Madonna Villa Nursing Home

Performance Report

46 Church Road   
MITCHELTON QLD 4053  
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**Commission ID:** 5951

**Provider name:** St Vincent's Care Services Ltd

**Site Audit date:** 6 October 2020 to 8 October 2020

**Date of Performance Report:** 24 November 2020

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

This performance report details the Commission’s assessment of the 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 Infection control monitoring checklist
* the provider’s response to the Site Audit report received on 29 October 2020.
* referral information received by the Commission

# 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

Consumers and representatives interviewed by the Assessment Team stated that consumers were treated with respect by staff and management and they felt safe and valued. They stated they were encouraged to maintain their independence and felt supported by staff to exercise choice and to take risks. They said that their personal privacy was respected and their private information was kept confidential.

Staff demonstrated an understanding of each consumer’s needs and preferences and an appreciation for individualised care and services. Staff have received training on the Quality Standards, including Cultural Safety and Dignity of Risk.

Care planning documents provided information about consumers’ backgrounds, their relationships, life experiences, interests, religious preferences and cultural needs. The service assessed risks to consumers and documented strategies to maintain their independence, choice and function.

The organisation’s policy on protecting personal information provided guidance on the collection, use and disclosure of personal information.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

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

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Consumers and representatives interviewed by the Assessment Team advised they were involved in the initial and ongoing assessments and planning of their care and services. They said they were provided with information about their assessed care needs and they could access a copy of their care plans if they chose to.

Assessments were completed by qualified staff on a consumer’s entry to the service. The initial assessment identified consumers’ needs, goals, choices, risks and preferences. Medical officers, allied health professionals and nurse practitioners were involved in the assessment and care planning process. Registered nurses discussed end of life wishes with consumers and their representatives on entry to the service or at a three-monthly care plan review. Assessments and care plans reviewed by the Assessment Team identified these were reviewed on a regular basis.

Registered nurses stated the outcomes of assessments were documented in care plans which guided care staff in the delivery of safe and effective care. Staff stated they were given information about new consumers or updates on a consumer’s care needs during handover.

The service demonstrated that consumers’ care and services were reviewed when circumstances changed or when incidents impacted on the consumer’s needs, goals or preferences. Registered nurses stated they informed consumers’ representatives when there had been a change in a consumer’s health and well-being and discussed if any changes in care planning were required.

Care planning was generally individualised and included specific risks to each consumer’s health and well-being, such as falls, pain and skin integrity. Consumer files demonstrated that care plans had been reviewed and reflected consumer’s current care needs, goals and preferences on matters such as mobility, pain management, nutrition and hydration, behaviour management and communication.

Care plans were readily available to staff. Visiting health professionals had access to consumer’s care documentation on a computerised system.

The service had clinical guidelines, policies and procedures to guide staff in their practice. Clinical assessment tools were available on a computerised system. Staff were guided by organisational policies and processes to support palliative care and advance care planning.

Clinical indicators were reviewed monthly at a service level and at an organisational level to identify strategies to minimise the risks of reoccurrence for individual consumers and to identify improvements that could be implemented at an organisational level.

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

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

Care documents provided adequate information to support effective consumer care and reflected timely and appropriate referrals and input from medical officers, allied health and other medical professionals. Clinical records demonstrated consumers received appropriate personal and clinical care in relation to their end of life care and when they experienced a deterioration or change in their health status.

Care planning documents and progress notes reflected that staff identified and responded to consumers with deteriorating or changing conditions. The service had registered nurses on site 24 hours a day and Clinical Managers could be contacted for advice and support. Staff had access to medical officers and nurse practitioners.

The service had policies and procedures relating to palliative care and end of life care and access to palliative care services and nurse practitioners to support consumers during their end of life care.

The organisation has a risk management framework that guided staff on risk identification, management and documentation. Clinical Managers monitored the high impact and high prevalence risks for consumers at the service. The service conducted monthly clinical audits to analyse high impact and high prevalent risks such as falls, medication incidents, pressure injuries and weight loss.

The organisation has policies and procedures relating to antimicrobial stewardship, and infection control management, including an outbreak management plan for COVID-19.

Consumers stated they received information from the service about minimising infection risks associated with COVID-19.

The Assessment Team observed staff, consumers and visitors using hand sanitising stations throughout the service. Posters and other information on infection control was displayed throughout the service. Personal Protective Equipment was readily available.

However, the service was not able to consistently demonstrate care delivered was best practice or tailored to consumers. Care planning documentation did not demonstrate staff assessed, monitored and reviewed the need for continued use of chemical restraint. Management and clinical staff interviewed did not have a shared understanding in relation to the identification and monitoring of psychotropic medication and chemical restraint.

