Performance

Report

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| Name of service: | Cumberland View Aged Care - Whalley Drive |
| Service address: | 123-127 Whalley Drive WHEELERS HILL VIC 3150 |
| Commission ID: | 3135 |
| Approved provider: | Arton Retirement Villages Pty Limited |
| Activity type: | Site Audit |
| Activity date: | 30 May 2023 to 2 June 2023 |
| Performance report date: | 7 August 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 Cumberland View Aged Care - Whalley Drive (**the service**) has been prepared by M Kalra, 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 staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 20 July 2023.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **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 | **Compliant** |
| **Standard 7** Human resources | **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 Standard**s. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 3(3)(a) – the Approved Provider ensures each consumer gets safe and effective personal and clinical care, that is best practice, tailored to their needs and optimises their health and well-being, including for the use of restrictive practices.
* Requirement 8(3)(c) – the Approved Provider ensures effective governance systems supporting regulatory compliance, specifically in relation to restrictive practices.

# 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 said they were treated with dignity and respect, and staff valued their identity, culture and diversity. Staff recognised consumers’ individual needs including consumers who prefer female staff to deliver their care. Care documentation detailed each consumer’s culture, preferences, and interests.

Consumers and representatives said staff value their culture and diversity and they felt safe expressing their cultural identity. Staff were familiar with consumers’ cultural needs, and tailored care and services accordingly. The lifestyle calendar reflected a range of cultural activities of relevance to consumers. Care plans contained personalised information about consumers’ religious, spiritual and cultural safety preferences and requirements.

Consumers said and care documentation showed consumers were involved in and supported to make decisions about their care and maintain relationships of importance. A dignity and choice policy guided staff on providing choices for consumers and promoting their independence.

Consumers said, and observations showed, they were supported take risks which enabled them to live their best lives. Care documentation showed risks were identified through assessments by appropriate professionals, strategies to minimise the risk were implemented and informed acceptance of risks was obtained.

Consumers said they received information in a way they understood, and which enabled them to exercise choice. Staff described how information was provided in various forms, including for consumers with communication barriers. The lifestyle calendar, the food menu, and updates about renovations were displayed around the service. Consumers received consumer meeting agendas in advance of the meeting, and minutes were distributed afterwards.

Consumers said their privacy was respected, and their personal information kept confidential. Staff practice was guided by a privacy policy and staff were observed knocking on doors prior to entering the consumers’ rooms.

# 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. | Compliant |

Findings

Most consumers and representatives said consumers’ care was well-planned and met their needs. Staff described using validated assessment tools to identify risks and inform the development of a care plan. Care documentation generally identified the risks to consumers and the strategies planned to minimise those risks. Most consumers and representatives confirmed involvement in care assessment and planning including end of life care. Staff confirmed and care documentation evidenced consumers’ care plans generally contained their individual needs, goals and preferences, including advance care plans. However, some deficits were identified in consumers’ behaviour support plans and communication with consumer representatives, which have been further discussed and considered under Requirement 3(3)(a) and 8(3)(c).

Consumers and their representatives confirmed input from external health care professionals was sought when needed. Care documentation evidenced consumer-centred assessment and planning, inclusive of medical officers, specialists and allied health professionals.

Overall, consumers and representatives confirmed they are supported to understand assessment and planning outcomes and were offered copies of care plans. Staff confirmed updating consumers and representatives regarding care outcomes. Care documentation evidenced regular staff communication and availability of care plans to consumers and representatives. Staff described undertaking routine care reviews every 3 months or in response to changes or incidents. Care documentation evidenced showed scheduled and unscheduled reviews had occurred as per service policy.

# 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. | 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

I have found this Quality Standard as non-compliant as I am satisfied Requirement 3(3)(a) is non-compliant.

The site audit report brought forward deficiencies related to personal and clinical care and understanding and application of chemical restrictive practices for several named consumers. I have summarised the relevant evidence below, and other evidence which was not relevant to the Requirement, or which was disproven by the Approved Provider’s response has not been outlined here.

