Restvale Hostel

Performance Report

8 Woodside Road
LOBETHAL SA 5241
Phone number: 08 8389 6212

**Commission ID:** 6062

**Provider name:** Lobethal and District Aged Homes Inc

**Site Audit date:** 2 February 2022 to 4 February 2022

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

# Performance report prepared by

Alice Redden, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **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) | 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 3 March 2022.

# 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

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

Consumers and their representatives confirmed staff recognise consumers’ unique individual needs, culture and diversity and consumers are treated with dignity and respect. Consumers and their representatives provided examples of how consumers are made to feel valued and consumers’ choices are supported including when activities involve risk. Consumers and their representatives confirmed the service involves them and those they wish to be involved in decision making and the service provides them with appropriate information and support to make informed decisions. Consumers confirmed the service and staff respect their privacy and protect their confidential information.

The service has processes to identify each consumer’s unique needs including, cultural and religious preferences, life histories and people important to them. The information is recorded and communicated to staff and others who provide care and services. The service provides appropriate and timely information to consumers, in a way which consumers can understand, both in writing and verbally through meetings. The service supports consumers to make choices including other people the consumer wishes to be involved in making decisions and consumer decisions and people involved in their care are recorded in the consumers’ care plans. The service has policies and procedures including dignity in risk processes to direct staff in supporting and delivering care which has the consumer at the centre.

Staff interviewed provided examples of how they support each consumer’s individual needs in line with the consumer’s choice and preference, including providing culturally appropriate supports and supporting consumers where risk is involved. Staff were observed to treat consumers with respect and supported consumers’ privacy including keeping consumer information and records confidential.

## 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

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

Consumers and their representatives interviewed confirmed they are involved in assessment and planning of consumers’ care and stated they feel partnered in process. Consumers and their representatives confirmed they are informed of the outcomes of assessment and planning through discussions with staff and are informed and consulted when changes or incidents occur.

The service has an electronic assessment and care planning system and assessment tools including risk assessments and charting are completed by staff to inform the strategies in the care plan. Consumers’ care plans viewed had recorded consumers’ needs, goals and preferences in line with consumers’ current needs. Medical officers and other health professionals involved in assessment and care of the consumer have their directives recorded in the care plan. Consumers’ wishes for end of life are identified and documented in line with consumers’ choice. All consumers’ care plans viewed had regular reviews recorded including when changes occur and the outcomes of consultation with the consumer or their representatives recorded.

Staff interviewed demonstrated the assessment process including completing incident reports and charting to identify changes in consumer needs. Staff confirmed they have access to the care plans and changes or information about consumers assessed needs are communicated through verbal and written handover processes.

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

The Assessment Team recommended Requirement (3)(a) as not met as the service did not demonstrate best practice management for chemical restraint for each consumer. Based on the Assessment Team report and the Approved Provider’s response I have found the service Compliant in relation to Standard 3 Requirement (3)(a) and have provided reasons in the relevant Requirement below.

Consumers and their representatives interviewed are satisfied consumers receive safe and effective personal care and clinical which is tailored to consumers needs and optimises their health and wellbeing. Representatives confirmed the service is responsive and involve them and consumers in the delivery of personal and clinical care, including when changes or deterioration occur and in relation to their end of life preferences. Consumers confirm staff provide appropriate and effective clinical care including in relation to the management of pressure injuries and pain.

The service uses incident reports, progress notes and clinical handovers and meetings to identify changes or deteriorations in consumers’ cognitive and physical health and functioning. Consumer care plans viewed show specialists including physiotherapists and dementia and palliative care specialists are involved in the assessment and review of consumers to ensure appropriate strategies are implemented to care for consumers. The service has policies, procedures and assessment tools to guide the delivery of personal care and clinical care in line with best practice to optimise the consumers’ health and well-being. Consumers care plans confirm consumers personal care and clinical care needs including diabetic management, hygiene needs, wound care, pain management and mobility are identified and managed in line with best practice and the consumers needs.

