Warrina Innisfail

Performance Report

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**Commission ID:** 5076

**Provider name:** Warrina Innisfail

**Site Audit date:** 31 August 2021 to 2 September 2021

**Date of Performance Report:** 8 October 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-Compliant** |
| Requirement 2(3)(a) | Non-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) | Non-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) | Non-Compliant |
| Requirement 8(3)(d) | Non-Compliant |
| Requirement 8(3)(e) | Non-Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 27 September 2021
* other information and intelligence held by the Commission regarding the service

# 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

Overall, consumers and representatives confirmed that consumers are treated with dignity and respect, can maintain their identity and make informed choices about their care and services. Consumers and representatives said consumers are provided with information which enables decision making, including; who is to be involved in their care, their participation in activities and selection of meals.

Consumers described the way staff value their culture, values and diversity, and deliver care and services that are culturally, socially and emotionally safe for the consumers. One named consumer described how the service supports their culture and heritage by communicating in their native language, and two consumers advised that the service had respectfully adapted care routines to meet their hygiene preferences.

Consumers and representatives said consumers are supported to exercise choice and independence regarding how their care and services are delivered, and generally spoke highly of the care provided by staff.

Staff described how consumers are supported to make informed choices about their care and services through menu selection, participation in activities and care preferences. They said consumers are supported to exercise choice and take risk with support from appropriate health professionals.

Review of care planning documentation for consumers who choose to exercise choice and had expressed a desire to take risks, identified completion of risk assessments and discussions with consumers/representatives in relation to their choices and the associated risks. Care planning documentation identified consumers with impaired vision, hearing, speech or cognition and documented interventions to support consumers’ communication needs, including the use of aids.

Service documentation, such as policies and consumer information handbooks, emphasised privacy and confidentiality. Staff education records identified staff received training on privacy practices.

Overall, the Assessment Team observed staff interactions to be kind, caring and respectful of consumers privacy, including staff knocking on consumers’ doors, waiting for a response prior to entering the room. Personal consumer information was securely stored in locked nurses’ stations and administration offices.

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 clearly, 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 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Consumers and representatives considered that are partners in the ongoing assessment and planning of the consumers’ care and services. They expressed satisfaction with the information provided, and their involvement in care planning processes. Consumers and representatives said they are informed about the outcomes of assessment and care planning and are offered a copy of the consumers care plan after each review.

Consumers and representatives said the service seeks input from other providers who are involved in the consumer’s care, including Medical officers and other health professionals as required. Consumers and representatives said the service understood the consumer’s care needs, preferences and wishes for end of life care.

Staff described individual consumer’s preferences and provided examples of how they involve consumers and representatives in the assessment and care planning process. Staff advised they had access to consumer care plans and described the process for escalation should they require support in the understanding or applying of care directives within consumer care plans.

Review of care documentation reflected consumer’s individualised needs, goals and preference, were inclusive of potential consumer risk/s, advanced planning information and referrals to other providers of care and services as appropriate. The service had a care plan review schedule.

The service had guidelines on the service’s consumer assessment and care planning processes to guide staffs’ practice.

However, the service was unable to adequately demonstrate the documentation in care planning of strategies to minimise individual consumers assessed risks.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-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.*

The service did not adequately demonstrate that strategies to minimise individual consumers risks are documented to inform the delivery of safe and effective consumer care and services.

The Site Audit report provided evidence that care planning documentation for two named consumers who receive regular insulin injections for the management of diabetes did not include guidance for staff in the monitoring of glucose levels, or the management of hypoglycaemic or hyperglycaemic episodes. One named consumer’s care plan had not been updated since 2017. Following feedback to the service by the Assessment Team at the time of the Site Audit, the care plans for the two named consumers were updated.

Behaviour support plans for consumers with responsive behaviours did not contain adequate information to guide staff in the minimising and monitoring of the individual consumers risks. The service’s assessment and care planning process did not identify consumers who are prescribed a psychotropic medication that is considered a restrictive practice; and staffs did not demonstrate understanding of the definition and obligations in relation to chemical restraint. I have considered this information further in my decision under Requirement 3(3)(a).

The Approved Provider in its written response dated 27 September 2021, did not refute the Assessment Team’s findings evidenced in the Site Audit report. The service provided evidence of actions taken and planned including the implementation of a software care documentation, review and update of service policies and procedures, improved access of service policies for staff via a central information system and implementation of flowcharts to guide staff in service assessment and care planning processes.

