Performance

Report

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| Name of service: | Carinya of Bristol |
| Service address: | 41 Bristol Avenue BICTON WA 6157 |
| Commission ID: | 7449 |
| Approved provider: | Bansley Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 4 January 2023 to 6 January 2023 |
| Performance report date: | 27 February 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Carinya of Bristol (**the service**) has been prepared by M Glenn, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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 Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

# Material relied on

The following information has been considered in preparing the 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 consumers, representatives, staff, management and others;
* the provider’s response to the Assessment Team’s report received 25 January 2023 accepting the Assessment Team’s findings. The response also indicates a Clinical advisor has been engaged to support the service to establish and deliver a remedial action plan to address the deficits highlighted in the Assessment Team’s report;
* email correspondence from the provider dated 1 February 2023 indicating arrangements have been made with the Clinical advisor to complete a review audit to help to further identify causal factors, to enable a targeted remediation plan to be developed;
* email correspondence from the provider dated 8 February 2023, including a remediation action plan and training plan in response to the Assessment Team’s report; and
* the Performance Report dated 23 November 2022 for an Assessment Contact undertaken on 11 October 2022.

# Assessment summary

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

A detailed assessment is provided later in this report for each assessed Standard.

# 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 2 Requirement (3)(e)**

* Ensure consumer care plans are reviewed for effectiveness and/or updated to ensure they are reflective of consumers’ current and assessed needs and preferences to enable staff to provide quality care and services.
* Ensure policies and procedures in relation to assessment, care planning and review are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to assessment, care planning and review.

**Standard 3 Requirements (3)(a) and (3)(b)**

* Ensure staff have the skills and knowledge to:
* provide appropriate personal and/or clinical care to consumers in line with their assessed needs and preferences which is best practice, tailored to their needs and optimises their health and well-being, specifically in relation to management of continence and pain; and
* conduct wound assessments and treatments in line with required frequency and ensure wound measurements and appearance are documented to enable appropriate wound monitoring to occur.
* Review processes for monitoring of clinical supplies, specifically wound dressings, to ensure sufficient stocks and supplies are maintained.
* Review monitoring processes and staff knowledge and practice relating to use of pressure relieving devices to ensure risks to consumers’ skin integrity are minimised.
* Ensure policies, procedures and guidelines in relation to best practice care and management of high impact or high prevalence clinical risks, specifically wound management are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to best practice care and management of high impact or high prevalence clinical risks, specifically wound management.

**Standard 6 Requirements (3)(a) and (3)(d)**

* Review effectiveness of feedback and complaints avenues available to consumers, representatives, staff and others. Ensure feedback and complaints are captured and appropriate action is taken in response, including liaising with the complainant.
* Review how annual surveys are promoted to maximise completion rates.
* Review processes to ensure all feedback and complaints are captured to enable emerging trends and improvement opportunities to be identified.
* Ensure policies, procedures and guidelines in relation to feedback and complaints are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to feedback and complaints.

**Standard 7 Requirements (3)(c) and 3(e)**

* Ensure staff competency, skills and knowledge are monitored and tested to ensure staff are competent to undertake their roles.
* Ensure staff are provided appropriate training to address the deficiencies identified in five of the eight the Quality Standards.
* Ensure regular assessment, monitoring and review of the performance of each staff member is undertaken.

**Standard 8 Requirements (3)(a), (3)(c) and (3)(e)**

* Review processes relating to how consumers are supported and engaged in the development, delivery and evaluation of care and services.
* Review the organisation’s governance systems in relation to feedback and complaints.
* Review the organisation’s clinical governance framework in relation to restrictive practices, specifically the use of psychotropic medications and the non-compliance identified in Standard 2 Ongoing assessment and planning with consumers and Standard 3 Personal care and clinical care.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | 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. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers and representatives sampled were satisfied staff treat consumers with dignity and respect and understand and know their identity and culture. They felt staff knew and understood consumers, indicating they are respectful of their background and diversity. Staff stated there are consumers from all different backgrounds and countries and each has an individual story that needs to be understood to be able to care for them. Staff were observed treating consumers with respect and spoke in a respectful manner about each consumer’s background and conditions.

Consumers and representatives were satisfied consumers are supported to make or be involved in decisions about their care and services. Care files included nominated next of kin and who is to be informed or involved in decisions about consumers’ care. Staff described how they support consumers to make decisions about the care and services they receive.

There are process to identify consumers who wish to take risks and processes to minimise the risks in order to support them to live the best life they can. Care files for four consumers included Risk assessments identifying activities they choose to partake in which include an element of risk, and strategies to mitigate risks.

There are processes to ensure each consumer’s privacy is respected and personal information is kept confidential. Overall, information provided to consumers was found to be current, accurate and timely. Information is provided through activity planners, menus, and information boards, enabling consumers to exercise choice. However, I have considered evidence highlighted in Standard 8 Organisational governance Requirement (3)(a) indicating information is provided ad hoc to consumers and representatives. The last communication was in October 2022 regarding changes to COVID restrictions. The service does not have a regular newsletter or communication with consumers or representatives to inform them of what is occurring at the service. I acknowledge that consumers and representatives were satisfied with the information they receive. However, I would encourage the service to review how information is provided and the frequency it is provided to ensure consumers are enabled to make informed choices and get the most out of the care and services they receive.

