Brightwater Oxford Gardens

Performance Report

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**Commission ID:** 7238

**Provider name:** Brightwater Care Group Limited

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

**Date of Performance Report:** 6 September 2022

# Performance report prepared by

Janine Renna, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **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 Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others;
* the provider’s response to the Site Audit report received on 30 August 2022; and
* the performance report dated 24 December 2021 for the Assessment Contact undertaken on 30 November 2021.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

The Quality Standard is assessed as compliant as six of the six specific Requirements have been assessed as compliant.

Overall, sampled consumers considered they are treated with dignity and respect, can maintain their identity and live the life they choose.

Consumers said staff are respectful, demonstrate dignity and care, and are accepting of their identity, culture and diversity. Staff spoke about, and were observed interacting with, consumers in respectful and compassionate manner. There are processes in place to inform consumers about their rights and how the service supports the identity, culture and diversity of consumers when delivering care and services.

Care planning documents included individualised information about each sampled consumer, including preferences for care and aspects of their lives which are important to maintain their identity, culture and diversity. Staff provided examples of how this information is used to ensure care and services are culturally safe.

Consumers are supported to exercise choice and independence in relation to when they are assisted with personal care, what they would like for meals, preferred activities, and are encouraged to maintain their independence. Consumers provided examples of how they are supported to maintain connections and relationships of choice, including those that are intimate.

Consumers felt supported to take risks. Where a consumer chooses to undertake an activity that involves an element of risk, assessments are undertaken, strategies implemented, and consultation occurs with consumers and representatives. Staff were knowledgeable about risks associated with consumers’ choices and of the organisation’s dignity of risk processes.

Information provided to consumers is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. Consumers and staff said consumers receive information through various channels, including the service’s handbook, meetings, posters, flyers and notice boards. Communication aids are used to ensure consumers with sensory or cognitive deficits have sufficient information to make appropriate choices about their care and service delivery.

Consumers and representatives confirmed consumers’ privacy is respected and staff provided examples of how staff respect consumers’ personal space and are mindful of their dignity when providing care.

Based on this evidence, I find the service compliant with all Requirements in Standard 1 Consumer dignity and choice.

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

The Quality Standard is assessed as compliant as five of the five specific Requirements have been assessed as compliant.

Overall, sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.

Care planning documentation showed comprehensive assessment and planning that included consumer needs, goals and preferences, advance care and end of life planning, risks to consumer health and well-being, and risk mitigation strategies. On entry and periodically, assessments are undertaken to identify risk and guide staff in the delivery of safe and effective care and services. Risks identified include nutrition and hydration, social and emotional well-being, pain management, mobility, personal hygiene and behaviours. Staff demonstrated an understanding of assessment and planning processes.

Advance care and end of life planning are completed on entry, as part of care evaluation processes and any other time as needed, and include consumers’ preferences in relation to palliative care wishes and goals of care. Staff demonstrated an understanding of sampled consumers’ needs, goals and preferences.

Care plans were reflective of the consumer and inclusive of those involved in the care of the consumer, including relevant health specialists. Representatives said they are informed of changes in consumers’ health status or following incidents. The organisation has policies to inform staff of the process of completing assessments in partnership with consumers and representatives.

Outcomes of assessment and planning are communicated to consumers and representatives at care conferences. Consumers and representatives said consumers’ care plans had been discussed with them and they are able to view the care plan at any time.

There are processes to ensure 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. Annual care plan review and Resident of the day processes are in place to ensure all aspects of consumers’ care are aligned to their changing needs and preferences. Staff said when they identify a change in consumers’ health status, they will assess the consumer, document any changes in their care plan and communicate these changes with staff at handover.

Based on this evidence, I find the service compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

## 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

The Quality Standard is assessed as compliant as seven of the seven specific Requirements have been assessed as compliant.

Overall, sampled consumers consider they receive personal and clinical care that is safe and right for them.

Care files sampled showed best practice and individualised care is provided to each consumer that optimises their health and well-being. Staff were knowledgeable of consumers’ differing needs and preferences and provided examples of how they tailor care accordingly. The service maintains guidance material and policies and procedures to direct staff in best practice clinical care delivery. Consumers and representatives were satisfied with the clinical and personal care provided.

High impact or high prevalence risks associated with the care of consumers are identified through assessment processes and management strategies are developed to ensure care and services are delivered in line with consumers’ assessed needs and preferences. Care files demonstrated appropriate management of risks relating to wounds, falls, weight loss, behaviours and dysphagia. Staff demonstrated strong familiarity with sampled consumers’ high impact or high prevalence risks and discussed strategies implemented to mitigate the risks.