In coming to a decision on compliance for this requirement, I have considered the information from the Site Audit Report and the Approved Provider’s response. While I acknowledge the immediate and planned actions undertaken and committed to by the Approved Provider, at the time of the Site Audit, consumer assessment and planning processes did not include strategies to minimise risks to inform the delivery of safe and effective care. Therefore, I find the service Non-compliant in this requirement.

### 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

Overall, consumers and representatives considered that consumers received personal care and clinical care which met their needs and preferences, is safe and optimises their ability to live the best life they can. Consumers and representatives said consumers are supported by the service in the care they receive and advised that staff appropriately explain risks associated with individual personal and clinical care. Consumer and representatives expressed confidence that changes in the consumer’s care needs would be identified and addressed. They considered the needs and preferences of consumers are effectively communicated between staff and that the consumers receive the care they need. Consumers and representatives had received education regarding best practice to minimise risk of infection and received timely updates on any outbreaks that occur within the service.

Staff described the high impact and high prevalence risks for consumers at the service, including falls and risks for aspiration and provided examples of how these are monitored and managed for individual consumers. Registered staff described actions that would be taken if a consumer showed signs of deterioration, including transferring the consumer to hospital if appropriate. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics.

Care planning documentation included advance care planning and preferences for end of life care. Staff demonstrated an understanding of their roles and responsibilities in recognising and addressing the needs of consumers nearing the end of their life. A registered staff member was available 24 hours per day to provide additional clinical support when needed.

Review of care documentation identified individual consumers risks and strategies to guide staff in care and service delivery including minimising these risks. Care planning documentation reflected input from Medical Officers and other health professionals was sought and their recommendations were incorporated into care plans.

The organisation had policies, procedures and tools in place to support the delivery of care in relation to such areas as restraint, pressure injury prevention and management, pain management and escalation of changes in consumers condition.

The service conducted clinical audits and analyses consumer risks such as falls, medication incidents, pressure injuries and weight loss. Monthly clinical indicator data is completed at a service level and discussed at service meetings.

However, the service was not able to demonstrate that clinical care delivery is best practice, in relation to the monitoring of psychotropic medications and chemical restraint practices, and behaviour management supports for consumers.

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

### Assessment of Standard 3 Requirements

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

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

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

The service did not demonstrate each consumer received safe and effective clinical care that was tailored to their needs and optimised their health and well-being, in relation to chemical restraint and behaviour management. Service policies and procedures to guide staffs’ practice in relation to restrictive practices and behaviour supports had not been updated to align with legislation that came into effect in 2021.

The Site Audit report provided information that identified the service was unable to accurately identify the number of consumers at the service who were prescribed a psychotropic medication which is considered as a chemical restraint. A review of the service’s *psychotropic medication register* identified consumers were being prescribed psychotropic medications without a diagnosis; and not all consumers at the service who were prescribed a psychotropic medication considered as a chemical restraint had assessments, authorisations and/or consents completed. Staff did not demonstrate an understanding of chemical restraint, for example narcotic pain medications are not included on the service psychotropic register.

The service did not adequately demonstrate regular review of consumers who are subject to restrictive practices or behaviours supports. For example, two named consumers prescribed psychotropic medications without a diagnosis to support their use. The behaviour support plans for these consumers did not identify the use of a chemical restraint, did not include an assessment, monitoring and review of behaviours; including the effective of medications; and did not include any guidance for staff on alternative non-pharmacological strategies.

The service did not consistently document consumer’s behaviour supports in care planning documentation. The service had two different behaviour support plans in use, neither of which meet the requirements of the *Quality of Care Principles* as required by 1 September 2021. For example, behaviour support plans did not contain individualised strategies nor alternative strategies to manage the consumers’ behaviours.

The Approved Provider in its written response provided an action plan to address the deficiencies identified in during the Site Audit, including comprehensive staff training, a review of consumer care plans and assessments; update of the service policy and procedure; and psychotropic medications as an agenda item and the service’s quarterly Medication Advisory Committee.

In coming to a decision on compliance for this requirement, I have considered the information from the Site Audit Report and the Approved Provider’s response. While I acknowledge the immediate and planned actions undertaken and committed to by the Approved Provider, at the time of the Site Audit, not all consumers received safe and effective personal or clinical care that is best practice, tailored to their needs and optimises their health and well-being. Therefore, I find the service Non-compliant in this requirement.

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# 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 and representatives considered that consumers are supported to do the things they like to do and that optimise their independence, wellbeing and quality of life. Consumers said that the service supports them to undertake lifestyle activities such as gardening, cooking and sport and that they are encouraged to maintain personal and community connections.

Consumers and representatives described ways that staff at the service provide emotional, psychological and spiritual support to consumers. For example, two named consumers explained ways the service supports them to access faith services each week.