For the reasons detailed above, I find all Requirements in Standard 1 Consumer dignity and choice compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | 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. | Compliant |
| Requirement 2(3)(b) | 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. | Compliant |
| Requirement 2(3)(c) | 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. | Compliant |
| Requirement 2(3)(d) | 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. | Compliant |
| Requirement 2(3)(e) | 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. | Non-compliant |

Findings

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 Requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers not met.

**Requirement (3)(e)**

The Assessment Team were not satisfied consumers’ care is regularly reviewed for effectiveness when their circumstances or needs change. The Assessment Team’s report provided the following evidence relevant to my finding:

Consumer A

* Despite Consumer A’s wounds deteriorating as early as July 2022, action or escalation of wound management was not taken until a pre-arranged specialist appointment occurred in August 2022.

Consumer B

* While a continence assessment dated December 2022 stated Consumer B had consistently wet clothing and bed on rising, there was a delay of one week before a request to commence a three-day continence chart was made.
* While Consumer B’s skin was noted as red and irritated over a two week period in December 2022, an evaluation or assessment to determine effectiveness of continence aids implemented 11 days earlier was not completed.
* While food and fluid charting has been recorded over a 32 day period from December 2022 to January 2023, showing Consumer B had a poor intake, staff confirmed they did not complete a review or evaluation of the charting.

Consumer C

* Consumer C’s pain management was not reviewed in a timely manner when they complained of pain, and staff recorded they had pain, from the 11 December 2022.

I acknowledge the provider’s response and the actions implemented. However, I find timely assessment, review, and evaluation of personal and/or clinical care management strategies did not occur to ensure risks to consumers’ health and well-being were minimised.

In relation to Consumer A, actions were not taken to review wound management plans for effectiveness when wounds were noted as deteriorating.

For Consumer B, monitoring charts were not commenced in a timely manner when existing continence management strategies were noted to not be effective, nor were continence management strategies reviewed in response to a change in the consumer’s skin condition. Additionally, while monitoring charts for a 32 day period identified poor oral intake, charting was not reviewed or evaluated until day 32.

In relation to Consumer C, pain management strategies were not reviewed or new strategies implemented despite the consumer complaining of pain.

As such, I find Requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers non-compliant.

In relation to all other Requirements in this Standard, care files sampled demonstrated a range of assessments which consider personal, clinical and lifestyle aspects of care are completed on entry and on an ongoing basis. Information gathered from consultation with consumers and/or representatives and assessment processes is used to develop a care plan which incorporates each consumer’s needs, preferences, goals, and strategies to manage identified risks. Consumers and representatives sampled were happy with the way staff conducted assessment and planning processes.

Care files confirmed assessment and planning processes identify and address consumers’ current needs, goals, and preferences, including in relation to end of life planning and wishes. Care files for two consumers demonstrated advance care conferences had been held with representatives for a consumer identified as palliative and for another consumer, end of life wishes had been recorded following consultation with representatives. Consumers and representatives were satisfied they are provided opportunities to discuss consumers’ advance care planning needs and wishes.

Care files demonstrated consumers and representatives are involved in assessments and planning of care and services on an ongoing basis, and involvement of Medical officers and Allied health professionals in consumers’ care was evident. Consumers and representatives were satisfied they can choose who is included in consumers’ care planning.

There are processes to ensure the outcomes of assessment and planning are communicated to consumers, staff and others and documented in a care plan which is readily available to staff to guide provision of care and services and to consumers on request. Management said, and care files demonstrated, care conferences are offered on a regular basis, including following entry, annually or as required. Representatives said they have had the opportunity to discuss consumers’ care plans, and are aware they can ask to access the care plan or request a care conference.

For the reasons detailed above, I find Requirements (3)(a), (3)(b), (3)(c) and (3)(d) in Standard 2 Ongoing assessment and planning with consumers compliant.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | 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. | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | 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. | Compliant |
| Requirement 3(3)(e) | 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | 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. | Compliant |

Findings

The Quality Standard is assessed as non-compliant as two of the seven specific Requirements have been assessed as non-compliant. The Assessment Team recommended Requirements (3)(a) and (3)(b) in Standard 3 Personal care and clinical care not met.

**Requirement (3)(a)**

The Assessment Team were not satisfied each consumer is provided personal or clinical care that is best practice and tailored to their needs, specifically in relation to continence, pain, and pressure management. The Assessment Team’s report provided the following evidence relevant to my finding:

* Air mattresses for two consumers were at a higher setting than their current weight, causing the mattress to be overinflated.

Consumer B

* Consumer B was not provided safe and effective continence management resulting in interrupted sleep, discomfort, and subsequently a skin condition requiring medical attention.
* A Continence assessment dated December 2022 indicated the consumer had consistently wet clothing and bed on rising, however, there was a delay of one week before a continence monitoring chart was commenced.

Consumer C

* Further action to identify the source of the consumer’s pain was not undertaken when an infection was identified in a wound in December 2022. The consumer was identified as experiencing pain in the limb, at rest, on movement, and during wound care with the consumer telling staff not to touch the limb as it was painful.
* While staff recorded six occasions where the consumer experienced pain and required as required analgesia, the consumer was not monitored for pain on a daily or regular basis to ensure effective management.
* While staff recorded on one occasion in December 2022 and in January 2023 that the consumer said they had pain during wound dressings, action was not taken to ensure the consumer was pain free during wound care.
* The consumer’s pain score was not recorded on four of six occasions, and evaluation post as required medication administration was not consistently documented.
* Consumer C’s representative said they were concerned the consumer has ongoing pain.

In coming to my finding for this Requirement, I have also considered evidence highlighted in Requirement (3)(b) of this Standard. Specifically, insufficient stocks and supplies of wound care products for Consumer A.