Staff interviewed confirmed processes for identifying changes in consumer health and reporting incidents. Staff confirmed they are informed when changes to consumer care needs occur and are provided information including alerts and strategies to provide appropriate care. Staff provided examples of managing consumer personal and clinical care in line with the consumers’ current documented needs. Staff confirmed appropriate examples of how they identify and manage infections including infectious outbreaks. Staff said they have access to guidelines to direct how they manage infections including appropriate use of antibiotics.

### Assessment of Standard 3 Requirements

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

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

The Assessment Team found the service did not demonstrate restrictive practice management was in line with best practice for each consumer. Relevant evidence included:

* Restrictive practice policies and procedures had not been updated to reflect current best practice and legislation.
* The psychotropic register that records and monitors consumers prescribed psychotropic medication including consideration and review if used as a restrictive practice was not consistently completed, accurate or reflective of consumers’ current prescribed medications or relevant diagnosis, date of last review or monitoring.
* There were no individualised alternatives to restraint documented for consumers.
* One consumer was prescribed and being administered ‘as required’ psychotropic medication to manage their behaviours of ‘agitation and aggression’. Medication records show frequent, near daily administration of the medication. However, consent and authorisation documentation for use of the medication was not completed prior to the medication being administered and documentation showed alternative interventions are not consistently documented prior to administration. The service had not identified this medication use as a chemical restraint and monitoring of the effects of the medication were not consistently documented.
	+ The representative was contacted by the service and verbal consultation and consent occurred in relation to the use of the medication.
	+ Management confirmed a staff case conference had been held in relation to the administration of the consumer’s medication and their related behaviours prior to the site audit.
	+ Staff interviewed were able to describe detailed alternative strategies used for the consumer to manage the behaviours.

The Approved Provider’s response confirmed and provided additional evidence showing the service managed the administration of the consumer’s psychotropic medication appropriately. Evidence included medical officer review and consultation in relation to medication changes, consultation and verbal consent in relation to the medication use and changes with the consumer’s representative and case conference with staff to communicate the alternative strategies to manage the behaviours and when to appropriately use the psychotropic medication. The psychotropic medication register had the consumer’s medication and details accurately recorded.

The Approved Provider’s response acknowledges the documentation in relation to the administration of the medication was not consistently completed including; alternatives tried prior to administration, monitoring the effectiveness and consultation and consent by the representative. The service has implemented further additional resources, training and documentation templates to improve the documentation of the use of psychotropic medication including chemical restraint.

The service has a system to monitor the use of psychotropic medication, identify chemical restraint use and guide staff in the administration of psychotropic medication. The consumer being administered ‘as required’ psychotropic medication was being done so under the supervision and review of a medical officer, the representative was fully informed and provided verbal consent and was satisfied with the care of the consumer and the use of the medication, and the staff were able to demonstrate appropriate alternative strategies used prior to and to reduce the administration of the medication. While documentation in relation to the use of the medication was inconsistent at times, there is no evidence to show the consumer’s personal care, clinical care, health or wellbeing were negatively impacted by the use of the ‘as required’ medication.

Based on the summarised evidence above, I find the service Compliant with this Requirement.

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

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

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

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) 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 supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Consumers and their representatives interviewed confirmed consumers receive the services and supports for daily living that are important for the consumers’ health and well-being and enable them to do the things they want. Consumers provided examples of being supported to attend and engage in a variety of individual and group activities including: walking, gardening, games, religious services, emotional and social support from staff, families and community and religious services. Consumers confirmed staff support them to remain independent and provide consumers with assistance to do activities of their choice including engaging in activities in the community.

The service has processes to identify and assess consumers’ needs and preferences in relation to social, emotional, spiritual and psychological well-being. The service develops plans to direct services and supports including activities to engage consumers’ spiritual and emotional supports through visitors and church groups. Consumers’ participation in social and wellness activities including one to one support and individual activities are monitored for effectiveness and lifestyle staff hold regular meeting to seek feedback and consult individually with consumers. The service has dedicated lifestyle and physiotherapy staff to assist and support consumers in doing the things of interest to them, maintaining independence and engaging in social activities.

Consumers’ dietary and nutritional needs and preferences are recorded and are available to staff where consumer meals are prepared and served. Consumers confirmed they receive quality meals and are able to have alternatives if requested and provide feedback to improve meals.