Regarding the first named consumer, their representative voiced concerns in relation to the consumer’s catheter care not being managed well, lack of communication regarding the consumer’s health, and increased frequency of infections experienced by the consumer. Care documentation showed the catheter bag was not consistently emptied within the scheduled time frames, due to the consumer’s changed behaviours and refusal of care. Documentation also showed 5 infections, between March and May 2023. The consumer was also identified as being subject to chemical restrictive practice, which the representative said they had not been clearly informed would be classified as a restrictive practice.

The Approved Provider’s response of 20 July 2023 provided extensive additional context concerning the consumer’s medical history, contributing to changes in the consumer’s health condition. The response stated staff utilised strategies recommended by a dementia specialist service to assist the consumer, including changing the bag within the recommended time frames. However, no documentary evidence was provided with the response to substantiate this. Lastly, the response contradicted the representative’s account, stating that a chemical restraint authorisation had been signed prior to the site audit, however, this document was not provided with the response, to substantiate the Approved Provider’s account or to demonstrate that informed consent had been obtained. While I acknowledge the complex nature of the consumer’s catheter, I find the response did not demonstrate the catheter bag was consistently managed in line with recommendations and the chemical restrictive practice was used with all relevant regulatory requirements being met. As such, I consider this example reflects personal and clinical care that is not best practice, safe or effective.

Regarding the second named consumer, their representative expressed several concerns regarding inadequate personal care provided to the consumer. Review of documentation showed gaps in provision of care, related to consumers’ changed behaviours and refusal of care. The consumer was subject to chemical restrictive practice, which was not recognised by the service and relevant assessments were not in place to support this practice. The representative said they signed a consent during the site audit for an antipsychotic medication the consumer had been receiving since entry to the service. A behaviour support plan was also put in place during the site audit.

The Approved Provider disputed the site audit report’s evidence and stated the provision of care was recorded in different documentary charts, and the consumer received adequate personal care. However, this information was not supported by any documentary evidence in the response. The response disputed the representative’s feedback and stated the consent for the use of the antipsychotic medication was obtained before the site audit, however, no documentary evidence was provided to substantiate this. Since the site audit, the medication has been ceased after geriatrician’s review and restrictive practice monitoring charting has been initiated. The response stated alternative measures have been trialled to manage the consumer’s behaviours, however, no supporting documentary evidence was provided. As such, I am satisfied this example reflects lack of understanding and application of chemical restrictive practice.

Regarding the third named consumer, the representative expressed concerns regarding personal and clinical care provided to the consumer, including missed medications, consumer not being assisted with meals, skin concerns, unexplained bruising, and drowsiness. The Approved Provider outlined their processes, disagreed with the site audit report’s findings, and stated the consumer was prone to skin injuries, assisted by staff to eat, and had been reviewed by the medical officer and other specialists on several occasions. On balance, given the lack of documentary evidence brought forward in either the site audit report or in the response, I have not considered this example to support my decision of non-compliance. However, for the same named consumer, the representative said they had been asked during the site audit to sign a consent form for the antipsychotic medication the consumer had been taking for many years, without being provided information on the benefits and side effects of the medication. The response disputed the representative’s account and stated there had been a chemical restraint authorisation form signed in 2021, where the representative gave informed consent. They also noted a further geriatrician review in February 2023, where the medication was discussed. However, the response did not contain any documentary evidence to confirm these conversations or their content, so I cannot be satisfied the representative gave informed consent for the use of the medication. A behaviour support plan was mentioned in the response; however, it was not clear when this was created, and the document was not provided with the response to demonstrate its contents and compliance with regulatory requirements. Having regard to evidence in the site audit report and the response, I am satisfied this example reflects non-compliance.

Regarding the fourth named consumer, the representative expressed concerns about the consumer’s recurrent urinary tract infections, and staff not encouraging the consumer to drink fluids. Documentation showed while the consumer was reviewed by the medical officer after infections, recommended instructions were not reflected in consumer’s care planning documentation. Food and fluid charts were not commenced as per directive, and when the charting was commenced months later, it was not completed consistently, was not reviewed by staff and a staff interviewed during the site audit did not know there was charting in place. The site audit report also identified the consumer was prescribed as required antipsychotic medication without a supporting diagnosis and was subject to chemical restrictive practice, which was not identified by the service. No consultation or informed consent was noted for the use of the medication. The consumer was administered the as required medication in March 2023, without prior non-pharmacological interventions being trialled, and the consumer not was not monitored to gauge the effectiveness of the medication. While a behaviour support plan was in place, it did not meet the required regulatory requirements.