I acknowledge the provider’s response and the actions implemented. However, I find the service did not demonstrate safe and effective personal and/or clinical care that was best practice, tailored to consumers’ needs and optimised their health and well-being, specifically in relation to management of continence and pain.

I have considered that Consumer B’s continence has not been effectively managed which has impacted the consumer’s well-being. Assessments to identify appropriate and tailored continence management strategies, in line with the consumer’s current needs and preferences, has not been undertaken in a timely manner, resulting in compromised skin condition. As such, I find this does not demonstrate that care has been based on assessment of Consumer B’s needs, goals, and preferences.

In relation to Consumer C, I have considered the service has not ensured care was tailored to their needs and optimised their health and well-being. While Consumer C was identified as experiencing pain, including verbally telling staff not to touch a limb as it was painful and during wound treatments, formal, sustained monitoring of the consumer’s pain levels to establish patterns and triggers has not occurred to inform development of tailored management strategies. Additionally, where as required pain relieving medication had been administered, the effectiveness of this was not consistently recorded. Consumer C stated they ‘put up with the pain’. As such, I find that this has not ensured Consumer C’s pain management strategies are current and are effective in ensuring comfort levels are maintained.

I also find insufficient stocks and supplies of wound care products has resulted in Consumer A not receiving care in line with specialist’s directives or that is best practice, tailored to their needs and optimises their health and well-being.

Furthermore, I have considered strategies to minimise risks relating to skin integrity are not being effectively applied. Air mattresses for two consumers were noted to be set at a higher than required setting. I acknowledge there is no evidence to suggest the skin integrity of these consumers had been compromised, however, there is a potential for this to occur. I would encourage the service to review monitoring processes relating to this equipment, including staff knowledge and practice.

For the reasons detailed above, I find Requirement (3)(a) in Standard 3 Personal care and clinical care non-compliant.

**Requirement (3)(b)**

Requirement (3)(b) was found non-compliant following an Assessment Contact undertaken on 11 October 2022 where it was found the service did not demonstrate effective clinical monitoring mechanisms or oversight to ensure consumers’ care related risks, such as chronic wounds and weight loss, were properly monitored or managed. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, developing a Return from hospital checklist which has yet to be implemented; and provided education to staff relating to wounds.

However, at the Site Audit, the Assessment Team were not satisfied the service demonstrated safe and effective monitoring and management of consumers in relation to wound care, pain management, and weight loss. The Assessment Team’s report provided the following evidence relevant to my finding:

Consumer A

* Despite the consumer’s wounds deteriorating as early as July 2022, wound care was not actioned or escalated until a pre-arranged specialist appointment occurred in August 2022.
* A specialist’s report dated December 2022 following review of wounds indicated the dressing management was ‘horrendous’ and suggested the service seek assistance to assist with dressing management. A referral was not initiated.
* Specialist’s recommendations for frequency of wound care directives was not consistently followed between October 2022 and 4 January 2023. Regular wound reviews were not recorded and staff did not escalate or action when the wounds deteriorated and there were insufficient stocks of prescribed wound supplies.
* Consumer A’s representative said it is good that the hospital keeps an eye on the consumer’s wounds and looks after them properly, as they have noticed that staff at the service seem to do the right thing initially, but then not take as much care, and Consumer A’s wounds always deteriorate before the next appointment. The representative has also noticed the correct dressing is not used.
* While staff continued to record that wounds were attended in line with the wound care plan, staff stated and observations confirmed, the service did not have a supply of the prescribed products and dressings were not applied as prescribed with the wound observed to be exposed. Staff said they used the substitute wound product they thought was appropriate, as the required products were often unavailable.
* Separate wound charts were not used for each wound and regular wound measurements, descriptors and condition of surrounding skin were not consistently recorded.
* While specialist reports from October and December 2022 indicated they had applied dressings on extremities, staff said they had not thought to protect these areas.

Consumer C

* In October 2022, staff recorded a wound was left open and healing. In December 2022 the consumer was diagnosed with an infection in the wound. Wound charting for January 2023 indicates the wound has deteriorated and increased in size.

I acknowledge the provider’s response and actions implemented. In coming to my finding, I have considered that this Requirement expects that services effectively manage high impact or high prevalence risks associated with the care of each consumer. That is, each individual consumer should expect to have high impact or high prevalence risks associated with their care effectively managed. Based on the Assessment Team’s report, I find this did not occur, specifically for Consumer A in relation to wound management.

I have considered staff practices have not ensured wounds have been effectively monitored or managed in line with specialist’s recommendations to enable wound progression to be tracked and wound deterioration to be effectively identified and actioned. Timely referral to a specialist was not undertaken when Consumer A’s wound was identified as deteriorating in July 2022. And while a specialist report in December 2022 described Consumer A’s dressing management as ‘horrendous’, a suggestion for the service to seek assistance with dressing management was not initiated. Stand-alone wound charts were not used for each of the consumer’s wounds and wound measurements and appearance had not been consistently documented or treatments undertaken in line with directives. As such, considering the nature of the wounds, there should be an expectation that wounds treatments are undertaken in in line with directives and monitored at each treatment , including consideration of wound appearance. Such practices would ensure wound progression is monitored, wound deterioration is identified in a timely manner and actions taken accordingly.

