with staff post the audit.

Therefore, I find the service 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.

* Care and services are to be reviewed regularly for effectiveness, when circumstances change or incidents impact on their needs.
* Each consumer is to get safe and effective personal and clinical care that optimises their health and well-being.
* Workforce interactions with consumers are kind, caring, respectful of each consumer’s identity, culture and diversity.
* Effective organisation wide governance systems that include management of regulatory compliance, workforce governance and feedback and complaints.