Yaraandoo Hostel

Performance Report

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**Commission ID:** 8033

**Provider name:** Southern Cross Care (Tas) Inc

**Site Audit date:** 18 November 2020 to 19 November 2020

**Date of Performance Report:** 18 December 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** | **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) | 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 Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* The provider’s response to the Site Audit report received 15 December 2020.

# 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. For example, consumers interviewed said:

* Staff are respectful by speaking nicely when talking to them and that staff maintain privacy and dignity when assisting them with hygiene.
* Their independence is encouraged by assisting them to participate in exercise programs and by supporting them to continue with doing things such as showering and eating meals.
* Staff provide them with personal privacy to meet individual needs and preferences; including maintaining relationships.

Staff consistently spoke about consumers in a way that showed respect and understanding of their life stories. Staff also discussed how they assist consumers to live their best life, including individuals with cultural and spiritual requirements to ensure their preferences are identified and met.

Care planning documents consistently reflected information regarding consumers’ individual choice and details regarding maintaining connection with local community and with people that are meaningful to them both internal and external to the service.

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 – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Overall sampled consumers considered that they are partners in the ongoing assessment and planning of their care and services, for example through one to one and/or family conferences.

For example:

* Consumers confirmed the service seeks input from other providers who are involved in the consumer’s care including their medical officer, allied health professionals and themselves.
* Consumers and representatives confirmed that they are informed about the outcomes of assessment and planning have ready access to their care and services plan if they wish.

Staff demonstrated an awareness of the consumer’s goals, needs, and preferences including strategies to follow to ensure these they are met.

Consumer documentation demonstrated assessments identify potential risks and care plans have been developed in consultation with the consumer and their representative. Care plans contain interventions to mitigate identified risks and are regularly reviewed, and updated when changes have been required.

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.

The majority of sampled consumers and representatives considered that consumers receive personal and clinical care that is safe and right for them.

For example:

* Consumers are satisfied with the way in which their pain is managed.
* Representatives interviewed said they are notified in a timely manner of their family member’s change in condition and are satisfied with staff’s response to any decline in health, including referral to other service providers.
* Consumers and representatives interviewed said they are aware of the service’s precautions to prevent and control infectious outbreaks.

Care planning documentation demonstrated the management of risks associated with consumers’ clinical care. Staff described processes and interventions for the management of consumer’s individual risk.

The service identifies changes to consumers cognitive and physical function through the review of incident reports and progress notes. Clinical staff initiate assessments and referrals as needs change.

Documentation confirmed the service has procedures to support the needs, goals and preferences of consumers nearing the end of life. Staff demonstrated an understanding of the needs of consumers nearing the end of life and described processes they enter into to support them.

The service gathers clinical indicator data. Information is compiled, and a review is undertaken by senior staff on a monthly basis. Data includes falls, weight loss, pressure injuries and behaviours of concern.

The service has policies and procedures, as well as equipment and supplies to manage both COVID-19 and any other infectious outbreaks. Staff demonstrated an understanding of COVID-19 infection control practices and antibiotic prescribing.

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 observed a consumer to have a device in their room used for safety in bed. Management and staff were unaware of the device at the time of the audit and no restraint protocols such as assessment, authorisation, monitoring and review regimes were in place. Another consumer’s clinical file reviewed by the Assessment Team contained required assessment, authorisation and monitoring regime for the use of a bed rail.

The response submitted by the approved provider said that the device used by the consumer in bed was brought in by the consumer’s family and now has the appropriate assessment and authorisation undertaken. Consumers, representatives and staff have been provided with information about physical restraint.

The response provides information that the lymphedema of a consumer reviewed by the team is being managed according to directions provided by the Community Service’s Nurse Consultant. It also provides information regarding the diagnosis of two consumers reviewed by the Assessment Team who are receiving psychotropic medications.

I have reviewed all the available evidence and find on balance that this requirement is compliant as the approved provider was able to demonstrate effective wound care and management of physical restraint in relation to the use of bed rails. While the device used in the consumer’s bed had not been identified by staff and management, this concern is addressed in Standard 8 requirement (e).

### 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.

The majority of sampled consumers considered that they get the services and supports for daily living that are important to them the

For example:

* The majority of consumers are aware of the support available to them to assist in meeting their emotional and spiritual needs and preferences.
* The Assessment Team observed a variety of lifestyle events occurring to in small groups.
* Consumers interviewed said they maintain their social and personal relationships and participate in activities that are of interest to them.

Consumer documentation demonstrated that the service supports consumers to participate in their community. While the Assessment Team identified some gaps n the documentation of consumers’ emotional and spiritual wellbeing, staff demonstrated an understanding of consumers’ individual needs and how these are supported. Staff also demonstrated an understanding of consumers who wish to maintain their social connections and relationships.

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.*

The Assessment Team found that four of seven consumers’ care plans did not include information about consumer’s individual emotional or spiritual needs. Information is generic, and the same details are in each consumer’s file.