In relation to insufficient stocks and supplies of wound dressings, I have considered that the evidence presented in this Requirement does not demonstrate the service has failed to effectively manage high impact or high prevalence risks associated with consumers’ care. Rather, the evidence presented specifically relates to best practice care optimising consumers’ health and well-being. As such, I find the evidence aligns with Requirement (3)(a) in this Standard and have considered it with my findings for that Requirement.

In relation to Consumer C, the Assessment Team’s report states wound charting for January 2023 shows a wound, recorded as left open and healing in October 2022, had deteriorated and increased in size. However, the Assessment Team’s report does not provide any further context to enable me to determination if wound management provided was or was not appropriate.

For the reasons detailed above, I find Requirement (3)(b) in Standard 3 Personal care and clinical care non-compliant.

In relation to all other Requirements in this Standard, representatives said they have had the opportunity to discuss consumers’ needs and preferences for end of life care. Policies relating to consumers’ dignity, choice, and advance care planning are available to guide staff practice.

The majority of consumers and representatives said staff identify and respond appropriately to a change or decline in consumers’ condition. Two consumer files sampled demonstrated timely identification and appropriate response to changes in health, including referrals to Medical officers and/or Allied health professionals. Documentation sampled, and staff feedback demonstrated consumers’ records are maintained and communicated to those providing care and services. Staff demonstrated an understanding of their roles and responsibilities, including identifying and reporting signs of deterioration to clinical staff.

The service demonstrated minimisation of infection related risks through implementation of standard and transmission based precautions and practices to promote appropriate antibiotic prescribing. Outbreak management plans and infection control policies and procedures are available to guide staff practice. Infection rates are investigated and analysed for trends to identify improvement opportunities. Staff described how they minimise the risk of infection and practical steps implemented to reduce antibiotic resistance. Representatives were satisfied with the way the service minimises consumers’ risk of infection.

For the reasons detailed above, I find Requirements (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) in Standard 3 Personal care and clinical care compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | 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. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | 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. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

There are processes to ensure consumers receive safe and effective services and supports for daily living that meets their needs, goals and preferences and optimises their independence, well-being, and quality of life. Consumers and representatives were satisfied with the daily living supports consumers receive and representatives were appreciative of the individualised care delivered by the therapy and lifestyle team. Care files demonstrated individualised programs had been implemented for consumers resulting in improved functional ability and increased strength and balance leading to a reduction in falls. There are supports in place to promote each consumer’s emotional, spiritual, and psychological well- being. Consumers identified as having a low mood are escalated to the Occupational therapist for assessment and escalation, as required. Staff demonstrated awareness of individual consumer’s needs in relation to emotional, spiritual, and psychological well-being.

Consumers are supported to participate in the community within and outside the service environment, to maintain relationships that are important to them and to do things that are of interest to them. A weekly group activity program is provided and includes a range of physical, social, and cognitive activities based on consumer interests. Activities are provided on a one-to-one basis for consumers who are unable to or do not wish to participate in the activity program. Consumers were observed actively participating in the group exercise program and therapy assistants were seen to positively support consumers to engage in the group. However, while one consumer described activities they would like to participate in, which had been expressed previously with staff, there was no evidence to indicate the consumer’s feedback had been considered or supports implemented.

Information about consumers’ conditions, needs and preferences is documented and communicated within the service and with others where responsibility is shared and, where required, there are processes to ensure appropriate and timely referrals are initiated. Care staff described how they are kept up-to-date with consumers’ changing needs and preferences, including through handover processes, and indicated care plans are updated to ensure care delivered to consumers is in line with their current needs and preferences.

All consumers said they enjoy the meals provided, stating they are varied and of suitable quality and quantity. Meals are prepared in line with a menu, and there was evidence that feedback obtained from consumers had influenced the meal options provided. The dining experience was observed to be comfortable and not rushed, there were sufficient staff available to help consumers who required assistance and consumers appeared to be enjoying their meals, which were well presented.

There are processes to ensure equipment, required to support delivery of services, is clean, safe, and suitable for consumer use.

For the reasons detailed above, I find all Requirements in Standard 4 Services and supports for daily living compliant.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The service environment was observed to be welcoming and easy to understand and optimises each consumer’s sense of belonging, independence, interaction, and function. Consumers’ rooms were personalised, including personal items and thing of importance to them. Recent improvements have been made to the dining area, making it more welcoming and improving consumers’ overall dining experience. Consumers said they feel comfortable and that it is easy to find their way around the service environment.

The service environment was observed to be clean and consumers were observed moving freely indoors and have access to several outdoors areas, with seating and shade available. Cleaning of consumers’ rooms and communal areas is undertaken in line with a schedule and there are processes to ensure there is suitable, safe, and maintained furniture and equipment provided to consumers. Reactive and preventative maintenance processes, supported by contracted services, are in place and staff described how they identify and report maintenance issues, indicating these are addressed in a timely manner.

For the reasons detailed above, I find all Requirements in Standard 5 Organisation’s service environment compliant.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Non-compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Non-compliant |

Findings

The Quality Standard is assessed as non-compliant as two of the four specific Requirements have been assessed as non-compliant. The Assessment Team recommended Requirements (3)(a) and (3)(d) in Standard 6 Feedback and complaints not met.

**Requirement (3)(a)**

The Assessment Team were not satisfied the service demonstrated effective processes to support and encourage consumers, their family, friends, carers, and others to provide feedback and make complaints. The Assessment Team’s report provided the following evidence relevant to my finding:

* The feedback log contained a total of four compliments and two complaints for 2022. A total of six complaints had been logged between March 2021 and January 2023, all from feedback forms. There is no process to review or monitor the effectiveness of these forms as a way to capture feedback.
* There were no issues on the feedback log raised as part of the care plan review process. There is no process to monitor the effectiveness of the care plan review process in identifying, encouraging, and supporting consumers and representatives to provide feedback and make complaints. There is no process to drive staff completing care plan review forms to register relevant issues raised.
* The annual consumer feedback survey completed in 2022 only sampled two of 37 the consumers.