The Approved Provider’s response disagreed with the site audit report’s findings about food and fluid charting, stating it had been initiated but was discontinued on dietician’s advice, however, no supporting documentary evidence was provided with the response. I find there is sufficient evidence to demonstrate staff were not following recommendations for food and fluid charting, necessary to manage the consumer’s recurring infections. In relation to chemical restrictive practice, the response indicated while attempts had been made by the geriatrician to gain representative’s consent for the medication after consultation with the consumer, this was not obtained. No evidence was provided to indicate staff had taken steps to gain informed consent from the representative. The response stated there is a “chemical restraint authorisation” form in place currently, however, no evidence was provided to show when this was put in place. While the response stated a behaviour support plan has been amended, this document was also not provided to demonstrate it meets the required regulatory requirements. I am satisfied this example reflects clinical care that was not safe and effective, and lack of understanding and application of chemical restrictive practice.

The site audit report also identified two additional consumers who were prescribed antipsychotic medications, without any supporting diagnosis. The response outlined steps taken since the site audit to review these consumers’ behaviour support plans and initiate monitoring of the consumers for side effects of the medication. No documentary evidence was provided to support this. While I acknowledge the actions taken after the site audit, I consider these actions require time to demonstrate effectiveness. As such, I consider these examples demonstrate non-compliance.

For the reasons outlined above, I consider consumers did not receive safe, effective and best practice personal and clinical care, and the service did not demonstrate understanding and application of chemical restrictive practice. Therefore, I find requirement 3(3)(a) is non-compliant.

I am satisfied the remaining 6 requirements of Quality Standard 3 are compliant.

Staff described high impact or high prevalence risks for consumers and strategies to manage those risks. Consumer and most representatives expressed satisfaction with the way risks were managed. Care plans and progress notes of sampled consumers showed risks such as falls, and pressure injuries were effectively managed. Prior to the site audit, the service noted an increase in the medication errors and actions were put in place to reduce these incidents.

Consumers felt confident their needs and preferences would be attended to, and their comfort and dignity upheld during their end-of-life pathway. Management and staff explained processes in relation to the assessment of consumers nearing end of life, and the workforce was guided by policies to respond to deterioration and ensure consumer comfort and dignity during the palliative process.

Staff demonstrated knowledge of, how to identify and respond to, signs of deterioration. Consumers and representatives said response to changes in consumers’ conditions was timely. Care documentation evidenced escalation and monitoring pathways were enacted when changes were detected.

Consumers and representatives generally gave positive feedback regarding staff communicating consumers’ condition, needs and preferences. Staff confirmed changing of information was conducted through verbal handover, meetings and accessing care plans.

Consumers and representatives said referrals to individuals, other organisations and providers of other care and services were timely and appropriate. Staff were knowledgeable of referral pathways in response to identified needs, and care documentation reflected referrals made to a range of allied health professionals and specialists.

Consumers and representatives were mostly satisfied with the service’s management of infection control practices, especially during COVID-19. Some representatives felt infections were recurring, which is further discussed under Requirement 3(3)(a). Overall, the service demonstrated implementation of transmission-based precautions to prevent and control infections, and practices to promote appropriate antibiotic prescribing and use to support optimal care. The service’s Infection Prevention Control Lead monitored staff adherence to infection prevention control practices.

# 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

Consumers said they were able to do things of interest which optimised their independence and quality of life. One representative expressed concerns with the consumer’s participation in activities. Lifestyle staff advised the consumer had recently entered the service, and they were undertaking assessments of activities at the time of the site audit. Staff described how they tailor provision of and support consumers to participate in independent activities. Consumers were observed participating in a variety of activities during the site audit.

Consumers said the service supported their emotional, spiritual and psychological well-being. Staff described providing consumers with individual support and the availability of spiritual advisors to visit. Care documentation evidenced consumers’ life experiences, their background, their spiritual and emotional needs and preferences.