The response submitted by the approved provider provides information indicating that a consumer reviewed by the Assessment Team was unwell on admission and did not wish to discuss these issues with staff. The response also provides evidence of other consumers’ care plans and resources available to consumers to promote their emotional, spiritual and psychological wellbeing.

I have reviewed all the information provided and on balance I find this requirement is Compliant, as in general consumers reported that they feel comfortable speaking with staff if they felt low and progress notes indicate that pastoral care visits are occurring, Staff were also able to demonstrate their knowledge of consumers, how they identify when consumers are feeling low and how they address these concerns.

### 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 at the service and that they have opportunities to move freely both internally and externally.
* Consumers interviewed said that they feel at home, and visitors are made feel welcomed by staff through kind conversation and providing spaces where they can socialise in privately, inside and outside the service.
* Consumers interviewed confirmed that the service is clean, comfortable and well maintained and optimises each consumer’s independence
* The Assessment Team observed staff greeting visitors to the service using a kind approach.
* The Assessment Team observed the service, both internally and externally, to be 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.

For example:

* Consumers and representatives described in various ways they can provide feedback or make a complaint. Consumers and representatives said that matters raised are addressed in a timely manner.
* Consumers and representatives described improvements that have been made as a result of feedback provided around meal services, including participation in a food forum.
* The Assessment Team observed internal and external complaints information on display within the service, and staff offering to assist consumers with providing feedback. Senior management monitor and review all complaints to their conclusion. Trends are reported to site and organisational committees as well as to the Board.

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.

For example:

* The majority of consumers and representatives interviewed expressed satisfaction with the way staff interact in a kind and caring manner, however concerns were raised regarding staff using their personal mobile phones at work and speaking in their first language in front of consumers. A number of consumers interviewed were also dissatisfied with long call bell wait times.
* The service demonstrated that staff demonstrated the workforce is recruited to specific roles and have required qualifications. Orientation and ongoing training programs are in place. The service also demonstrated actions taken to improve staff call bell response times.
* Human resource management support is provided to the service through a range of policies including staff performance and review.

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.*

The Assessment Team found that consumer feedback indicated a poor call bell response time and being rushed by staff. Consumers also identified areas such as manual handling and assistance with personal care as training opportunities for staff. Call bell response time reports reviewed by the assessment team reflected that some call bells are answered longer than the expected response time. Management reported that they had identified faults with the call bells and DECT phones and that repairs/replacements were being completed.

The response submitted by management indicates that while the average call bell response time for October 2020 is within organisational expectations, a small proportion of the responses were longer than the organisational requirements. A new escalation process is being established and more regular monitoring of call bell response times is also being established. The response also indicates that hands-on manual training is commencing to supplement online education and that staff requiring additional support will receive this.

Having considered all the information provided I find this requirement is Compliant. Notwithstanding the call bell response waiting times and training issues identified by the Assessment Team, no further evidence of impact on consumers’ care and services has been provided and I am satisfied that these issues are being addressed by the approved provider.

### 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).

Overall, sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services.

The governing body has developed, implemented and documented clear expectations for the organisation and individuals to follow to promote safe, inclusive and quality care and services through Vision, Mission and Values statements, organisational structure, governance frameworks, policy and procedures and code of conduct.

The service has organisation wide governance systems to support effective information management, continuous improvement, financial and workforce governance.

Risk management systems are in place and an electronic medication management system to be introduced in December 2020 will strengthen the management of risks associated with medication administration.

The approved provider was unable to demonstrate how it is minimising the use of restraint.

The Quality Standard is assessed as Non-compliant as one 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) 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.*

### 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 approved provider response indicates that the medication management incident identified by the Assessment Team was investigated and managed as required. The response also indicates that the omission of staff signatures on the medication chart for a consumer’s pain medication on four occasions identified by the Assessment Team have been acted on, additional staff training implemented, and internal checks put in place. The approved provider also demonstrated a commitment to strengthening risk management in medication administration and a new medication management system will be implemented at the service on 16 December 2020.

Having reviewed all the information provided, on balance I find this requirement is Compliant. While the service’s current risk management systems had not identified the omitted signatures on the medication chart identified by the Assessment Team, I consider that the actions that were already underway to strengthen medication administration practices at the service through the implementation of an electronic system will be effective in managing the associated risk.

### 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 that the service was unable to demonstrate an accurate and effective process to monitor the use of psychotropic medications and restraint. The service was also unaware of a device used by a consumer which could be considered a restraint. While the approved provider’s response provides information regarding how the psychotropic medication register will be maintained and improvements that will be undertaken with the introduction of the electronic medication management system, the response does not provide any evidence of the how the service is minimising the use of restraint.

I have reviewed all the available information and find this requirement is Non-Compliant.

# 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.

* Implement a governance process to effectively monitor the use of psychotropic medications.
* Ensure all staff are aware of what constitutes a physical restraint and the processes required to be undertaken before implementation.
* Implement a goverance process to demonstrate how the use of restraint is minimised.