There are processes in place to ensure needs, goals and preferences of consumers nearing the end of life are recognised and addressed, with their comfort maximised and dignity preserved. End of life wishes are documented to guide staff on consumers’ needs, goals and preferences when nearing the end of life. Staff provided examples of additional support and monitoring provided to consumers when clinically deteriorating, including spending one-to-one time with them and allowing family to stay overnight.

Documentation and interviews with staff showed deterioration in consumers’ health, cognition or physical function is recognised and responded to in a timely manner, including initiating appropriate referrals, conducting assessments and implementing additional clinical care congruent to changed needs.

Information regarding consumers’ condition, needs and preferences is documented on a care plan and readily available to staff and others where responsibility for care is shared. Information regarding changes to consumers’ care and service needs, and relevant preferences is documented in their care plans and communicated to relevant staff through care plans, handovers, progress notes, meetings and huddles. Staff said handover processes are efficient and works well in keeping everyone informed of consumers’ condition.

Care planning documents showed timely and appropriate referral to other services and organisations for additional review and treatment of consumers’ health care needs. The organisation has policies and procedures to guide staff in the referral process.

There are processes in place to support the minimisation of infection related risks through implementing standard and transmission-based precautions to prevent and control infection, and practices to promote antibiotic prescribing and use to reduce the risk of increasing resistance to antibiotics. Staff demonstrated knowledge of antimicrobial stewardship principles, described strategies used to minimise the need for antibiotics and provided examples of action taken to prevent the spread of infection. Staff have received training in infection control. Trends in infection are reported monthly to ensure they are being effectively managed, and antibiotics are being used appropriately.

Based on this evidence, I find the service compliant with all Requirements in Standard 3 Personal care and clinical care.

### 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.*

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

The Quality Standard is assessed as compliant as seven of the seven specific Requirements have been assessed as compliant.

Overall, sampled consumers considered the service supports them to do the things they want to do, and which are important for their health and well-being.

Care planning documentation included information in relation to consumers’ goals, lifestyle and activity preferences, relationships of importance and needs and preferences in relation to emotional, social, spiritual and cultural support. Staff demonstrated knowledge and understanding of sampled consumers’ needs and preferences in line their care plans. Consumers and representatives provided examples of the services and supports consumers receive and how this has helped maintain their independence and quality of life.

Services and supports are in place to promote each consumer’s emotional, spiritual and psychological well-being. One consumer said they were very attached to their religion and that staff were understanding and respectful of this. Staff demonstrated knowledge of the consumer’s connection to their faith. Staff said they are provided training and have a policy to guide them in providing support to consumers.

Consumers described how they are supported to participate in their community within and outside the organisation’s service environment, have social and personal relationships and do things of interest to them, including participating in lifestyle activities, attending outings and socialising. Staff described consumers that work with other organisations to continue their community connections.

There are processes in place to ensure information about the consumer’s condition, needs and preferences are communicated within the organisation, and with others where responsibility for care is shared. Staff said they are kept up-to-date with consumers’ changing condition, needs and preferences through handover meetings and by accessing consumers’ care plans. Most consumers and representatives felt staff know consumers’ condition, needs and preferences.

Care planning documentation showed appropriate referrals to individuals, organisations and providers of other care and services for the provision of supports for daily living. Consumers confirmed they have access to volunteers, Allied health staff, hairdressers and religious representatives if needed.

Overall, consumers gave positive feedback about the food and stated they are provided choice, meals were varied and of suitable quality and quantity. While some consumers said the meals are repetitive and bland in taste, management provided evidence demonstrating they were actively working to address these consumers’ concerns. The service has a seasonal menu, which is reviewed by a Dietitian to ensure appropriate nutritional balance. Meals are prepared off site and consumers’ meal choices are obtained one-week in advance, however, consumers said they can change their mind on the day if desired. While the service does not have a food focus group, a food survey has been sent to consumers and representatives seeking feedback regarding the meals to aid with future planning. Staff have been trained to prepare snacks for consumers on site.

Equipment used to support daily living was observed to be safe, suitable, clean and well maintained. Consumers said they have access to the equipment they need and the services has preventative and reactive maintenance processes to ensure equipment is clean and in good condition.

Based on the above evidence, I find the service compliant with all Requirements in Standard 4 Services and supports for daily living.

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

The Quality Standard is assessed as compliant as three of the three specific Requirements have been assessed as compliant.