Consumers said they were supported to maintain important relationships and participate in the community. Staff confirmed they facilitated phone and video calls to support consumers to maintain relationships with those important to them. Care documentation outlined the supports required to promote community participation for consumers.

Staff were knowledgeable of consumers’ individual care needs and confirmed exchanging consumer information during handovers and meetings. One representative expressed concerns on the low level of lifestyle support provided to the consumer who was from a cultural linguistic diverse background. Management and lifestyle staff said resources were still being implemented at the time of the site audit, including the use of communication cards to support consumer engagement. Care documentation evidenced up to date information regarding consumers’ needs and preferences.

Consumers confirmed they were supported by other organisations and support services, including the local library and religious services. Lifestyle staff confirmed they used volunteer organisations to connect consumers to their community. Care documentation evidenced timely and appropriate referrals were made to support consumers’ lifestyle and emotional needs.

Consumers and representatives gave positive feedback about the variety, quality, and quantity of food and the dining experience. Hospitality staff described using care plan information to ensure they were meeting consumers’ dietary needs and preferences. The menu was observed to be varied and it was displayed outside the dining rooms each day of the site audit. The kitchen and storerooms were observed to be clean and well-organised.

Consumers said equipment used during activities was suitable, clean, and well-maintained. Lifestyle staff said and observations confirmed a wide range of equipment was available for use, and a recent audit was conducted for equipment condition, usefulness and safety. Actions resulted in old equipment discarded, and new items purchased that were suitable for the cohort of consumers.

# 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

Consumers and representatives said that the service was welcoming, and the staff helped to create a happy environment. Lifestyle staff said they welcomed visitors and supported consumers to have a sense of belonging in the service. The service’s corridors, ramps, handrails, and signage supported the interaction and independence of consumers.

Consumers and representatives said the service was always clean and well-maintained, and consumers were able to move freely both indoors and outdoors. However, access between the gardens surrounding the service was limited. Management recognised improvements were needed to enable consumers to move freely between the inside area and the garden areas, placing review of consumer access to external gardens on the service’s Plan for Continuous Improvement. The maintenance officer demonstrated planned and preventative maintenance was managed in an organised and timely manner.

Consumers said furniture, fittings, and equipment was suitable for use, and was kept clean and well-maintained. Cleaning contractors described their processes and practices in supporting the service environment to remain clean. Documentation reviewed identified maintenance requests were responded to in a timely manner, and external organisations were engaged to undertaken regular servicing of equipment.

# 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. | 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. | Compliant |

Findings

Consumers and representatives said they were encouraged to provide feedback or make a complaint and were aware of relevant processes. Management confirmed the avenues for consumers to raise feedback and complaints. Staff were guided by policies and procedures regarding appropriate complaint management.

Consumers were aware of external avenues to raise a complaint, including through the Commission or an advocacy service. Staff described how they act as advocates for consumers by communicating concerns to management on their behalf and assisting them to complete feedback forms as required. Posters and brochures displayed throughout the service promoted access to external complaint support agencies.

Consumers and representatives said appropriate action was taken in response to feedback and complaints. Staff were knowledgeable of complaint processes, including the use of open disclosure. Complaints register evidenced management of complaints and open disclosure practices. Policies guided staff to use open disclosure following incidents.

Consumers provided positive feedback regarding improvements made in response to their feedback or complaints. Management described the Plan for Continuous Improvement was used to monitor their response to complaints and provided examples of improvements made for the benefit of consumers.

# 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. | 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. | Compliant |

Findings

Most consumers and representatives said there was sufficient staff to meet their needs, and call bells were answered promptly. For one consumer representative who expressed dissatisfaction with the sufficiency of staff and impact on consumer’s personal care, this has been further discussed and considered under Requirement 3(3)(a). Members of the workforce said there was sufficient staff to provide care and services, and they have sufficient time to undertake their duties. Rostering documentation evidenced workforce planning processes were used to allocate sufficient staff.