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

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-compliant

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

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

Although consumers and representatives were satisfied with the care being provided, the service was not able to demonstrate consumers received safe and effective care that was best practice, tailored or optimised their wellbeing particularly in relation to chemical restraint. For example:

* The service was not able to readily inform the Assessment Team how many consumers were prescribed psychotropic medications and how many consumers were prescribed psychotropic medications as chemical restraint.
* Restraint authorisation forms were not consistently reviewed. At the time of the Site Audit, the service was still implementing actions to ensure all consumers with physical and chemical restraints are reviewed and relevant consent obtained.
* The service could not demonstrate that the use of chemical restraint was reviewed for effectiveness. Progress notes indicated chemical restraint was administered in relation to a consumer exhibiting agitation and calling out. No alternative strategies were documented prior to the administration of the chemical restraint medication and staff had not documented any monitoring of the consumer for other triggers such as pain.

Although the service was able to provide information about the number of consumers prescribed psychotropic medications and chemical restraint following an audit by the organisation’s clinical pharmacist during the Site Audit, the service was not able to adequately demonstrate processes to ensure this was being monitored or reviewed for consumers. Furthermore, management and staff did not demonstrate a shared understanding of restraint involving psychotropic medications.

The Approved Provider’s response received on 29 October 2020 did not disagree with the Assessment Team’s findings and provided a continuous improvement plan to address these deficiencies. It advised a full review of care plans and restraint authorisations is being conducted for consumers prescribed psychotropic medications as a chemical restraint. This would include the completion of risk assessments, ensuring appropriate consent has been obtained and reason for its use documented.

Furthermore, it advised relevant education and training will be provided to clinical and care staff and that the self-assessment tool will be used for the reporting of psychotropic medications. It also advised further improvements to its clinical processes will be implemented in relation to handover, monitoring of progress notes, the use of a multidisciplinary approach to case conferencing and greater involvement of health professionals in the review of consumers’ behaviours, pain and restraint.

I acknowledge the Approved Provider’s actions to address the findings of the Assessment Team, however at the time of the Site Audit, consumers were not receiving care that was best practice or tailored to optimise their health and well-being. Actions identified by the service are still yet to be fully implemented and will require a period of time to evaluate their effectiveness. Therefore, I find the service is 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.*

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Consumers said they were supported by the service to be involved in lifestyle activities and to pursue their interests within the service or in the community and to maintain contact with those people who were important to them. They stated they enjoyed the food and there was adequate variety, quality and quantity.

Consumers said staff supported them to keep in contact with family and friends. They said the service arranged a variety of outings that enabled them to participate in their communities. During COVID-19 restrictions, the service utilised various electronic communication platforms to assist consumers to maintain contact with people outside the service.

The Assessment team observed consumers participating in a variety of activities including exercise groups, card games, singalongs, quiz contests, gardening activities, carpet bowls and religious services.

The activity schedule was reviewed monthly with consumer involvement. Activities were discussed at monthly consumer meetings where consumers and their representatives could provide ideas for new activities or feedback on existing activities.

Care plans reflected the involvement of others in the provision of lifestyle supports. Staff worked with external organisations to help supplement the lifestyle activities offered within the service.

Monthly audits included a consumer experience survey. The survey captured changes to consumers’ preferences for lifestyle activities and dietary choices.

Care planning documents reflected dietary needs or preferences. Consumers said they were satisfied with the quality and quantity of meals.

Kitchen staff explained the dietary needs and preferences for different consumers, such as vitamised meals and supplements in addition to individual likes and dislikes. Kitchen staff said there is always an alternative if a consumer does not want what is on the menu.

A Hotel Services Manager meets weekly with the cook and a dietician to discuss individual dietary needs. The Hotel Services Manager also attends a Food Focus Group and consumer meetings in order to receive feedback on the meals. The Quality Improvement Action Plan (QIAP) identified consumer feedback about the delivery of meals and improvements to address the feedback.

The kitchen was observed by the Assessment Team to be clean and tidy and staff were wearing appropriate personal protective equipment.

Equipment was fit for purpose and met the needs of consumers. Equipment which supported consumers to engage in lifestyle activities, including mobility aids, was clean and well maintained.

Staff said they have access to the equipment they require and recently purchased new equipment for the memory support unit.

Maintenance staff said they follow a maintenance schedule to ensure all equipment is serviced. External contractors undertake scheduled maintenance and repairs and ensure the equipment is operating effectively. A review of maintenance documentation identified a preventative maintenance schedule had been completed.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

Consumers stated they felt safe living at the service and they could freely and safely access indoor and outdoor areas. Consumers and representatives considered the service was clean and well-maintained and visitors were made to feel welcome.

The Assessment Team found the service safe, clean and well-maintained. Consumers were observed to have access to call bells in their rooms. Fire evacuation diagrams were sighted and firefighting equipment was readily available for staff.

