Performance

Report

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| Name: | HammondCare Scarborough |
| Commission ID: | 1006 |
| Address: | 19 Kiama Street, Miranda, New South Wales, 2228 |
| Activity type: | Site Audit |
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| Performance report date: | 12 December 2023 |
| Service included in this assessment: | Provider: 749 HammondCare  Service: 6810 HammondCare Scarborough |

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 HammondCare Scarborough (**the service**) has been prepared by Denise McDonald, 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 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 1 December 2023
* Regulatory Bulletin – Regulation of restrictive practices and the role of the Senior Practitioners, Restrictive Practices – RB 2023-22
* *Quality of Care Principles 2014 –* Part 4A Behaviour support and restrictive practices – residential care and certain flexible care

# 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 | **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 | **Not 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.

* Requirement 8(3)(e) – The service ensures its clinical governance framework is effective in identifying all consumers who are subject to environmental restrictive practices and the legislative requirements for those who are restricted, are met. This includes ensuring a consistent approach and understanding of individualised assessment, monitoring and management of 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

Representatives confirmed consumer’s identity, culture and diversity was valued. Staff were observed interacting with consumers in a respectful manner. Care documentation reflected what was important to consumers to maintain their identity and staff gave practical examples of how they supported the diverse needs of consumers.

Representatives gave practical examples of how the cultural needs of individual consumers were met. Staff were knowledgeable of how to deliver care according to the consumers’ identity, background and values. Staff of the same or similar cultural background, were observed providing care to consumers, to ensure cultural safety.

Representatives stated consumers were provided with the opportunity to maintain important relationships and to make decisions about their care. Staff were knowledgeable of consumers choices in care and service delivery. Consumers were observed receiving their meals in their room and being visited by those important to them, as detailed in their care documentation.

Consumers said they were supported to take risks, such as drinking alcohol and having pets live in consumer’s rooms. Staff demonstrated knowledge of, and care documentation evidenced, the strategies in place which enabled consumers to engage with risk safely. Policies and procedures guide staff in ensuring consumer’s right to engage with risk is promoted.

Representatives stated they receive copies of the menu, monthly activities calendar and attend meetings, to assist with making choices on behalf of consumers, who all have a diagnosis of dementia. Staff described communication channels included newsletters, emails, or verbally to ensure consumers were made aware of last-minute changes to enable consumer choice.

Representatives described staff to respect consumer privacy by knocking on doors prior to entry. Staff were observed seeking consent to enter a consumer’s room by knocking on their door and when providing care, doors were closed. Consumer information was kept confidential as nurse’s stations were observed to be locked when not in use and computers were password protected.

# 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

Staff described consumers were initially assessed, to identify any risks and assessment outcomes were used to develop consumers care plans. Care documentation evidenced risk of falls, pressure injury, malnutrition and pain were determined using validated assessment tools; and strategies to minimise identified risks and to manage consumer’s complex nursing needs were documented in care plans. Policies, procedures and flow charts guided staff in assessment and care planning processes.

Consumer representatives stated they had informed staff of the consumers care goals and preferences; and had discussed the consumers wishes for advance and end of life care. Staff were knowledgeable of consumer’s care needs and advised end of life discussions were revisited when the consumers condition changed. Care documentation included an Advance Care Directive when these had been signed.

Representatives said they were partners in the planning of the consumers care and services, initially, and when care was reviewed. Staff explained case conferences were routinely scheduled with consumer’s, their representatives, and their chosen health professionals. Care documentation included nomination of the consumer’s representative and reflected their involvement in assessment and care planning.

Representatives felt they were informed of any changes to assessment outcomes and confirmed they had, or could easily access, a copy of consumers care plans. Staff said and care documentation evidenced, consumer representatives were advised of changes to consumers care needs through scheduled and informal discussions and an updated copy of the care plan was offered as required.