Consumers are provided appropriate equipment to promote their independence and which is appropriate for their assessed needs. Equipment observed was well maintained and suitable for its purpose.

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Consumers and their representatives interviewed confirmed consumers feel safe and at home in the service and have access to indoor and outdoor living areas including private areas and courtyards for use when family visit. Consumers confirmed they are supported to personalise their rooms and their visitors are always made to feel welcome. Consumers stated they are satisfied the service is clean and well maintained

Observations of the service environment show the service is clean and well maintained and is welcoming with a variety of communal areas for consumer use including; coffee lounge, courtyards, gardens and outdoor eating areas. Observations showed consumers could move freely throughout and outside the service.

The service has a scheduled and reactive cleaning and maintenance system in place to ensure the service is clean and maintained. Staff interviewed confirmed processes for reporting and actioning maintenance and cleaning requirements including monitoring the service environment.

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Consumers and their representatives interviewed confirmed they have access to a variety of ways to make complaints and provide feedback to the service including verbally to staff and management, through feedback forms, surveys and meetings. Consumers and their representatives are satisfied the service takes appropriate action when complaints are made, and their feedback is acknowledged, and improvements occur as a result.

The service has an effective complaints system and a complaints and feedback register is maintained by management to monitor and ensure all complaints are investigated and appropriate action taken. The complaints register shows all complaints are recorded including outcomes of investigation, discussions with the complainant and actions and outcomes. The service actively uses feedback to feed into their continuous improvement system. Where complaints occur, or things go wrong the service openly acknowledges and communicates this and has an open disclosure policy.

Staff interviewed confirmed the feedback and complaints processes and provided examples of how they support consumers who wish to raise concerns including those who raise complaints verbally. Staff could describe and provide examples of responding to complaints and using an open disclosure process. Observations show consumers and their representatives have access to internal and external complaints and advocacy information.

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

The Assessment Team recommended Requirement (3)(d) as not met as the service did not demonstrate staff had received training in relation to developing behaviour support plans. Based on the Assessment Team report and the Approved Provider’s response I have found the service Compliant in relation to Standard 7 Requirement (3)(d) and have provided reasons in the relevant Requirement below.

Consumers and their representatives interviewed confirmed consumers receive quality care and services from staff who are kind and caring and skilled in their roles. Consumers and their representatives interviewed confirmed there are adequate numbers of staff to provide care to consumers when they need it. Consumers are satisfied with staff performing their roles well and are appropriately trained and skilled to meet the needs of the consumers.

The service has a process to monitor staff performance and when concerns are identified management implement appropriate performance management and actions. The service has a planned approach to rostering and allocating staff based on the needs of consumers and rosters show all shifts are filled and appropriately skilled staff are deployed. Staff performance reviews occur regularly, and annual training is monitored for effectiveness and the service uses feedback from consumers and staff to identify additional staff training required. Staff are recruited based on their skills and qualifications and professional registrations and police certificates are recorded and monitored.

Staff interviewed confirmed regular and additional training provided to them including through online learning. Staff confirm they participate in regular performance reviews. Staff interviewed provided examples of supporting consumers in alignment with their needs and staff were observed to interact with all consumers in a kind and caring manner.

## 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.*

The Assessment Team found the service did not demonstrate staff had received training in the development of behaviour support plans following legislative changes in 2021. While staff had received training on the legislative changes in relation to restrictive practices in July 2021, not all staff interviewed could describe all the different types of restrictive practices.

The Approved Provider’s response confirms all staff received comprehensive training on restrictive practices in July 2021 including in relation to the new legislation and the five types of restrictive practices. The service has since been provided additional training and resources to all staff in relation to restrictive practices and behaviour support plans.

The service has demonstrated an imbedded and effective system to train and support staff in delivering the outcomes required by the Standards. The service has a mandatory and additional annual training program and review of training and feedback from staff leads to additional required training being provided. The service had ensured all staff received comprehensive training on restrictive practices and the legislative changes in July 2021. There were some deficits identified in staff knowledge of the staff interviewed in relation to behaviour support plans and all types of restrictive practice. However, the deficits in staff knowledge are not supported by sufficient evidence to show an impact on consumer outcomes or sufficient to show the service is not trained or equipped to deliver the outcomes required by these Standards.