I acknowledge the provider’s response. However, I find the service did not effectively demonstrate consumers, representatives and others are encouraged and supported to provide feedback and make complaints.

I have considered that while there are avenues available to consumers and representatives to provide feedback and complaints, these have not been effectively implemented or monitored for effectiveness. While consumers and representatives are encouraged to identify concerns and rate satisfaction with care and services through care plan review processes, feedback provided through this process was not evidenced through the feedback log. Staff also indicated they assist consumers to complete feedback forms where comments or concerns are raised. However, only six complaints had been logged through feedback forms over a 23 month period. And while an annual survey to provide consumers and opportunity to provide feedback on care and services was undertaken, only two of 37 consumers completed the survey in 2022.

For the reasons detailed above, I find Requirement (3)(a) in Standard 6 Feedback and complaints non-compliant.

**Requirement (3)(d)**

The Assessment Team were not satisfied the service demonstrated an effective system to monitor, analyse and use feedback and complaints data to improve the quality of care and services. The Assessment Team’s report provided the following evidence relevant to my finding:

* The Plan for continuous improvement (the Plan) contains only one improvement project initiated/identified directly from consumer feedback.
* The annual consumer feedback survey dated July 2022 sampled 15 consumers across the organisation’s two services, however, only two consumers were from Carinya of Bristol. No direct improvement actions have been identified in relation to the feedback provided by the two respondents.
* Care plan review processes encourage consumers and representatives to identify issues relating to care and service delivery, however, this information is not captured in the feedback log.
* Staff described how they act to fix issues raised through feedback from consumers immediately, but do not capture this information in a feedback log.
* A letter from a specialist clinic included information that constituted a complaint about the clinical management of a consumer. This was not identified as a complaint and was not reviewed or escalated.

I acknowledge the provider’s response and actions implemented. However, I find the service did not demonstrate a best practice system to manage feedback and complaints to identify improvement opportunities to the quality of care and services provided.

In coming to my finding, I have considered that complaints data is not consistently captured, documented, monitored, or analysed to enable improvements to the quality of care and services to be identified and implemented. The Plan only included one improvement initiative directly relating to consumer feedback. Feedback provided to staff from consumers and/or representatives either verbally or through care plan review processes are not captured to enable emerging trends to be identified and improvement actions to be initiated. As such, I find the service has not actively used avenues available to them to enable improvements to the quality of care and services to be identified.

I acknowledge that there was no indication that actions had been taken in response to feedback provided by two respondents to the annual survey. However, the Assessment Team’s report does not provide details of the feedback or whether the feedback was positive or negative in nature. I would encourage the service to review how such feedback is collated and analysed to enable opportunities for improvements to be identified.

For the reasons detailed above, I find Requirement (3)(d) in Standard 6 Feedback and complaints non-compliant.

In relation to Requirements (3)(b) and (3)(c), the service demonstrated consumers are aware of and have access to advocates, language services and other methods for providing feedback and raising complaints and this information was observed to be available to consumers and representatives. Staff described the use of language cards which have been provided to consumers who do not speak English to assist them to communicate any concerns.

Appropriate action is taken in response to complaints that have been identified and reported. Documentation confirmed actions taken to resolve complaints are undertaken in an appropriate manner and an open disclosure process is applied when thing go wrong. However, while management described actions taken in response to recent complaints, these complaints had not been documented in the feedback log. This has been considered in my finding for Requirement (3)(d) in this Standard.

For the reasons detailed above, I find Requirements (3)(b) and (3)(c) in Standard 6 Feedback and complaints compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | 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. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Non-compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Non-compliant |

Findings

The Quality Standard is assessed as non-compliant as two of the five specific Requirements have been assessed as non-compliant. The Assessment Team recommended Requirements (3)(c) and (3)(e) in Standard 7 Human resources not met.

**Requirement (3)(c)**

The Assessment Team were not satisfied the service demonstrated members of the workforce have the qualifications and knowledge to perform their roles. The Assessment Team’s report provided the following evidence relevant to my finding:

* Feedback from a specialist described Consumer A’s wound care as ‘horrendous’ and suggested the service needed external assistance. Consumer A stated not all staff are very good at bandaging, and the Assessment Team observed Consumer A’s wound was exposed and bandages falling down.
* Clinical staff had not identified psychotropic medication was being used as restrictive practice for three consumers and that use of the medication may increase risk of falls rather than prevent falls.
* The spreadsheet for Police clearances had not been updated since October 2022 and the last entry showed two staff outstanding. The service could not demonstrate that these had been followed up.

I acknowledge the provider’s response and actions implemented. However, I find the workforce was not sufficiently competent or had the qualifications and knowledge to effectively perform their roles.