Staff said care strategies were reviewed routinely at 3 monthly intervals and following an incident or change in condition. Care documentation evidenced reassessment occurred following an incident such as a fall and care plans were updated when required. Minutes of clinical meetings evidenced changes in consumers condition were monitored and discussions prompted review of the consumers care plan.

# 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. | 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

Representatives said consumers received personal and clinical care in line with their preferences. Staff were knowledgeable of consumers' personal and clinical care needs to maintain their skin integrity, manage pain and alternate strategies to be used prior to restrictive practices being applied. Care documentation evidenced, wound care was undertaken per treatment directives, and non-pharmacological supports were trialled prior to chemical restrictive practices being used. While staff were knowledgeable of managing consumers with restrictive practices applied, not all consumers whose free movement may have been restricted, by the secure living environment, had been assessed to determine if they were subject to an environmental restrictive practice. I have considered this information and evidence in Requirement 8(3)(e), where it is more relevant.

Staff were knowledgeable of the high impact risks to individual consumers. Care documentation described strategies used to minimise falls and effectively manage consumers with diabetes or who have a catheter. Policies and procedures guide staff practice on the management of high impact and high prevalent risks to consumers.

Staff were knowledgeable of care delivered to consumers who were nearing the end of life to ensure they were comfortable. Care documentation demonstrated consumers were supported by external palliative care services to ensure they remained pain free. Policies and procedures, in relation to palliative and end of life care, guide staff practice.

Representatives advised staff were prompt to detect when a consumer was unwell. Staff described the escalation pathways used in response to a consumer showing signs or symptoms which may indicate deterioration. Care documentation supports when acute and gradual deterioration were identified, they were transferred to hospital when needed.

Representatives said information about the consumer needs were effectively communicated. Staff stated, and were observed to use, a verbal handover process to share information between themselves and other health professionals had access to consumer information via care documentation.

Staff demonstrated knowledge of referral processes and a wide range of allied health professionals or specialists were available to support consumers. Care documentation evidenced consumers had been referred to and promptly reviewed, by medical officers, dementia specialists and allied health professionals, as needed.

Representatives advised they observed staff wearing personal protective equipment and performing hand hygiene routinely. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. Care documentation supported antibiotics were not commenced until pathology results were known. A management plan was available to guide staff in the event of an outbreak.

# 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

Representatives said the services and supports for daily living met the consumer’s needs, goals, and preferences. Staff described consumer independence is promoted through the availability of a laundry for those who wish to wash their own clothing and consumer well-being is promoted through music therapy. Care documentation reflected the supports required to ensure consumers were able to participate in activities of daily living as they chose.

Representatives advised the emotional health of consumers was monitored by pastoral care staff. Staff described pet therapy and individual room visits are conducted to support consumers psychological wellbeing. An activities calendar prompts the availability of religious services for those consumers who wish to attend.

Representatives stated consumers are encouraged to participate in activities which aligned to their interests including playing the piano and going to the coffee shop. Staff said they support consumers to keep in touch with family and friends by phone or electronic messaging and consumers were observed receiving visitors. Staff said students for the local high school regularly visit with consumers as part of an intergenerational program.

Representatives felt information was shared between staff and others who support the consumer. Staff said a handover process communicates any support updates identified for consumers. Care documentation provided adequate information to support the delivery of effective services such as meals.

Representatives described referrals processes had been timely and appropriate in gaining additional support for consumers. Care documentation evidenced collaboration with external providers such as community visitors, pastoral care, pet and music therapists. Staff advised, for some consumers, they had made referrals to external services.

Consumers’ representatives provided positive feedback about the quality, variety and quantity of the meals provided. Staff, who operate under a household model, advised they offered and cooked alternative meals according to consumer’s preferences or individual tastes, and snacks are always available. Care documentation included consumers likes, dislikes and texture modifications. The menu had been approved by a Dietician.

Representatives felt the equipment used by consumers was safe. Care equipment, including wheelchairs and mobility aids were observed to be clean and in good condition. Maintenance documentation evidenced, preventive maintenance of equipment was routinely scheduled and repairs to equipment was undertaken promptly.