Based on the summarised evidence above, I find the service Compliant with this Requirement.

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

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

# STANDARD 8 COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

The Assessment Team recommended Requirement (3)(c) as not met as the service did not demonstrate effective governance systems in relation to having current policies and procedures reflective of current legislation. Based on the Assessment Team report and the Approved Provider’s response I have found the service Compliant in relation to Standard 8 Requirement (3)(c) and have provided reasons in the relevant Requirement below.

Consumers and representatives interviewed confirmed they are engaged in the development, delivery and evaluation of their care. Consumers and representatives confirmed their involvement in development of the service through meetings, surveys and regular care reviews. Consumers confirmed they are involved in providing feedback about the care and services and are confident the service is well run.

The service demonstrated the governing body, the Board, meets regularly and promotes a culture of safe, inclusive and quality care and services, and is accountable for their delivery. Mechanisms are in place to support the Board in remaining accountable, who receive regular reports and information from the management of the service on clinical indicators, risks, incidents, continuous improvements and workforce.

The service demonstrated organisation-wide systems to manage and monitor the provision of care and services. The service demonstrated they effectively implement governance systems, including information management, continuous improvement, feedback and complaints, financial governance, workforce governance and regulatory compliance, including meeting reporting requirements. The governing body monitors the service’s performance against the Quality Standards through regular reporting.

The service has effective risk management systems that identify and respond to risks associated with the care of consumers. The documented risk management framework sets out how high impact and high prevalence risks are managed; abuse and neglect of consumers is identified and managed and consumers are supported to take risks they want to take. Staff understood the Incident Management System, the requirement to report serious incidents and the use of open disclosure.

The service has a Clinical Governance Framework, with policies and procedures relating to antimicrobial stewardship, minimising use of restraints and open disclosure policy. Staff confirmed and demonstrated examples of minimising the use of restraint, antimicrobial stewardship and using open disclosure.

## 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.*

The Assessment Team found the service has a regulatory compliance framework and system including identifying legislative changes through communication and information received from the Commission, the industry and industry peak bodies. Staff had received training in relation to recent legislative changes in relation to serious incidents and restrictive practices. However, documented policy and procedures had not been updated to reflect the legislative changes in relation to serious incidents and restrictive practices. Some staff were not able to describe examples of restrictive practices. The register monitoring psychotropic medications and restrictive practice was not consistently completed.

The Approved Provider’s response acknowledged the policies for restrictive practice and incident reporting did not reflect the new legislation. However, the response provided evidence and information in relation to the legislative changes were communicated and disseminated to staff at the service at the time of the changes. The restrictive practice information folder was updated with information in relation to legislative changes and current restrictive practice requirements. A folder was compiled and contained information accessible to staff in relation to serious incidents and staff responsibilities of reporting serious incidents. All staff had been provided training in relation to serious incidents and restrictive practices.

The services governance system was effective at identifying the legislative changes in relation to restrictive practices and serious incidents and the service ensured appropriate training, resources and information was provided and available to staff. Evidence in the Assessment Team report and the Approved Provider’s response shows the service was complying with the legislative changes in relation to staff identifying, reporting, responding and actioning serious incidents and having an effective incident management system.

In response to the Assessment Team report the service has provided additional training to all staff and completed updates to the restrictive practice and incident reporting policies and procedures.

The service was monitoring psychotropic medication and the deficits in documentation have been discussed in Standard 3 Requirement (3)(a). However, the service has demonstrated it was aware of its responsibilities in relation to restrictive practices and had a system in place to monitor and identify if a restrictive practice was in use. Evidence in the Assessment Team report is not sufficient to demonstrate the psychotropic medication was being administered as a restrictive practice. The service was appropriately managing the consumer’s behaviours, including the use of medication as prescribed by a medical officer. Where documentation deficits were identified, they are not sufficient to demonstrate the service was not complying with their legislative responsibilities in relation to restrictive practice. The service maintains there was no restrictive practices in use at the time of the site audit.

Based on the summarised evidence above, I find the service Compliant with this Requirement.

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

### Requirement 8(3)(e) Compliant

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

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.