Sampled consumers feel they belong and feel safe and comfortable in the service environment.

Consumers reported the environment is clean and well maintained, and they are free to use all communal areas. Consumers also confirmed the furniture and equipment they use is clean, well maintained and suitable for their needs.

Staff demonstrated how they ensure the service environment is clean and safe, including the process for actioning and prioritising internal and external maintenance.

The environment was observed to be welcoming and supportive of consumers by way of mobility rails in hallways, lighting, personalised rooms, various spaces for interaction or quiet reflection and wayfinding signage. Two safety exits were observed to be locked on the last day of the Site Audit. Management reported this was an oversight and explained that in the event of a fire, all exit doors will automatically unlock. Some exit doors were observed to be cluttered and the call bell in the smoking area had run out of batteries. These issues were addressed by staff and management immediately.

While scheduled maintenance was observed to be carried out during the Site Audit, one maintenance request had not been actioned and was addressed by management immediately.

Based on the above evidence, I find the service compliant with all Requirements in Standard 5 Organisation’s service environment.

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

The Quality Standard is assessed as compliant as four of the four specific Requirements have been assessed as compliant.

Sampled consumers considered they are encouraged and supported to give feedback and make complaints, and appropriate action is taken to address feedback and complaints.

The service has multiple mechanisms in place for providing feedback and complaints, including feedback forms and consumer meetings. Consumers were able to describe how they are supported to provide feedback or make a complaint and staff demonstrated an understanding of the feedback and complaints process.

Consumers were aware of advocacy, language and external complaints services. Information relating to internal and external complaints processes and advocacy services was observed in communal areas and is included in the Welcome pack.

Processes are in place to ensure complaints are followed up and appropriate action is taken. Most consumers and representatives said management has acted promptly and with transparency in response to feedback and complaints. Staff demonstrated an understanding of open disclosure and how it applies to complaints resolution processes.

While some verbal complaints from consumers were not recorded in the feedback register, documentation showed most feedback and complaints are recorded and analysed to implement improvements for any trends identified. The service provided examples of improvements implemented from feedback and complaints, including ordering new dinnerware, training staff in improving the dining experience and implementing a new spring menu.

Based on the evidence above, I find the service compliant with all Requirements in Standard 6 Feedback and complaints.

## 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

The Quality Standard is assessed as compliant as five of the five specific Requirements have been assessed as compliant.

Requirement (3)(a) was found non-compliant following an Assessment Contact undertaken on 30 November 2021, where it was found the service was unable to demonstrate the workforce was planned and the number and mix of the members of the workforce deployed enabled, the delivery and management of safe and quality care and services. The Assessment Team has recommended the service meets this Requirement.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find the service compliant with Requirement (3)(a) in Standard 7 Human resources. I have provided reasons for my finding under the specific Requirement below

In relation to all other Requirements in this Standard, sampled consumers considered they get quality care and services when they need them, from people who are knowledgeable, capable and caring.

The service has a person-centred approach which is used to guide staff in the delivery of care. Overall, consumers and representatives said staff care about consumers and treat them kindly. Staff were observed interacting with consumers in a respectful manner and supportive of their identity, culture and diversity. Induction processes focus on the organisation’s commitment to respectful care and services.

There are systems to identify if staff have the right mix of skills, qualifications and knowledge to perform their roles. Staff were satisfied with the level of supervision and support they receive when learning new skills and confirmed their performance and competencies are monitored. Consumers and representatives were confident that staff are skilled enough to meet consumers’ care needs and provided examples of catheter care and pain management.

Staff attend regular professional development or training to improve their knowledge, so they can effectively perform their roles. Educational needs of staff are informed by feedback and complaints, audit results, clinical indicator analysis, performance management reviews, and industry and legislative changes.

Performance appraisal processes are conducted after probation. While periodic performance reviews for all staff were not demonstrated due to a change in the management team, the service provided evidence of performance management processes and/or disciplinary action taken when deficits in staff practice have been identified.

Based on the above evidence, I find the service compliant with all Requirements in Standard 7 Human resources.

## 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.*

This Requirement was found non-compliant following an Assessment Contact undertaken on 30 November 2021, where it was found the service was unable to demonstrate its workforce mix and numbers were sufficient to ensure consistent delivery and management of safe and quality care and services to consumers. All consumers and representatives, and most staff interviewed, provided examples of how insufficient staffing numbers impacted consumers’ care and service delivery, including delayed call bell response times, feeling rushed when receiving care, care not being delivered in line with their needs and preferences, and inability to attend activities.