# 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

Representatives gave positive feedback regarding the service environment and confirmed consumer can navigate around without getting lost. The service environment was observed to be quiet, easy to navigate with internal and external walking loops and it was maintained at a comfortable temperature. Consumers rooms were personalised with photos, personal belongings and memory boxes were outside each consumer’s room to assist with wayfinding.

Representatives provided positive feedback on the cleanliness and maintenance of consumers rooms and communal areas. Staff advised, both routine and deep cleaning; and preventative inspections and maintenance, were scheduled and monitored for completion. Consumers were observed using unobstructed walkways to move between internal and external environments. However, management advised consumers were only able to exit the locked cottage environment, move around the grounds of the service or exit the service grounds to enter the community with staff support, or intervention to unlock, doors or secure perimeter fencing. I have considered this practice in Requirement 8(3)(e) where it is more relevant.

Consumers said if there are issues with the furniture, fittings or equipment they talk to staff. Maintenance staff advised they conduct daily visual inspections to monitor the safety of furniture, fittings and equipment used in the care and support of consumers. Consumers were observed using furniture that was safe, clean and comfortable.

# 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 advised they knew how to and to whom they could provide feedback or lodge a complaint. Staff were knowledgeable of the various avenues in which feedback and complaints could be lodged. Feedback forms and the consumer handbook encouraged consumers to lodge complaints.

Representatives said they were aware of the availability of advocacy and interpreter services. Staff described how they assist consumers, who speak English as a second language, lodge complaints and access translation support services. Brochures which promoted the availability of senior rights, advocacy and complaints agencies were translated into various languages and displayed in the foyer.

Representatives gave practical examples on the use of open disclosure and the prompt actions taken in response to their complaints. Staff described complaints are escalated to management, who advised open disclosure principles are applied in response to complaints. Complaints documentation evidenced an outcome letter is sent to the complainant, giving an apology, and describing the actions taken in response to the complaint.

Representatives gave practical examples of how their complaints had led to improvements, in monitoring the cleaning of consumer’s hearing aids and the application of narcotic pain relief patches. Staff were knowledgeable of the monitoring forms implemented and were observed completing them. The plan for continuous improvement evidenced the responsive actions taken by management.

# 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

Representatives advised management allocated additional staff when they requested them to do so, staff are always on hand and respond quickly to assist consumers. Staff said there are enough staff to meet each consumer’s care needs. Rostering documentation evidenced a registered nurse is assigned continuously, and a casual pool is used to fill vacant shifts.

Consumers and representatives said staff engaged with them in a kind and respectful manner. Staff demonstrated an in depth understanding of the consumer’s needs, preferences and cultural identity. Staff were observed taking time to speak and interact with consumers and addressed them by their preferred names.

Consumers and representatives said staff knew what they were doing, they were sufficiently skilled and competent. Management described the orientation, written and practical assessment processes undertaken to ensure staff were competent, when they commenced, and during their employment. Personnel records evidenced staff qualifications, security vetting and vaccination requirements were monitored for compliance.

Management described processes used to recruit staff against set position descriptions. Staff described training is scheduled, delivered via various means and they are sent reminders when training attendance is overdue. Education records evidenced all staff had completed training in food safety, hand hygiene, personal protective equipment, manual handling and the management of serious incidents.

Staff said their performance was reviewed against their role description. Management advised, and personnel records, evidenced staff performance was reviewed annually, with staff having the opportunity to identify any additional training needs.

# 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. | 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. | Not Compliant |

Findings

The Quality Standard is assessed as non-compliant as one of the 5 specific Requirements has been assessed as non-compliant. While the Assessment Team recommended all Requirements in this Standard were met, I have come to a different view from the Assessment Team and have found Requirement 8(3)(e) non-compliant. In coming to my finding, I have considered the information contained within the Site Audit report and the approved provider’s response submitted on 1 December 2023.

