Performance

Report

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| Name: | Huon Eldercare |
| Commission ID: | 8805 |
| Address: | 3278 Huon Highway, FRANKLIN, Tasmania, 7113 |
| Activity type: | Site Audit |
| Activity date: | 25 September 2023 to 28 September 2023 |
| Performance report date: | 30 November 2023 |
| Service included in this assessment: | Provider: 1069 Huon Regional Care  Service: 5081 Huon Eldercare |

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 Huon Eldercare (**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 16 November 2023
* other information and intelligence held by the Commission in relation to this 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 | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Not 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 (6)(3)(c) –** The service implements processes to ensure when feedback or complaints are lodged, actions are undertaken in response with open disclosure principles applied to the management of the concern.
* **Requirement (6)(3)(d) –** The service implements processes to ensure feedback and complaints are used to improve the quality of care and services delivered to consumers.
* **Requirement (8)(3)(c) –** The service ensures its governance systems relating to information management, continuous improvement, regulatory compliance, feedback and complaints are reviewed and are effective.
* **Requirement (8)(3)(e) –** The service ensures staff practice for minimising restrictive practices, use of open disclosure and management of medications aligns with their roles, responsibilities defined under the clinical governance framework.

# 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 consumers were treated with dignity, respect and felt supported to maintain their identities as staff called them by their preferred name. Staff were knowledgeable of consumers’ individual backgrounds and cultures and how to provide respectful care. Staff were guided by relevant policies and procedures and were observed respectfully interacting with consumers.

Consumers confirmed their cultural identities, beliefs and needs were recognised and respected and care and services were culturally safe. Staff were familiar with consumers’ unique cultural and religious needs and care documentation reflected such needs and responsive care and services.

Consumers said they were supported to make decisions regarding care delivery, including who was involved, and to maintain important relationships. Staff knew who consumers next of kin were and said they modified their communication techniques, including by using cue cards, to ensure cognitively impaired consumers were enabled to make choices.

Consumers said they were supported to take risks, including self-administering medications, as they chose. Staff described processes to assess consumer risks and the strategies in place to ensure their safety while the engage with their chosen activity. Policies and procedures guided staff on how to support consumers to engage with risk.

Consumers and representatives said they were given information which enabled them to make choices. Noticeboards were observed to contain posters, activities calendars and menus which were current and easily understood. Meeting minutes demonstrated consumers were kept up to date including when changes were made to the lifestyle program.

Consumers said staff respected their privacy and representatives confirmed private settings were used to conduct care discussions. Staff demonstrated knowledge of the strategies used to maintain consumers privacy and to protect their personal information. Consumer information was observed to be secured on password protected computer systems.

# 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

Consumers and representatives confirmed care planning included assessments undertaken in response to identified risks, such as previous falls. Staff confirmed a suite of assessment tools were used to identify potential and actual risks to consumers. Care documentation evidenced consumers’ condition including skin integrity, and physical impairments were identified with appropriate care strategies documented.

Consumers advised, and management confirmed, consumers and representatives are encouraged to express the consumers end of life wishes at entry, and these conversations are revisited when the consumer’s condition changed. Care documentation evidenced consumers’ current needs, goals and preferences had been captured and consumer files contained copies of advance care directives. However, behaviour support plans were not individualised and did not describe the needs of consumers, I have considered this under Requirement 8(3)(c) where it is most relevant.

Consumers and representatives said they had input into the consumers care and felt involved in care assessment, planning and review. Staff described informally discussing care needs with consumers, however, staff advised they were not involved during 3 monthly care reviews. Care documentation supported medical officers and allied health professionals were involved in care consultations and actions were planned to increase consumer involvement in case conferences.

Consumers and representatives advised they had been offered copies of care plans and staff discuss the outcomes following review of the consumer’s care. Staff confirmed advising consumers of care plan review outcomes following changes or incidents. Care plans were observed to be displayed within consumer’s cupboards.

Consumers confirmed their care needs were reassessed following an incident. Care documentation evidenced consumers’ care plans were reviewed routinely every 3 months or when there was a change in their condition. Staff advised reviews were scheduled and monitoring processes were in place to promptly trigger reassessment following changes or an incident.