Consumers and representatives expressed satisfaction regarding the meals offered at the service, they advised that the quality and quantity of meals cater for individual consumers needs and advised that the service takes on feedback from consumers when they are dissatisfied with meals.

Staff described what is important to individual consumers and how they support consumers’ needs, goals and preferences to promote independence and quality of life. Staff are informed of any changes in consumer’s lifestyle arrangements or their emotional well-being through shift handovers and from lifestyle staff.

Lifestyle staff said each consumer completes a social and cultural assessment which informs their lifestyle, spirituality and activities care plan. The information from consumer’s lifestyle assessments informs the service’s activity calendar which is reviewed monthly; and feedback from consumer meetings, feedback forms and consumers and representative’s informs improvements to the lifestyle program.

The service demonstrated timely and appropriate referrals to external providers for lifestyle supports, and consumer care planning documentation reflected the involvement of other lifestyle providers and allied health professionals.

During the Site Audit, the Assessment Team observed consumers and representatives participating in and enjoying individual and group activities; and copies of the activities calendar in consumer’s rooms and other areas of the service.

Staff said they had access to the equipment they needed, and the equipment was maintained. Review of maintenance documentation provided to the Assessment Team identified scheduled preventative and reactive maintenance, which includes equipment maintenance, 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

Overall consumers and representatives considered belong in the service, and felt safe and comfortable in the service environment. Consumers and representatives expressed satisfaction with the service environment including indoor and outdoor areas and advised the service is safe, clean, well maintained and suitable for consumers. Two named consumers said their personal living environments were well sized and comfortable and the general buildings new and clean.

Staff described how the service environment supports consumers independence, function and enjoyment such as level pathways connecting sections of the service which enables those consumers using mobility equipment to access different areas, such as dining rooms and activity spaces.

The service environment was observed to be welcoming, including a reception area with staff available to direct consumers and visitors to various areas of the service. Consumers were observed to move freely around communal areas of the service; Consumer rooms were personalised and decorated to reflect their individuality.

During the Site Audit the Assessment Team observed consumers moving freely throughout the service, spending time in groups and socialising both indoors and out.

Staff described the maintenance and cleaning schedules undertaken at the service and review of documentation reflected regular and appropriate cleaning and maintenance of the service environment. At the time of the Site Audit there were no outstanding maintenance issues at the service.

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 confirmed that they were aware of avenues available for providing feedback and raising complaints, including through advocacy services. They advised they felt comfortable providing feedback and those that had made a complaint expressed satisfaction that their feedback was acknowledged, and changes implemented by the service.

Management described how the service actively seeks feedback and input from consumers and staff demonstrated an understanding of the services complaint’s management processes. Staff described how they respond to complaints, including speaking to the complainant to gather more information, acknowledging their concerns prior to investigating the complainant, and the avenues to escalate further as needed. Staff provided examples of actions taken as a result of consumer complaints, such as representative for one named consumer requested only female staff provide personal cares to the consumer.

The service demonstrated the applying of open disclosure in the event consumers raise concerns or make a complaint, and staff have been provided training in open disclosure.

During the Site Audit the Assessment Team observed hardcopy feedback forms and feedback boxes available throughout the service, including information available in multiple languages and to support consumers with hearing or speech deficits.

The organisation has an open disclosure policy which outlines how and when an open disclosure process is to be applied.

Review of the services plan for continuous improvement identifies improvement actions taken by the service following consumer and representative complaints and 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

Overall consumers and representatives said staff are kind and caring and expressed confidence that members of the workforce are competent, and suitably skilled to provide care and services. They were satisfied with the number of staff and the availability of clinical and care staff to meet their care and service needs. Consumers said that care staff attend to their personal and clinical needs in a timely manner, one named consumer stated that they have never been made to wait by staff on any occasion and that they make time for consumers.

Staff considered they had enough time to complete their duties and were able to meet consumers’ care and service needs and preferences. Staff felt comfortable seeking guidance and assistance from other staff and reported that support and assistance is readily provided. Staff demonstrated knowledge and understanding of individual consumers and the Assessment Team observed that staff interactions with consumers were kind, caring and respectful.

Staff described the training, support and professional development opportunities they receive on an ongoing basis and provided examples of recent internal and external training provided by the service. Staff described how through the annual performance review process, they has opportunities to request and undertake further education to improve their professional knowledge and skills. Staff expressed satisfaction with the training and education provided at the service.

Management described the service’s processes for filling of emergent leave including offering staff additional shifts, casual staff and extending shifts. Management described how the service’s recruitment, selection, training and management processes ensured staff are appropriately qualified with the skills required to perform their roles. For example, annual performance reviews, mandatory training programs, orientation on commencement of employment and monitoring of professional registrations and national criminal history checks.