The Assessment team recommended Requirement 8(3)(e) was met and found the service was able to demonstrate a robust clinical governance framework and systems to ensure the quality and safety of clinical care. The Site Audit report included supporting evidence regarding systems and processes to promote antimicrobial stewardship, open disclosure and minimising restrictive practices. In relation to restrictive practices, clinical governance procedures and practices were found effective in relation to the use of chemical restraint, mechanical restraint and environmental restraint for two consumers residing in a secure living environment who demonstrated exit seeking behaviours. However, it was unclear if the service’s policies, procedures or understanding of environmental restraint aligned with the *Quality of Care Principles 2014* (the Principles) because the service only considered consumers who were repeatedly seeking to exit a secure environment as potentially subject to an environmental restraint. Specifically:

* Management said the service uses a ‘consent to live in a secure environment’ form which stipulates all consumers living at the service are residing in a secure environment and makes a clear distinction between secure environments and environmental restraint. The distinction on the form being ‘where the resident expresses regular exit-seeking behaviour that cannot be supported by staff aiding their exit, the secure door acts as an environmental restraint’.
* Management advised consumers rely upon staff to swipe them in and out of their cottages and escort them anywhere they choose to go, within the service grounds.
* Staff advised, consumers’ entry and exit to the cottages, the service perimeter and the main entrance is facilitated through their assistance in operating the keycard-controlled access.

Based on the above practice and procedure, it was unclear if the service had assessed and considered how the intervention of a secure/locked environment may restrict each consumer’s free access to their environment (including the community) regardless of their propensity to look to exit the secure environment and/or the availability of staff assistance to exit the secure area.

The approved provider submitted a response to the Site Audit report which contained clarifying information and a copy of the organisation’s Restrictive practices guide, last reviewed 31 July 2022. Specifically, the approved provider asserts:

* They build dementia specific homes for consumers to support people living with dementia in a best practice environment which is not done by many providers across the nation.
* All consumers who reside at the service, live within a purpose-built cottage environment with a locked front door, to promote consumer security and safety and the service is secured by perimeter fencing. However, refutes this practice of a locked/secure environment and locked perimeter fencing prevents consumers from freely accessing their home/living environment or having access to outdoor spaces.
* On entry, the secure nature of the service is explained to consumers and/or their decision-makers with their consent to live in a secure environment obtained.
* Only when a consumer is seeking to exit the secure environment would the service potentially recognise the locked door/secure environment as an environmental restraint.
* In accordance with the Perimeter Restraint Self-Assessment tool, most consumers are not restrained by living in the secure environment because it is their clinical condition of dementia which prevents them from leaving their bed, room or the service, much like a consumer who is bed bound through a physical condition which prevents their free access to their environment.
* The majority of consumers do not try to access the front door or even consider leaving the service due to their clinical condition of dementia. Therefore, the purpose of the locked front door is not to influence behaviour but rather for security of the consumers against intruders.

Based on the evidence in the Site Audit report and the approved provider’s response, I find the clinical governance framework does not support staff to comprehensively assess each consumer to determine if, the practices and interventions of locking/securing living environments constitutes environmental restraint, consistent with legislative requirements and responsibilities.

It is acknowledged the approved provider builds dementia specific homes to support consumers living with dementia to live in a best practice environment, including each cottage having access to outdoor garden areas, consumers having free access to their immediate living environment and the doors between the internal living environment and the outdoor area remaining unlocked. It is also acknowledged that the security of the living environment and safety of consumers is paramount in any decisions about the living environment. However, even if securing/locking consumers’ living environment is necessary and reasonable for the purposes of safety and security, it is still incumbent on the approved provider to understand how a secure or locked living environment may impact each individual consumer’s rights, that is, whether this practice invokes the use of environmental restraint.