# 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

The assessment team recommended Requirement 3(3)(a) was not met. I have considered the assessment team’s findings; the evidence documented in the site audit report and the provider’s response and have found:

The Site Audit report brought forward processes were not in place to monitor and review restrictive practices, behaviour management plans were not tailored to support the consumer, the safety of medications was not ensured and the register of consumers subject to chemical restrictive practice did not contain sufficient information. I have considered this information under Requirement 8(3)(c) and Requirement 8(3)(e) where it is more relevant as it relates to deficiencies in governance processes rather than the delivery of personal and clinical care to consumers.

In support of compliance, the Site Audit report confirmed consumer and representatives said consumers received the care they need, when they need it and care was delivered in accordance with directives, documented within the consumer’s care plan. This was inclusive of those consumers where chemical and mechanical restrictive practices were applied, whose representatives had provided informed consent for the practices to be used and the did not have any concerns regarding the use of the restraints.

Staff demonstrated knowledge of the assistance required for consumer’s who needed support with the personal care, responsive behaviours, maintain their skin integrity, promote wound healing and to manage pain.

Care documentation evidenced pressure injuries were identified promptly, wounds were monitored in accordance with best practice and consumers who experienced pain were receiving pain relief through non-pharmacological and pharmacological strategies.

While the providers response did not refute the findings of the Site Audit, I have placed weight on the positive feedback from consumers, the confirmation staff understood and could describe which consumers needed what care and care documentation supported consumers were receiving that care.

Therefore, I find this Requirement is compliant.

I find the service is compliant with the remaining 6 requirements of Quality Standard 3, as:

Consumers and representatives provided positive feedback regarding management of consumer’s risks, such as falls. Management described reviewing risks at entry during care reviews, implementing mitigations and referring to specialists as required. Care documentation evidenced appropriate clinical and environmental assessment and management of risks.

Staff were knowledgeable of care procedures to ensure comfort and manage pain at end of life. Policies and processes were available to guide staff practice in providing palliative and end of life to ensure consumers’ dignity. Care documentation evidenced consumers end of life needs and wishes were known and followed.

Staff described identifying consumer deterioration or change through daily monitoring, initial assessments and care reviews. Care documentation evidenced prompt and appropriate responses to consumer deterioration, including review by medical officers and the involvement of allied health professionals. Policies and procedures guided staff to recognise and how to respond to changes in a consumer’s condition.

Consumers and representatives said staff shared consumer information between themselves. Staff described care evaluations, handovers and the electronic care management system was used to share updates to consumers care needs. Staff were observed sharing relevant consumer information during handover, including regarding care evaluations and appointments.

Consumers and representatives confirmed referral to relevant health professionals occurs when needed. Staff demonstrated knowledge of referral policies, procedures and the external organisations involved in the consumer’s care. Care documentation evidenced consumer referrals occurred promptly when the need for review was identified.

Consumers and representatives provided positive feedback regarding infection control practices. The Infection Prevention and Control leads ensured antimicrobials were used appropriately and guided staff during infectious outbreaks. Vaccination records evidenced consumers and staff immunisation rates were being monitored.

# 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 confirmed services and supports for daily living met their needs, preferences and being able to undertake wood carving, promoted their independence. Staff were knowledgeable of consumers’ individual preferences and tailored assistance to consumers to meet their goals. The activities calendar promoted access to bus outings and a men’s shed to support consumer independence and well-being.

Consumers and representatives said consumers’ emotional, spiritual and psychological well-being needs were met. Staff described supporting consumers’ mental health, including facilitating chaplain visits and giving one-on-one support. Care documentation contained consumers religious preferences and the activities calendar evidenced regular church services were held.

Consumers said they were supported to maintain family and social relationships and participation in activities of their choice within and outside of the service was encouraged. Care documentation contained consumers’ social and cultural preferences and familial relationships. Consumers were observed participating in various activities fostering social connections.

Consumers felt their information was effectively shared between staff. Staff confirmed consumers’ needs, likes, dislikes and preferred activities were shared through the electronic care management system. Staff were observed to handover information on changes to consumer’s needs between shifts.