Consumers and representatives said staff interactions were kind, caring and respectful. Staff were knowledgeable and respectful of consumers’ needs and preferences, and management advised they monitor staff interactions with consumers and representatives through observations and complaints processes. Consumers and representatives felt staff were generally skilled to meet their care needs. Position descriptions outlined the competencies and qualifications needed for each role and management described how the competency of staff was assessed.

Management said, and documentation confirmed, staff were trained and mostly equipped to deliver outcomes required by the Quality Standards. Although some staff were able to identify and describe restrictive practices used at the service, most staff were not able to consistently identify restrictive practice, and assessment and authorisation in relation to chemical restrictive practice. At the time of the site audit, management included actions on the service’s Plan for Continuous Improvement for staff training on understanding of restrictive practices, particularly on chemical and mechanical restraints. This is further discussed and considered under Requirement 8(3)(c).

Management said staff’s performance was continually assessed and monitored through ongoing supervision, identifying and addressing issues as they arise, and completing mandatory training. A review of the performance appraisal register confirmed all staff had completed their annual performance review.

# 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. | 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. | Compliant |

Findings

I have found this Quality Standard as non-compliant as I am satisfied Requirement 8(3)(c) is non-compliant.

The site audit report identified effective governance systems were in place for information management, continuous improvement, financial governance, workforce governance, and feedback and complaints. However, deficits were identified in governance systems supporting regulatory compliance with the *Quality of Care Principles* 2014 (the principles), specifically in relation to restrictive practices.

As outlined and discussed under Requirement 3(3)(a), the service did not identity several named consumers as being subject to chemical restrictive practice and did not follow restrictive practice regulatory requirements, in accordance with the principles. Appropriate assessments were not completed for the named consumers, consultation had not occurred, or informed consent was not obtained for the use of restrictive practice, non-pharmacological strategies were not trialled before the use of restrictive practice, regular monitoring or review of the restrictive practice was not undertaken, and behaviour support plans meeting the regulatory requirements were not implemented for the named consumers. The Approved Provider’s response is detailed under Requirement 3(3)(a). I find this demonstrates ineffective regulatory compliance systems.

The site audit report also found a superseded “restraint policy and procedure” was also visible to staff, which did not align with the current regulatory restrictive practice requirements. Only few clinical staff had completed training on restrictive practices. The response noted the current restrictive practices policy and procedure was reissued to all staff, and education sessions are currently held during handover. The response stated all clinical staff have since completed the education on restrictive practices, which also has been added to the service’s annual mandatory education calendar. The number of restrictive practices is tabled at the monthly clinical governance meetings and two clinical coordinators have been newly appointed to oversee the use of restrictive practices. I acknowledge the Approved Provider’s response and actions taken since the site audit. However, I consider further time is required to demonstrate suitability and effectiveness of the actions implemented.

Overall, I am satisfied the organisation’s regulatory compliance systems have not been effective in identifying the requirements of restrictive practice and ensuring these are implemented consistently. Therefore, I find requirement 8(3)(c) is non-compliant.

I am satisfied the remaining 4 requirements of Quality Standard 8 are compliant.

Consumers and representatives said they felt involved in the design, delivery, and evaluation of care and services. Management confirmed consumer inclusion through consumer meetings, feedback, complaints, surveys and case conferences.

Management confirmed the governing body promoted a culture of quality, safety, and inclusion, and described how the board satisfied itself the Quality Standards were met through analysis of internal audit results and monitoring of clinical indicators, continuous improvement initiatives, reported hazards and risks, consumer and workforce feedback.

Overall, the organisation had a risk management system to monitor and assess high impact or high prevalence risks associated with the care of consumers. Risks were reported, escalated and reviewed at the service level and by the governing body. The service had a policy and procedure to support consumers’ dignity of risk and staff had been trained in their obligations to identify and respond to abuse and neglect, under the Serious Incident Reporting Scheme.

A clinical governance framework, policies and procedures ensured staff understood the processes to enable delivery of safe and quality care. Staff described processes in relation to the framework, including implementing antimicrobial stewardship strategies and providing open disclosure to consumers and representatives when things go wrong. Where deficits relating to the use of restrictive practice have been identified, they have been discussed under Requirement 3(3)(a) and 8(3)(c).

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