Based on information and evidence in the Site Audit report and the provider’s response, it is apparent consumers at this service are only able to exit the locked cottages to access common grounds, with the assistance of staff, which is consistent with a practice or intervention that may restrict, or that may involve restricting, a consumer’s free access or movement to all parts of the consumer’s living environment for the primary purpose of influencing their behaviour. As such, I find it reasonable to expect the approved provider to consider how the secure environment/locked doors is impacting each consumer and determining if it is a restrictive practice.

I note the service has assessed all consumers using the perimeter restraint assessment tool, which assists with identifying whether each consumer is prevented from leaving, their bed, their room or service. However, these assessments have not considered that each consumer may be prevented from leaving the service, if they are unable to independently release the locked door, main entrance or perimeter fencing.

The approved provider asserts that most consumers are not environmentally restrained because their clinical condition of dementia prevents them from trying to access the front door or even consider leaving the service. However, this approach and application does not appear to consider that dementia is condition on a continuum which presents differently in each consumer, that is, the service needs to understand how the secure environment (including the secure perimeter) impacts on each consumer rather than the current blanket approach of having all consumers and/or relevant decision makers consent to live in a secure environment. Additionally, regardless of a consumer’s cognitive status or propensity to seek to exit the secure environment, it is the practice or intervention’s impact to consumers’ free access to all parts of their living environment which should be determinative in assessing restrictive practice.

The approved provider also asserts that the secure environment/locked doors is for the primary purpose of security rather than influencing behaviour because most consumers do not try to exit the secure environment. However, the locking or securing of any part of an environment, even for the purpose of security or safety, may be considered an environmental restraint because removing a consumer’s free access to their environment invariably influences their behaviour as to what environment they may seek to access.

In coming to my finding, I have also considered that the approved provider’s Restrictive practices guide, submitted as part of the response, identifies that restricting access to areas such as the common grounds outside of the cottage is given as an example of an environmental restrictive practice, and therefore must be managed as such.

Based on the detailed evidence above, I find that evidence and information in the Site Audit report supports effective clinical governance in relation to antimicrobial stewardship and open disclosure. However, in relation to restrictive practices the current practices and procedures relating to secure living environments do not support the recognition of potential use of environmental restraint to ensure safe and quality care consistent with legislative requirements. I find that the clinical governance framework does not support staff to undertake individual assessments for each consumer to recognise that practices and interventions of locking/securing living environments of consumers may constitute environmental restraint, consistent with legislative requirements and responsibilities associated with the use of restrictive practices to ensure safe and quality care.

Therefore, I find Requirement 8(3)(e) non-compliant.

In relation to the remaining 4 requirements of this Quality Standard, I find them complaint as:

Representatives felt the service was well-run and advised they contributed to the way care or services were delivered. Management advised consumers and representatives actively evaluated care and services by providing feedback at meetings and through completing surveys. Care consultations and meeting minutes evidenced consumers and representatives were involved in care and service development.

Representatives felt consumers lived in a safe, inclusive environment, which provided them with access to quality care and services. Staff described how clinical indicators, quality initiatives, and incidents were discussed and escalated to the Board, who monitors this data to identify and address wider trends and initiates change. The Board uses a variety of means to communicate their policy decisions to all staff, consumers and representatives.

Organisational wide governance systems were evidenced to be effective as policies and procedures guided staff practice in the management of feedback, complaints and information. A plan for continuous improvement recorded actions required from a variety of sources including surveys, audits and clinical data. The workforce was governed through a suite of resources defining expectations, roles, responsibilities and training requirements. Financial systems have ensured funding is available to support the care needs of consumers including when additional equipment or staff were required; and processes were in place to identify and adapt organisational policies and processes when changes to legislation were made. However, regulatory compliance processes have not accurately identified when environmental restrictive practices has been applied to individual consumers. I have considered this under Requirement 8(3)(e).

An effective risk management system was in place which identified, managed and monitored the impact and prevalence of risks to consumers and was used to report and investigate, serious incidents when required. Representatives said consumers were supported to take risks, enabling them to live their best life and staff were guided by risk management policies and procedures. Management analysed incident data to identify trends, and these were reported to various committees and the Board.

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)