In coming to my finding, I have considered staff have not demonstrated a sound understanding of restrictive practices with medications administered to three consumers either not being recognised as chemical restraint or not being used as intended. I have also considered outcomes for consumers highlighted in Standard 3 Personal care and clinical care which indicate staff skills and knowledge are not adequate to support the delivery of safe and effective personal and clinical care. Evidence presented in Standard 3 Requirements (3)(a) and (3)(b), which have been found non-compliant, demonstrate consumers have not been provided care that is best practice, tailored to their needs or optimised their health and well-being or that high impact or high prevalence risks associated with consumers’ care have been effectively managed. Deficits have been identified in provision of care relating to management of skin integrity, continence, pain, and wounds which have resulted in negative impacts for consumers highlighted. I have also considered evidence presented in Standard 6 Feedback and complaints Requirement (3)(d), which has been found non-compliant, demonstrating a lack of staff understanding relating to managing and capturing feedback and complaints.

In relation to monitoring of Police clearances, I find this evidence is more aligned with Requirement (3)(d) in this Standard. The Assessment Team’s report indicates staff could not demonstrate how outstanding Police clearances had been followed-up due to the absence of Human resource staff. I would encourage the service to review processes relating to management of Police clearances and ensure, regardless of staff absences, that this information is monitored for currency and is available.

For the reasons detailed above, I find Requirement (3)(c) in Standard 7 Human resources non-compliant.

**Requirement (3)(e)**

The Assessment Team were not satisfied the service demonstrated regular assessment, monitoring and review of the performance of each member of the workforce has been undertaken. The Assessment Team’s report provided the following evidence relevant to my finding:

* Feedback from a specialist in December 2022 relating to Consumer A stated wound care “was horrendous”. Management stated they were not aware of this feedback and had not identified if this was due to one staff member nor did they check if this was a widespread issue.
* An email stated staff are to update the handover sheet each day as this had not been occurring. The service had not continued to monitor staff compliance with this instruction and the handover sheet was found to contain outdated information.
* The service was not able to provide records of how many performance reviews had been undertaken as a percentage of completed. Human resources staff were absent at the time of the Site Audit and the spreadsheet accessible to management had not been updated since October 2022, indicating 38 performance reviews were outstanding.

I acknowledge the provider’s response and actions implemented. However, I find ongoing monitoring of the performance of each member of the workforce was not consistently undertaken.

In coming to my finding, I have considered the intent of the Requirement which expects the performance of all members of the workforce is to be regularly evaluated to identify, plan, and support any training and development needs. While the service has a performance management system in place, deficits identified by the Assessment Team across five of the eight Quality Standards have not been identified. Additionally, management were not aware of the status of staff performance reviews as they did not have access to updated records. Thirty-eight performance reviews were found to be outstanding as of October 2022. As such, I find the service’s ongoing monitoring of the workforce’s duties, responsibilities and performance has not been effective.

For the reasons detailed above, I find Requirement (3)(e) in Standard 7 Human resources non-compliant.

In relation to Requirements (3)(a), (3)(b) and (3)(d), there are processes to ensure the workforce is planned and the number and skills mix enables the delivery of care and services. A master roster is maintained and is based on consumer acuity and call bell response times are monitored with extended call bell response times addressed. There are processes to manage planned and unplanned leave. Consumers and representatives felt overall, there are enough staff to provide the care and services consumers require.

Consumer and representatives indicated staff interactions are kind caring and respectful of each consumer’s identity culture and diversity. A Code of conduct and values guide staff conduct and staff were observed to be kind and respectful when interacting with and discussing consumers.

Training records demonstrated regular, ongoing training is provided to staff, and staff are required to complete mandatory training components. Consumers and representatives were satisfied staff were trained to deliver consumers’ care and services.

For the reasons detailed above, I find Requirements (3)(a), (3)(b) and (3)(d) in Standard 7 Human resources compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Non-compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | 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. | Non-compliant |
| Requirement 8(3)(d) | 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. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Non-compliant |

Findings

The Quality Standard is assessed as non-compliant as three of the five specific Requirements have been assessed as non-compliant. The Assessment Team recommended all five Requirements in Standard 8 Organisational governance not met.

**Requirement (3)(a)**

The Assessment Team were not satisfied consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. The Assessment Team’s report provided the following evidence relevant to my finding:

* The Plan demonstrated that the organisation noted from a survey that consumers were not engaged and created an improvement to update goals of care with consumers. While this provided opportunity for individuals to be engaged at a personal care level, it did not consider ways the service could engage consumers at an organisational level.
* A report of current work in progress for the Plan provided at the governance meeting documented the sources from which the Plan was developed, of which feedback was zero per cent.
* Consumer input was not sought when developing a new activities program. The program was redeveloped to meet a change in funding rather than based on consumers’ preferences
* Due to COVID-19, consumer and representative meetings have not been held since 2020. No alternatives have been offered to onsite meetings.
* The last communication to consumers and representatives was in October 2022 regarding changes to COVID-19 restrictions. The service does not have a regular newsletter or communication with consumers or representatives to inform them of what is occurring at the service, with information provided on an ad hoc basis.

I acknowledge the provider’s response. However, I find the organisation’s processes did not ensure consumers were effectively engaged in development, delivery and evaluation of care and services and supported in that engagement.

Documentation sampled by the Assessment Team indicates the organisation has not actively sought input for a wide range of consumers about their experience and the quality of care and services they receive. Consumer and representative meeting forums have not been held since 2020, and while annual surveys are conducted to provide consumers and representatives an opportunity to provide feedback on care and services, the 2022 survey was only completed by two respondents. Additionally, the Plan did not include any improvement initiatives implemented in response to consumer feedback, and while a new activities program was developed, consumer input was not sought. Furthermore, complaints data is not consistently captured, documented, monitored, or analysed to enable improvements to the quality of care and services to be identified and implemented. As such, I find this has not enabled the organisation to gauge consumers’ satisfaction and identify improvement opportunities with the care and services consumers receive.