While the Assessment Team’s report for the Assessment Contact conducted on 2 August 2022 did not describe actions taken by the service in response to the non-compliance, it included the following information and evidence, which are relevant to my finding in relation to this Requirement:

* Most consumers and representatives said there are generally enough staff and consumers get the care they need.
* Processes are in place to recruit ongoing staff and the usage of agency staff has dropped.
* The number and mix of staffing are informed by complaints data, workloads, consumer acuity and occupancy levels. A recent review of staffing numbers resulted in additional shifts being implemented. Rosters for a two-week sampled period showed all shifts were filled.
* Staff said coverage of shifts are generally maintained and shifts are planned to ensure consumers receive care on time.
* Call bell data shows 1.31% of calls for June 2022 exceeded 15 minutes. Management said plans were in place to include the call bell report as part of the organisation’s clinical governance monthly indicators program and a methodology will be introduced to better understand the care and service needs of consumers.

The provider’s response did not address the Assessment Team’s findings in relation to this Requirement.

Based on the information summarised above, I find the service compliant with Requirement (3)(a) in Standard 7 Human resources.

### 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

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

The Assessment Team recommended the service does not meet Requirement (3)(e) in Standard 8 Organisational governance, as they were not satisfied the service demonstrated an effective clinical governance framework in relation to minimisation of restraint.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find the service non-compliant with Requirement (3)(e) in Standard 8 Organisational governance. I have provided reasons for my finding under the specific Requirement below.

In relation to all other Requirements in this Standard, overall, consumers sampled considered the organisation is well run and they can partner in improving the delivery of care and services.

Consumers and representatives described ways they can take part in influencing how care and services are developed, delivered and evaluated, which meets consumers’ diverse needs. Feedback from consumers and representatives is sought via feedback and complaints processes, meetings and forums.

The governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery by overseeing strategic planning, improvements, clinical indicators, feedback and complaints, Mission statement, staff training, and policies and procedures.

Interviews with consumers, representatives and staff, and documentation showed there are effective organisation wide governance systems in place to support information management, continuous improvement, workforce governance, financial governance and feedback and complaints. There are systems and practices in place to ensure effective management of high impact or high prevalence risks, identifying and responding to abuse and neglect and supporting consumers to live the best life they can.

Based on the above evidence, I find the service compliant with Requirements (3)(a), (3)(b), (3)(c) and (3)(d) in Standard 8 Organisational governance.

## 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*
4. *managing and preventing incidents, including the use of an incident management system.*

### 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 an effective clinical governance framework is in place in relation to antimicrobial stewardship and open disclosure, however, they were not satisfied the service demonstrated systems to manage chemical restraint are effectively applied and in line with legislative requirements. The Assessment Team provided the following evidence relevant to my finding:

* The service failed to identify that psychotropic medication administered to four sampled consumers constitutes chemical restraint, as it was administered for the purpose of influencing their behaviour and they did not have a diagnosis consistent with the approved use of the medication.
* Legislative requirements for the four sampled consumers were not followed. For example:
  + There was no evidence informed consent had been obtained for the use of chemical restraint or that it was used as a last resort.
  + All consumers did not have a Behaviour support plan. Those in place did not consistently identify all chemical restraint prescribed or alternative non-pharmacological strategies to be trialled prior to administering chemical restraint.

The provider acknowledges the Assessment Team’s findings in relation to this Requirement. The provider’s response includes the service’s Plan for continuous improvement to demonstrate actions to address deficits identified by the Assessment Team have either been taken or are included in the plan. These actions include, but are not limited to, review of policies and procedures, staff education and training, and review of psychotropic medication usage for named consumers. I acknowledge actions taken by the service to rectify issues identified by the Assessment Team.

In coming to my finding, I have considered the Assessment Team’s findings, information in the Assessment Team’s report and provider’s response, which demonstrates at the time of the Assessment Contact, the service’s clinical governance framework was not effective in minimising the use of restraint.

I have considered that the service’s governance processes failed to recognise four consumers were being chemically restrained and that its regulatory obligations under the *Quality of Care Principles 2014* were not met. Specifically, chemical restraint was not used as a last resort, informed consent was not obtained prior to administration and Behaviour support plans were either not in place or did not include sufficient information to guide staff in minimising the use of restraint.

Based on the information summarised above, I find the service non-compliant with Requirement (3)(e) in Standard 8 Organisational governance.

# 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.

**Standard 8 Requirement (3)(e)**

* Review the organisation’s clinical governance framework in relation to the use of restraint.