Management said staff are monitored formally through employment probation, annual performance appraisals, incident analysis, other staff and consumer feedback; and staff practice is monitored daily through direct observation.

However, not all members of the workforce were able to demonstrate competency in relation to key areas of their roles and responsibilities, nor that they have the knowledge to effectively perform their roles. The Assessment Team identified staff competency and knowledge deficiencies in relation to some aspects of consumer assessment and care planning, use and monitoring of restrictive practices and behaviour management.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have 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) Non-Compliant

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

The service demonstrated processes that ensured the workforce had the required qualifications for their roles such as position descriptions, and minimum qualifications and registration requirements for roles. However, the service was not able to adequately demonstrate that all members of the workforce are competent in key areas of their roles and responsibilities, nor that all staff had the knowledge to effectively perform their roles. The Site Audit report provided information that evidenced:

* Staff did not consistently demonstrate competency and knowledge in relation to assessment and care planning, restrictive practices and behaviours management.
* Management and staff did not demonstrate an understanding of their respective responsibilities in relation to incident escalation and management, including reporting responsibilities under the Serious Incident Response Scheme. Information provided by the service to the Assessment Team identified incidents that had not been reported under the Serious Incident Response Scheme and/or lacked enough detail to demonstrate why the incidents had been categorised as non-reportable.

The Approved Provider in its written response acknowledged the deficiencies in staff competency in relation to the identified areas, and provided an action plan which included comprehensive staff training, the implementation of electronic point of care documentation, mandatory staff training in restrictive practices and psychotropic medications as an agenda item and the service’s quarterly Medication Advisory Committee.

In coming to a decision on compliance for this requirement, I have considered the information from the Site Audit Report and the Approved Provider’s response. While I acknowledge the immediate and planned actions undertaken and committed to by the Approved Provider, at the time of the Site Audit, not all staff were competent and had the knowledge to complete their roles. Therefore, I find the service Non-compliant in this requirement.

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

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

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

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

# 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 consider the organisation is generally run well and they are partners in improving care and services. They expressed satisfaction with how the service had engaged them in the development, delivery and evaluation of care and services.

The organisation was unable to demonstrate organisational governance systems in relation to information management, continuous improvement, workforce governance and complaint management at the service level.

The organisation was unable to demonstrate it had effective risk management systems and processes, including the management of high impact and high prevalence risks associated with the care of consumers and supporting consumers to live the best life they can.

The organisation had policies for antimicrobial stewardship, minimising the use of restraint and open disclosure to guide staff practice. However, in relation to restrictive practices and behaviours management, the service had not ensured that effective and consistent clinical oversight at a service level occurred.

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

## Assessment of Standard 8 Requirements

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

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

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

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

### Requirement 8(3)(c) 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 Site Audit report provided information that the service did not demonstrate effective organisational wide governance systems in relation to information management, continuous improvement, workforce governance and regulatory compliance.

In relation to information management, the service was in the process of implementing an electronic care documentation system and utilising a paper-based system while this occurred. Staff expressed while the paper based care documentation system does enable them to understand the needs of consumers, there are time constraints in making updates to the paper based documentation. The Site Audit report provided information that service procedures were not contemporaneous and did not reflect legislative changes in relation to restrictive practices and behaviour support plans.

The service had a plan for continuous improvement plan and other action plans that linked improvement activities to the relevant requirements of the Quality Standards. However, However, the service did not adequately demonstrate effective monitoring processes as a number of deficiencies identified through the Site Audit had not been identified or actioned by the service. For example, staff competency and knowledge in relation to assessment and care planning, use and monitoring of restrictive practices, behaviour management and incident management; or the updating of policies and procedures to guide staff in restrictive practices, incident management and the Serious Incident Response Scheme.

The service did not adequately demonstrate an understanding of the regulatory compliance requirements including:

* Under the Serious Incidents Response Scheme, including in relation to incident management system and reportable incident obligations. The Site Audit report identified three reportable incidents that had not been reported by the service under the Serious Incident Response Scheme; and a further incident where alleged unreasonable force by a staff member had not been escalated to Management for investigation and potential priority one reporting.
* The Site Audit report provided information that that identified staff did not consistently understand the regulatory compliance obligations in relation to restrictive practices. The behaviour support plans in place for named consumers subject to chemical restraint did not include information as required by the legislation and had not been prepared in consultation with consumers, representatives or health practitioners. The service was also unable to demonstrate that informed consent has been sought prior to chemical restrictive practices being implemented.
* Changes to legislative requirements are communicated to staff through staff meetings, email correspondence, staff education and training sessions, and amendments to organisational policies management. However, staff did not demonstrate understanding of the processes for identifying, escalating, responding to and recording reportable assaults and incidents.