In relation to information provision, I find this evidence is more aligned with Standard 1 Consumer dignity and choice Requirement (3)(e) and have considered this with my finding for that Requirement.

For the reasons detailed above, I find Requirement (3)(a) in Standard 8 Organisational governance non-compliant.

**Requirement (3)(b)**

The Assessment Team were not satisfied quality and safety systems are effective in providing relevant information to the governing body to ensure that each consumer is receiving safe and effective clinical care. The Assessment Team’s report provided the following evidence relevant to my finding:

* The governing body has not ensured that systems and processes to monitor staff performance or competency are occurring.
* Governance meeting minutes did not demonstrate that it is receiving specific information relating to key performance indicators, such as performance review completion rates or that action plans are developed when these are not met.
* Standard 3 Personal care and clinical care was previously found non-compliant, specifically in relation to managing high impact and high prevalence risks, and has not ensured the service has returned to compliance.
* The complaints and feedback system is not effective in capturing clinical complaints, therefore, the governing body is unable to effectively monitor if clinical care meets consumers’ expectations.

Based on the evidence highlighted in the Assessment Team’s report, I have come to a different view from the Assessment Team’s recommendation of not met and find the service compliant with this Requirement.

In recommending this Requirement not met, the Assessment Team have specifically highlighted the governing body’s failure to ensure that each consumer receives safe and effective clinical care, as well as issues relating to monitoring of staff performance, including completion of performance reviews and the feedback and complaints system. While I acknowledge the issues highlighted, I have considered these in my findings for Standards and Requirements the evidence aligns to, specifically Standard 3 Personal care and clinical care Requirements (3)(a) and (3)(b), Standard 6 Feedback and complaints Requirements (3)(a) and (3)(d) and Standard 7 Human resources Requirements (3)(c) and (3)(e). I have considered that the evidence highlighted does not demonstrate systemic failings of the organisation’s governing body, nor does it demonstrate the governing body does not understand or endeavour to set priorities to improve the performance of the service against the Quality Standards.

**Requirement (3)(c)**

The organisation demonstrated effective organisation wide governance systems relating to financial governance and regulatory compliance. However, the Assessment Team were not satisfied effective governance systems relating to feedback and complaints, information management and workforce governance were demonstrated. The Assessment Team’s report did not reference continuous improvement processes. The Assessment Team’s report provided the following evidence relevant to my finding:

Information management

* The staff information system containing records of performance reviews, training compliance and registration and Police clearances was not up-to-date or accessible to management.
* In October 2022, the handover sheet was identified as not being regularly updated. At the Site Audit, the handover sheet was found to have incorrect information demonstrating the process for updating information is not effective.

Workforce governance

* Staff were not completing dressings in line with wound management plans. Management arranged for a consumer’s dressing to be redone in accordance with the wound management plan. However, the Assessment Team found the dressing had been redone incorrectly demonstrating performance or competence of the staff member was not monitored.
* Continual monitoring of staff training, performance reviews or registrations was not demonstrated. A spreadsheet available to management showed in October 2022, two staff members did not have current Police clearances and there was no information to demonstrate the service monitors these regularly. The staff member responsible for this task was on leave and management was not able to access further information.

Feedback and complaints

* Feedback from an external service provider was not fed up to management or actioned despite the feedback being related to clinical care and has resulted in the poor wound management Consumer A not being addressed or monitored.
* Clinical concerns and feedback are not included in the feedback system to enable trending and improvements.

I acknowledge the provider’s response and the actions implemented. In considering the evidence highlighted in the Assessment Team’s report, I find effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance and regulatory compliance were demonstrated. However, I find governance systems relating to feedback and complaints were not effective to ensure accountability and action at all levels of the organisation.

In relation to feedback and complaints, I have considered the finding of non-compliance in relation to Standard 6 Feedback and complaints Requirements (3)(a) and (3)(d) indicates deficiencies with the governance processes associated with feedback and complaints. I find the organisation’s processes have not ensured feedback is consistently captured, reviewed, and used to improve the quality of care and services at both a service and organisational level.

In relation to information management, I have considered that the evidence presented in this Requirement does not demonstrate systemic issues in the organisation’s information management systems. The Assessment Team’s report demonstrates the workforce has access to information to assist them in their roles and consumers can access information about their care and services. Information available includes policies and procedures to guide staff practice, care plans to guide delivery of consumers’ care and services, and case conference processes enabling consumers and/or representatives an opportunity to discuss care and services consumers are provided. I do, however, acknowledge that the staff information system was not up-to-date and management were not able to access workforce information as a staff member was absent at the time of the Site Audit. I would encourage the service to review processes relating to monitoring and access to this information.

In relation to workforce governance, while I acknowledge issues have been identified relating to competency of staff in providing clinical care and monitoring of staff training, performance reviews and Police clearances, I have considered these in my findings for Standards and Requirements the evidence aligns to, specifically Standard 3 Personal care and clinical care Requirements (3)(a) and (3)(b) and Standard 7 Human resources Requirements (3)(c) and (3)(e). I do not consider that the evidence presented in this Requirement demonstrates systemic issues in the organisation’s workforce governance systems. The Assessment Team’s report demonstrates the service has a sufficient workforce to deliver and manage safe care and services. A master roster is maintained and there are processes to manage staffing shortfalls. Additionally the workforce was found to be recruited, trained, equipped, and supported to deliver care and services to consumers.

For the reasons detailed above, I find Requirement (3)(c) in Standard 8 Organisational governance non-compliant.