Lifestyle staff said the service sought advice from consultants, including Dementia Australia, in creating a comfortable environment for consumers with dementia.

Maintenance staff said the service has a preventative maintenance schedule kept electronically that notified staff when servicing and checks were due. The preventative maintenance schedule indicated all maintenance was up to date. The schedule included checking and cleaning of furniture and equipment, including electric beds, wheelchairs, hoists and the call bell system.

Furniture, fittings and equipment observed by the Assessment team was clean, well maintained and suitable for its purpose.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Consumers and representatives said they felt comfortable raising concerns and providing feedback, either by using the service’s feedback forms or directly to management and staff. Those consumers who had raised concerns or provided feedback said changes had been made in response.

Staff demonstrated that they were aware of their roles in supporting consumers to provide feedback or make a complaint. The organisation has written materials about how to make complaints, including information on advocacy and language services. Consumers are provided with information on how to make complaints in the Consumer Information Handbook. The Assessment Team sighted posters and brochures providing information on external advocacy support agencies, interpreter services, and the Aged Care Quality and Safety Commission.

The Assessment Team reviewed the complaints register and noted the complaints process included an apology, investigation and follow-up actions as required.

Management and staff demonstrated an understanding of their responsibilities in relation to complaints management, including an appreciation of open disclosure principles.

Monthly reports on complaints and feedback were provided to the Board. The Assessment Team sighted the service's plan for continuous improvement and noted it incorporated feedback and the actions taken in response to the feedback.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 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

Consumers and representatives said the workforce was kind, caring and respectful. They felt there was enough staff to provide care and services and the majority of consumers and representatives said the staff knew what they were doing. They said they had access to clinical staff or management when clinical matters needed to be discussed.

The service has adjusted rostered staff numbers, shift allocation and work processes to ensure enough staff are available to meet consumer needs and preferences. The service reviewed the roster process in April 2020 and rosters now enable staff to work in distinct areas where they can become familiar with consumers’ individual needs and preferences. New staff and agency staff receive an orientation pack and work alongside experienced staff. Staff said if staff were unable to attend their shifts, they were replaced.

Responses to call bells were monitored and audits were conducted to ensure the equipment was effective and staff responses were timely.

Police certificate checks and staff registrations were monitored to ensure they remained current.

The organisation generally has processes to monitor and review the performance of staff. While the organisation had a staff performance framework, managers stated formal performance appraisals had not been consistently undertaken and this matter has been included on the Plan for Continuous Improvement. Managers said training needs were identified from incident reports, feedback from consumers and others, and observation of staff practices and audits. A recent audit completed by the service identified that training topics and the delivery of education to staff needed improvement. The service entered into a contractual arrangement with an external provider to provide training. Training records identified staff attendance is generally monitored for completion. The Assessment Team also noted examples of follow up undertaken in relation to staff under performance.

Although staff are generally knowledgeable and have the qualifications to undertake their roles, the service’s processes have not consistently ensured key staff are supported and provided with relevant training to deliver outcomes required by these Standards especially in relation to the management and monitoring of restraint.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

### Requirement 7(3)(d) Non-compliant

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

Although the organisation had processes to ensure workforce is recruited and provided with training; the Assessment Team identified these processes were not always effective or that key staff were adequately equipped and supported to monitor the quality of care with respects to restraint management. For example:

* The service did not demonstrate that changes to policy and procedures were effectively disseminated or that training had occurred for clinical staff in relation to minimising the use of restraints. Clinical staff interviewed by the Assessment Team were not aware of changes policies and procedures and a review of the education calendar and training records for 2020 indicated training has not been provided to registered nurses on restraint minimisation.
* The service’s management advised the organisation had implemented a new electronic reporting system in April 2020 to monitor consumers who were prescribed psychotropic medication. They said clinical staff have not received sufficient training to effectively use the reporting tools to inform decision making, clinical governance and provide accurate information. This was confirmed by staff interviewed by the Assessment Team.
* The Assessment Team identified there were deficiencies in restraint documentation and reporting, and the service was not able to demonstrate that regular review and monitoring of consumers on chemical restraint had occurred.

During the Site audit, management advised of the actions to be implemented which included the engagement of a clinical pharmacist to provide education to clinical staff on the use of a psychotropic self-assessment tool and to assist in the completion of assessments for consumers. In addition, the service reported education would also be provided to managers on the completion of the monthly risk screening audit for psychotropic medication and restraint.

The Approved Provider’s response received on 29 October 2020, did not disagree with the Assessment Team’s findings and provided a plan for continuous improvement in order to address these areas. It advised a range of education and training will be provided to clinical and care staff, a training module will be developed to support new staff to understand their roles and responsibilities for minimising, monitoring and reviewing the use of restraint and that greater monitoring by management will be implemented.