The Approved Provider in its written response acknowledged the deficiencies identified in the Site Audit report and provided an action plan which included actions to update of service policies including a process for policy review, the services improvement action plan to monitor when policies are reviewed, the development of a service *Best Practice* procedure to guide staff practice, and service meetings to include the development and review of action plans to ensure continuous improvement initiatives are implemented and monitored.

In coming to a decision on compliance for this requirement, I have considered the information from the Site Audit Report and the Approved Provider’s response. While I acknowledge the immediate and planned actions undertaken and committed to by the Approved Provider, at the time of the Site Audit, the service did not demonstrate effective governance systems were in place in relation to information management, continuous improvement, workforce governance or regularly compliance.

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

### Requirement 8(3)(d) Non-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.*

The service was not able to adequately demonstrate effective risk management systems and processes, specifically in relation to the prevention and management of incidents, including the use of an effective incident management system.

Management and staff did not demonstrate an understanding of the services’ processes for identifying, escalating, responding to and reporting incidents, including serious incident reporting in accordance with legislative requirements. Staff did not consistently identify and escalate incidents for further investigation, for example the Site Audit report identified an incident involving one named consumer who had alleged unreasonable use of force by staff that had not been escalated in line with service policy or in accordance with legislative requirements for a Priority One incident.

The Approved Provider in its written response provided information that evidenced updates to service policy documents, development of flowcharts and matrix in incident reporting to guide staff, establishment of incident reporting processes including the direct reporting to care management of all consumer incidents, and a staff education day to be conducted in November 2021 to include incident management education.

In coming to a decision on compliance for this requirement, I have considered the information from the Site Audit Report and the Approved Provider’s response. While I acknowledge the immediate and planned actions undertaken and committed to by the Approved Provider, at the time of the Site Audit, the service did not demonstrate effective risk assessment and management processes where in place.

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

### 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 organisation had a documented clinical governance framework; a policy relating to antimicrobial stewardship; a policy relating to minimising the use of restrictive practices; and an open disclosure policy. However, service policies and procedures to guide staffs’ practice in relation to restrictive practices and behaviour supports had not been updated to align with legislation that came into effect in 2021. Clinical oversight was not consistently or effectively occurring at the service, staff had not received training in these policies and were unable to demonstrate the relevance of these to their work.

The Site Audit report provided information that evidenced:

* Lack of understanding of chemical restraint by staff, including identifying when a consumer is prescribed a psychotropic medication which would be considered as a chemical restraint.
* The service did not demonstrate consistent assessment, authorisation or consent for restrictive practices.
* Behaviour support plans did not meet the requirements of the *Quality of Care Principles* as required by 1 September 2021, including individualised strategies or alternative strategies to manage the consumers’ behaviours.
* While Registered staff demonstrated an understanding of antimicrobial stewardship, they advised they had not received training in relation to this.

The Approved Provider in its written response acknowledged the deficiencies identified in the Site Audit report and provided an action plan which included mandatory and the service’s Quality Improvement meeting to include antimicrobial stewardship and infection rates as agenda items.

In coming to a decision on compliance for this requirement, I have considered the information from the Site Audit Report and the Approved Provider’s response. While I acknowledge the immediate and planned actions undertaken and committed to by the Approved Provider, at the time of the Site Audit, the service did not demonstrate that restrictive practices, behaviours management and incident management were well understood. Therefore, I find the service Non-compliant in this requirement.

# Areas for improvement

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

* Requirement 2(3)(a) – The service ensures that assessment and care planning processes consistently include consideration of all relevant risks to individual consumer’s health and wellbeing.
* Requirement 3(3)(a) – The service ensures that each consumer gets safe and effective care that is best practice, is tailored to their needs, and optimises their health and well-being.
* Requirement 7(3)(c) –The service ensures that its workforce is competent and supported with the correct qualifications and knowledge to effectively perform their roles
* Requirement 8(3)(c) –The service ensures that organisation wide governance systems including information management, continuous improvement, workforce governance and regulatory compliance are effective.
* Requirement 8(3)(d) –The service ensures that the service has effective risk management systems including management of high impact high prevalence risk; identifying and responding to abuse and neglect of consumers and managing and preventing incidents.
* Requirement 8(3)(e) –The service ensures that is has effective clinical governance frameworks in place including antimicrobial, use of restraint and open disclosure to ensure effective care of consumers