Consumers confirmed referral to appropriate care providers was undertaken and where additional support with activities of living was required, the consumer was connected with an external support agency. Staff described referral pathways were used to refer consumers to volunteer visitor services, religious organisations and pet therapists. The chaplain and pet therapy animals were observed visiting consumers.

Consumers said they enjoyed the meals provided, they received plenty to eat, and vegan preferences had been catered for. Staff demonstrated knowledge of consumers’ dietary needs, preferences and confirmed they are cooking foods to meet an individual consumer’s likes. The menu was observed to rotate on a 4 weekly basis and had been reviewed by a dietician.

Consumers said their mobility equipment was kept clean and it was well-maintained. Staff confirmed they inspect equipment before using it and knew how to report if repairs were needed. Maintenance documentation evidenced equipment was regularly serviced.

# 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 felt the service environment was easy to navigate and described it as welcoming. The corridors were observed to be spacious and well lit, with courtyards and outdoor spaces, well-maintained. Consumers rooms were decorated with personal items and consumers were observed moving around independently.

Consumers and representatives confirmed they were able to freely between indoor and outdoor areas. Staff were observed to clean consumer’s rooms and communal areas; however, cleaning monitoring documentation had not been completed. Staff were knowledgeable of cleaning procedures and described actions being undertaken to improve completion of documentation.

Consumers gave practical examples of staff attending to maintenance items within their rooms. Staff described they were currently reviewing furniture, fittings and equipment to identify any which require replacement or repair. Maintenance documentation evidenced repairs were generally undertaken promptly, with inspecting and servicing of fire safety equipment being monitored.

# 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. | Not Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Not Compliant |

Findings

The assessment team recommended Requirements 6(3)(c) and 6(3)(d) were not met. I have considered the assessment team’s findings; the evidence documented in the site audit report and the provider’s response and have found:

The Site Audit evidenced the service was not taking action when complaints were made, open disclosure principles have not been applied and feedback was not being used to make improvements to the care and services provided.

For a named consumer and a named representative, they confirmed formal complaints have been lodged in relation to meal assistance and laundry services, their complaints had not been acknowledged, they were not aware of any actions taken in response and they had not received an apology.

Complaints monitoring documentation evidenced, these complaints had been recorded and actions planned in response. However, the planned actions of having the consumer reviewed by medical and allied health professionals following a choking episode, when their meal assistance was not provided in accordance, remained open, despite the complaint being lodged in August 2023.

While the service had responded and implemented new processes in relation to missing laundry, there was no information to support the service had addressed the consumers concerns with the laundering process discolouring and ruining their clothing.

Additionally, there was no information to support either complainant had received an apology, had been consulted in the planning of actions or had evaluated the changed laundry process to ensure their concerns were now addressed, prior to the complaint being closed.

While management and staff were able to describe changes to laundry services, including the implementation of facilities for consumers to launder their delicate and woollen garments, consumers were unaware this option existed, nor did it provide a suitable solution for consumers who were unable to use the laundry to do their own washing.

The providers response acknowledged, and management confirmed their complaints management policies and processes were not effectively applied by staff, their actions had not appropriately addressed the complaints raised and had not translated to informing continuous improvement. The providers response contained corrective actions including the revision of its policies, the implementation of a dedicated complaint management lead, and increased electronic complaint submission options for consumers and representatives.

Based on the detailed evidence above, I have placed weight on the consumer and representative feedback, and I am satisfied the service had not undertaken appropriate action to resolve complaints, open disclosure principles had not been practiced and those complaints had not been used to improve services provided to consumers.

Therefore, I find Requirement 6(3)(c) and 6(3)(d) non-compliant.

I find the service is compliant with the remaining 2 requirements of Quality Standard 6, as:

Consumers and representatives said they understood the feedback and complaints processes, however, some felt discouraged to lodge complaints based to their dissatisfaction taken in response. Staff demonstrated knowledge of the various ways in which complaints and feedback could be raised. Feedback forms and lodgement boxes were observed to be readily accessible, however, improvement to the frequency of emptying lodgement boxes was identified. This is considered under Requirement 8(3)(c).