I acknowledge the Approved Provider’s actions to address the findings of the Assessment Team, however at the time of the Site Audit, staff were not trained and supported to deliver care where psychotropic medication had been prescribed for the purposes of chemical restraint. Furthermore, improvement actions are still yet to be fully implemented and evaluated for its effectiveness. Therefore, I find the service is Non-compliant in 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 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Consumers and representatives confirmed they engage with management and staff day to day and have meetings with clinical staff and other health professionals regarding care and service provision. Consumers and representatives are generally engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

Meeting minutes demonstrate the consumers and representatives are involved in the planning of activities and service improvements.

The organisation has implemented an electronic information system to capture data relating to incidents, hazards and feedback. Staff and management said the system has improved incident management and has resulted in improvements to service delivery.

The organisation has quarterly Board meetings, where key quality indicators are discussed post trending an analysis undertaken by the Clinical Governance Committee. The Clinical Governance Committee also meets to review clinical data and discusses this information at monthly meetings with the service.

The organisation provided a documented risk management framework, including policies describing how high impact or high prevalence risks associated with the care of consumers is managed and the abuse and neglect of consumers is identified and responded to. The organisation provided a documented clinical governance framework a policy relating to antimicrobial stewardship, minimising restraint and open disclosure. Staff generally had received education on these policies.

Staff interviewed demonstrated a shared understanding of their responsibility for identification of actual/potential risks via reporting of incidents and hazards, both clinical and/or environmental. Clinical staff demonstrated their awareness of escalation and reporting protocols and responsibilities to management in regard to compulsory reporting.

The organisation has not ensured there are effective governance systems to support compliance with legislative requirements for minimising restraint. Although there is a clinical framework for minimising restraint and the Assessment Team noted specific examples of where alternatives and risks had been discussed for the use of physical restraint, the organisation has not monitored implementation of policy and procedures and training to ensure this occurs in a timely manner to guide staff practice. The organisation does not adequately ensure information is accurately collected and record to inform the governance of minimise the use of restraints.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) 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 organisation generally demonstrated effective governance systems in relation to information management, continuous improvement, financial governance and feedback and complaints. Although the Assessment Team identified deficiencies in relation to information systems and workforce governance these have been considered more broadly in relation to Standard 7 requirement 3d and regulatory compliance.

The Assessment Team found the organisation did not have effective governance systems in place to ensure compliance with the Quality of Care Amendment (Minimising the use of restraints) Principles 2019. This legislation requires that there is appropriate assessment, documentation and consent for restraint and that its use is minimised.

* Although the organisation had policies on the minimisation restraint use, it did not adequately demonstrate there had been a timely review of its policy and procedures to guide staff. The Assessment Team identified that policies and procedures on restrictive practises were not amended until January 2020 to reflect the July 2019 legislative amendments.
* Information had not been disseminated to inform the clinical governance of restraints. Clinical staff did not have a shared understanding of the legislative requirements including the documentation of alternative strategies for chemical restraint.
* Management did not have an effective process for monitoring and review of consumers prescribed psychotropic medications including those who were chemically restrained.
* Care planning documentation did not consistently document that alternative strategies had been trialled for a consumer prior to the administration of chemical restraint.
* The organisation had identified deficiencies in its system for managing and reporting restraint. However, this had not been addressed and the Assessment Team identified clinical staff had not received appropriate training to support the reporting of restraint in the organisation’s clinical governance system. Information held by the service was not up to date or complete to inform decision making and monitoring.

The Approved Provider’s response received on 29 October 2020 acknowledged the deficiencies and provided an action plan to address these. The Approved Provider advised that a full review of care plans and restraint authorisations is being conducted for consumers prescribed psychotropic medications as a chemical restraint. Relevant education and training will be provided to clinical and care staff. In addition, it reported improved monitoring will be implemented by the organisation’s Clinical Governance Team to analyse the use of psychotropic medication.

I acknowledge the Approved Provider’s actions to address the findings of the Assessment Team, however at the time of the Site Audit, organisation’s governance systems relating to regulatory compliance were not effective as demonstrated by the failure to implement changes required under the *Quality of Care Amendment (Minimising the use of restraints) Principles 2019*. Furthermore, I note the service will require a period of time to embed and evaluate these changes. Therefore, I find the service is 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.*

### 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

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 3(3)(a) – Ensure each consumer gets safe and effective personal care and clinical care that is best practice, is tailored to their needs and optimises their health and well-being*.*
* Requirement 7(3)(d) – Ensure the workforce at the service is adequately trained and supported to deliver the outcomes required by these standards.
* Requirement 8(3)(c) – Ensure the service is supported by effective organisation wide governance systems relating to regulatory compliance.