Twin Parks Hostel

Performance Report

47 Blake Street   
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**Commission ID:** 3340

**Provider name:** Twin Parks Pty Ltd

**Review Audit date:** 8 December 2020 to 10 December 2020

**Date of Performance Report:** 25 January 2021

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Review Audit; the Review 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 Review Audit report received 11 January 2021.
* referral information received by the Commission
* compliance history.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

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

* Overall sampled 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 interviewed confirmed that they are encouraged to do things for themselves and staff are aware of what was important to them.
* Consumers and representatives interviewed confirmed that their personal privacy is respected with staff knocking on doors prior to entry and respecting the wishes of those who wish to stay in their rooms.

Staff could describe how they offer consumers choice and how relationships are maintained. Staff provided details of how they supported consumers to maintain contact with family members during visiting restrictions. Consumers’ care documentation includes a consumer profile which details consumers background and what is important to them.

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

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

Overall most sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services. Consumers and representatives said care and services are planned around what is important to them, described their participation and others they wish to be involved in assessment and care planning, and they discuss care plans with staff.

Care documentation shows care planning includes relevant assessment and risk identification, reflect goals, needs and preferences and include the documentation of advance care wishes and end of life planning occurs.

Staff know consumers’ risks and described strategies to ensure their safe and effective care, know what is important to consumers in terms of how their care is delivered. Staff described how consumers, representatives and health professionals contribute to the consumer’s care.

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 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Overall, most consumers/representatives considered that they receive personal care and clinical care that is safe and right for them. The majority of consumers and representatives said care is safe and meets consumers’ needs. Representatives are satisfied consumer comfort and care at the end of their life is provided. Referrals occur to health professionals when needed and in a timely manner.

Staff interviews, and documentation reflect care that is generally safe and effective for the specific needs and preferences of the consumer. This includes some best practice management to optimise health, well-being and high impact or high prevalence risks associated with the care of each consumer.

The Assessment Team found the service is not using best practice in regards to chemical restraint and physical restraint and found that the organisation itself had not identified this deficit.

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

### 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 approved provider does not comply with this Requirement.

The Assessment Team identified two named consumers with a chemical restraint being administered to manage behaviour. The service did not identify the administration of the medication as being a form of chemical restraint.

The approved provider advised the Assessment Team that the service had no physical restraints however acknowledged there are beds positioned against walls. due to either the physical space of consumer’s room or a consumer’s choice.

The Assessment Team’s report notes the service has commenced processes in place to monitor and review consumer quality indicators including the use of restraint, use of psychotropic medication, falls management and skin integrity. The team did not find a failure to monitor and minimise the use of restraint for those consumers the service had self-identified as restrained.

The approved provider in its written response to the Assessment Team’s findings attached evidence from a general practitioner that one of the named consumers requested the medication and it is not prescribed as a chemical restraint. In relation to physical restraint the service has said it is unable to respond as consumers the Assessment Team assert are physically restrained were not named.

I am persuaded by the Assessment Team’s evidence that there is a lack of oversight and clarity in regards to who is subject to restraint, however, in my opinion this does not translate to a failure in this requirement. I have considered the Assessment Team’s information in relation to restraint in Standard 8.

Based on the information summarised above, I have formed a different opinion to the Assessment Team and it is my decision this Requirement is Compliant.

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

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

For example:

* Two consumers were noted to have electronic tablet devices with which they maintained contact with people who were important to them.
* Most consumers stated that they liked the food with some indicating that the meals are cold when they are delivered to their rooms.
* Lifestyle and care staff could describe how they support the consumers to do the things they want to do. The planned activity program takes into consideration consumers’ likes and preferences to support these activities.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

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

For example:

* Consumers interviewed confirmed they feel safe and secure in the service, including when equipment is used for mobility assistance.
* Consumers interviewed confirmed that they feel at home, their visitors feel welcome and the staff are kind and caring.
* Consumers were observed accessing outdoor areas of the service and consumers engaging and participating in joint activities.
* Majority of consumers and representatives interviewed confirmed that the service is clean and well maintained.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Overall sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Consumers interviewed felt they could make complaints and felt safe to do so. While consumers did not expressively describe changes being made at the services as a result of feedback they were satisfied with individual results of feedback.

The service maintains a feedback and complaints register and evidenced how complaints are addressed through the organisations open disclosure framework.

The organisation monitors and reviews feedback and complaints through data trending and analysis, and service and organisational meeting cycle.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Consumers and representatives did not expressively discuss issues or concerns in relation to delivery and management of safe and quality care and services.

For example:

Most of the consumers and representatives interviewed expressed their satisfaction with how staff interact with consumers. One representative stated some staff are rude and abrupt and other staff are respectful when engaging with consumers.

All consumers and representatives sampled did not express any areas where they felt staff needed more training. Management have established processes in place to assist in planning for staff ongoing education.

The majority of consumers and representatives interviewed described satisfaction with the number and mix of members of the workforce. One consumer advised waiting on staff to respond to their call bell has impacted on them. Management evidenced overall call bells are responded to in a timely manner in alignment with the organisational call bell response time benchmark.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

The Assessment Team found organisational governance is not embedded in day to day practices at the service.

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

## Assessment of Standard 8 Requirements

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

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

The Assessment Team found the approved provider does not comply with this Requirement.

The Assessment Team’s report outlines consumers and representatives have opportunities to contribute to the development, delivery and evaluation of care through care planning processes and regular consumers’ meetings. Meeting minutes and newsletters are provided to consumers and representatives.