**Requirement (3)(d)**

Effective risk management systems and practices relating to supporting consumers to live their best life were demonstrated. However, the Assessment Team were not satisfied risk management systems and practices relating to managing high impact or high prevalence risks associated with the care of consumers, specifically wound management; identifying and responding to abuse and neglect of consumers and managing and preventing incidents, specifically ensuring all incidents are investigated to determine if they are reportable were demonstrated. The Assessment Team’s report provided the following evidence relevant to my finding:

* Lack of information or investigation into the death of a consumer did not demonstrate the service uses its incident management system or investigation to identify reportable incidents or potential gaps in care.
* The incident was categorised as an ‘unexpected death’, however had not been reported in line with legislative requirements. Management stated the death was not unexpected and shouldn’t be on the spreadsheet.
* The consumer’s documentation included falls prevention strategies and previous incident reports for falls or rolls out of bed. However, the service did not consider the death to require any investigation or incident reporting. There was no documentation to evidence if the falls management strategy had been implemented when the consumer was found or if they may have fallen.
* The service did not demonstrate that it has reviewed organisational processes to ensure wound care is completed and evaluated to manage the risks of chronic wounds. Wound care to a chronic wound was not completed according to the wound care plan and orders from a specialist, contributing to deterioration of the wound.
* The Assessment Team found incomplete documentation to evidence wound care had been attended resulting in the consumer’s wounds deteriorating and feedback from specialists indicated wound care was “horrendous” and suggested the service seek assistance from a wound care organisation.
* Staff stated wound care products were not available. Although management provided evidence of back ordering of one product there was no evidence that all required products had been ordered. Processes and systems to support consumers to receive wound care according to the direction by the specialist were not demonstrated.

Based on the evidence highlighted in the Assessment Team’s report, I have come to a different view from the Assessment Team’s recommendation of not met and find the service compliant with this Requirement.

The Assessment Team have highlighted wound management to demonstrate ineffective management of high impact or high prevalence risks. However, I have considered the evidence aligns with Standard 3 Personal care and clinical care Requirements (3)(a) and (3)(b) and have considered this in my findings for those Requirements. While I acknowledge deficits in management of wounds have been identified, there is no evidence to suggest that other high impact or high prevalence risks are not identified, managed, or monitored to minimise impact. I find the evidence highlighted does not demonstrate systemic failings in the organisation’s risk management systems and practices relating to management of high impact or high prevalence risks. In coming to my finding, I have considered evidence in other Standards which demonstrates assessment and planning processes take into account consumers’ risks, goals and preferences and strategies to manage identified risks are implemented.

In relation to identifying and responding to abuse and neglect and managing and preventing incidents, the Assessment Team have highlighted one incident. While there were inconsistencies relating to the way the incident was categorised and an investigation or incident reporting was not considered, the evidence does not demonstrate systemic failings in the organisation’s risk management systems and practices relating to these aspects of this Requirement. There is no indication that the incident management system has not been effectively used to prevent similar incidents occurring, that all incidents are not identified or analysed to assist to identify trends and opportunities for improvement or risks to consumers’ health and well-being are not being minimised and/or eliminated.

For the reasons detailed above, I find Requirement (3)(d) in Standard 8 Organisational governance compliant.

**Requirement (3)(e)**

Antimicrobial stewardship and open disclosure were found to be effectively managed and monitored through the clinical governance framework. However, the Assessment Team were not satisfied the clinical governance framework is consistently applied, specifically in relation to chemical restrictive practice. The Assessment Team’s report provided the following evidence relevant to my finding:

* The Psychotropic medication register included three consumers who were receiving psychotropic medication which had not been identified as restrictive practice.
* Psychotropic medication had been administered to control Consumer E’s behaviours.
* The register indicated Consumer F had psychotropic medications prescribed on an as required basis with management stating the medications were used to treat anxiety. The medication had been administered on four occasions over a three week period to modify behaviours which management said may be a symptom of anxiety.
* Consumer G has a diagnosis of dementia and anxiety and falls documentation evidenced as required psychotropic medication is administered for behaviours. Management said administration of the medication may not have been in line with treatment for anxiety.

I acknowledge the provider’s response and the actions implemented. However, I find the organisation’s clinical governance framework was not effective to monitor for opportunities to minimise use of restraint. I have considered that while Consumers E, F and G were identified as receiving psychotropic medications, the medications had not been identified as being used to modify behaviour and consideration had not been given to the medication being used as a restrictive practice. As such, I find the organisation’s systems and practices do not ensure restrictive practices are identified or managed in accordance with legislative requirements or opportunities to minimise use of restrictive practices identified or actioned.

I have also considered the findings of non-compliance in Standard 2 Ongoing assessment and planning with consumers Requirement (2)(e) and Standard 3 Personal care and clinical care Requirements (3)(a) and (3)(b). Standard 3 Requirement (3)(b) has been consistently found non-compliant at three assessment of performance visits undertaken since March 2021, including following a Site Audit undertaken in March 2021 and Assessment Contacts undertaken in March 2022 and October 2022. Issues relating to wound management, which has been identified as an issue at this Site Audit, were found at two of the three assessment of performance visits. The findings in Standards 2 and 3 and the evidence presented in this Requirement indicates the organisation’s clinical governance framework is not effective, with deficits highlighted not being identified by the service’s or organisation’s own monitoring processes.

For the reasons detailed above, I find Requirement (3)(e) in Standard 8 Organisational governance non-compliant.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)