The Approved provider in its written response to the Assessment Team’s findings asserts the team’s statement that management did not demonstrate implementation of consumer representation on committees or Board is prescriptive. The service continues to seek opportunities for consumers to engage in how the service is run but this will not necessarily be through committees on Board meetings.

Based on the evidence summarised above I find the approved provider complies with this requirement. Feedback from consumers and representatives indicate they are involved in the running of the service to the extent they wish.

In making my decision I have also considered that the service was run by an alternative provider for a period of time in 2020 during the COIVD-19 outbreak and health directives on social distancing and isolation have impacted on the service’s ability to fully engage with consumers at an organisational level.

### Requirement 8(3)(b) Non-compliant

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

The Assessment Team found the approved provider does not comply with this Requirement.

The Assessment Team found while plans are in place, embedded reporting and demonstrated accountability for promoting a culture of safe, inclusive and quality care and services was not evident.

The approved provider’s written response to the Assessment Team’s report outlines that the owner/Director is present at the Quality Committee. The Quality Committee is accountable for clinical governance. The appointed clinical advisor has worked to develop a rigorous governance report. This reporting structure was in place previously but has now been formalised. Two meetings had occurred prior to the assessment contact and reporting to the Directors is now a structured process. (A third meeting occurred in January 2021).

The approved provider referred back to positive feedback from other areas of the Assessment Team’s report as evidence this Requirement is met.

Based on the evidence summarised above, it is my decision that the approved provider does not comply with this Requirement. While a structure is in place, the supporting processes are immature and continue to be supported by external clinical advisors to guide their development.

### 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 approved provider does not comply with this Requirement. Specifically sub requirement (iii) financial governance.

The Assessment Team outlined that the organisation did not have a formal budget process and is in the process of formalising a 'financial authority chart’, the chart will provide structure, such as, explaining who can approve purchases. It is planned the new process will feed into the new meeting structure.

The Assessment Team listed items recently purchased to support consumer care and services including two extra medication trolleys to assist in reducing medication administration time, disposable slings for each consumer and liquid soap dispensers.

The approved provider’s written response to the Assessment Team’s report outlined that the organisation is a private, family run business, and has a well-established process already in place to guide spending in the organisation. Unlike larger organisations with a remote head office, at the Twin Parks Aged Care Centre the key decision-makers have transparency of the financial position through direct and ready access to accounting statements. This remains in place and available for review. Financial printouts were submitted as evidence.

Notwithstanding the organisation’s financial structure, the Assessment Team has been provided evidence of money being expended to meet the care and service needs of consumers.

I note in the Assessment Team’s evidence that regulatory compliance is now part of the governance meeting agenda.

Based on the information summarised above, I have formed a different opinion to the Assessment Team and it is my decision this Requirement is Compliant.

### 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.*

The Assessment Team found the approved provider does not comply with this Requirement. Specifically, sub-requirement (i) managing high impact or high prevalence risks associated with the care of consumers.

The Assessment Team found the service did not demonstrate they appropriately identify or manage high impact or high prevalence risks associated with the care of each consumer. While the majority of consumers and representatives said they feel safe and risks related to their care are effectively managed, the Assessment Team identified two individuals with a high prevalence risk.

I understand this individual’s risk relates to chemical restraint and have considered this evidence in Requirement 8(3)(e).

The service was able to self-identify other high impact or high prevalence risks and risk minimisation strategies in place, including for COVID-19, falls, pressure injuries and deconditioning from isolation requirements during the COVID-19 outbreak.

Based on the information summarised above, I have formed a different opinion to the Assessment Team and it is my decision this Requirement is Compliant.

### Requirement 8(3)(e) Non-compliant

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

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

The Assessment Team found the approved provider does not comply with this Requirement.

The Assessment Team’s report outlines the organisation is undergoing a restructure and has undertaken a review of organisational governance including a review of clinical audits, various forms and meeting agendas and noted improvements are required. A number of these improvements are yet to occur or are in their infancy.

The Assessment Team noted the organisation’s risk management policy and procedure was reviewed 23 November 2020. However, throughout the various reviews the service did not self-identify it was classifying chemical restraint incorrectly.

The approved provider in its written response to the Assessment Team’s findings notes an updated suite of documents were established on 20 November 2020 which include clinical governance documents with a view to formalise systems. This evidence supports the Assessment’s team finding that the clinical governance framework is not yet fully established and is not part of day to day clinical practice.

Based on the information summarised above, it is my decision this Requirement is Non-compliant.

# Areas for improvement

### Requirement 8(3)(b)

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

* Ensure members of the governing body (team responsible for governance) have the right experience to govern the organisation in its provision of care and services to vulnerable consumers.
* Ensure the governing body asks for and receives the information and advice it needs to meet all the Aged Care Quality Standards.
* Demonstrate the governing body has processes to seek the views of consumers on the culture (how things are done) at the service and can demonstrate how the consumers’ views shape the organisation’s priorities.
* Ensure the workforce understands what a culture of safe, inclusive and quality care and services is and how they can support this in their work and outcomes for consumers.
* Embed the service’s diversity framework in day to day practices and ensure staff understand what inclusive care is for current consumers and how others entering the service would recognise the organisation values diversity.

### Requirement 8(3)(e)

*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.*

* Embed the clinical governance and safety and quality systems that are required to maintain and improve the reliability, safety and quality of clinical care.
* Ensure those accountable for governance of clinical care are clear on their accountabilities.
* Demonstrate ongoing organisational review of how effective the clinical governance framework is and that the governing body takes timely actions to manage any deficits in clinical care delivery.