Consumers said they were aware of advocacy services and had received correspondence from them. A consumer handbook evidenced access to external advocacy, complaints and language services was promoted to consumers and their representatives. Meeting minutes evidenced an advocacy organisation had visited and given a presentation during a consumer meeting.

# 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

Consumers said their care needs were met and staff attended to their calls for assistance promptly. Staff described, and rostering documentation evidenced, processes were in place to manage planned and unplanned leave, including by use of agency staff, when needed. Management confirmed staff responsiveness was monitored, with staff observed to respond to call bells quickly.

Consumers and representatives felt staff interactions were kind, caring and respectful. Staff described their participation in cultural safety training assisted them to respect diversity and gave practical examples of how they applied this is their daily practice. Staff were observed being kind to consumers and using respectful language.

Consumers and representatives felt staff knew what they were doing when performing their duties. Management described the qualifications required for various roles and competency is monitored, including through consumer feedback. Personnel records evidenced staff had the required qualifications, experience, work clearances, professional registrations and vaccinations.

Consumers and representatives said staff had been appropriately trained to perform their duties. Management described an orientation program, including mandatory training and buddy shifts, ensures new staff know their role and duties. Education records evidenced annual mandatory training, had been completed by most staff and covers serious incidents and infection control, among other topics.

Staff demonstrated knowledge of processes used to review their performance. Management advised consumer feedback, observations and compliance with training requirements were used to monitor staff performance, and an annual appraisal was conducted. Personnel records evidenced, some staff appraisals were overdue, and reminders had been sent.

# 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. | Not 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 assessment team recommended Requirements 8(3)(c) and 8(3)(e) were not met. I have considered the assessment team’s findings; the evidence documented in the site audit report and the provider’s response and have found:

In relation to Requirement 8(3)(c), the Site Audit report identified governance systems were ineffective as while the service had policies and procedures in place for information management, continuous improvement, feedback and complaints, these had not been followed by staff as:

* information had not been sufficiently, or correctly recorded, or handled including when completing restrictive practice registers.
* information security had been breached as staff had left computers logged in
* feedback, complaints and continuous improvement processes had not been followed resulting in complainants expressing dissatisfaction with the handling and outcome of their complaints.
* the legislative requirements under the *Quality of Care Principles 2014* had not been met, when a restrictive practice had been applied resulting in consumers with chemical and mechanical restrictive practices not being reviewed and individualised behaviour support plans not being in place for consumers, when these were required.

The providers response did not refute the findings and confirmed corrective actions had been planned or commenced, including updates to restrictive practice and complaints management policies and procedures; staff had been directed to comply with information security requirements and appointing designated staff to monitor compliance with restrictive practice regulations.

Based on the detailed evidence above, and the findings of non-compliance in relation 6(3)(c), 6(3)(d) and Requirement 8(3)(e). I consider this supports the organisational governance systems were not effective.

Therefore, I find this Requirement non-compliant.

For Requirement 8(3)(e), the Site Audit report found a clinical governance framework was in place which included policies, procedures, monitoring of staff practice and training, however these were ineffective.

The Site Audit report evidences restrictive practices were not documented, reviewed, evaluated or monitored as staff and medical officers did not demonstrate an understanding of their roles, responsibilities or processes to be implemented, to ensure it was used as a last resort or for the shortest period of time.

Staff had not followed the principles of open disclosure when complaints and feedback had been lodged as evidenced under Requirement 6(3)(c) and supported by a finding of non-compliance.

Additionally, there was inconsistencies between the policies and procedures for medication management and monitoring of fridge temperatures to ensure the safety of medications.

The providers response did not refute the findings and submitted copies of revised medication management, complaint management, including requirements for open disclosure and restrictive practice policies, a restrictive practice register and made changes to its structure to improve clinical oversight, monitoring and reporting.

I note the restrictive practice register submitted with the response still failed to provide sufficient detail in relation to consumers who received psychotropic medications to inform staff on whether the medication was used as a chemical restraint or not.

Based on the detailed evidence above and supported by findings of non-compliance in Requirement 8(3)(c). I am satisfied the clinical governance framework had been ineffective in ensuring staff and other understood their roles and responsibilities for identifying, monitoring and review consumers with restrictive practices or that open disclosure had been used when complaints had been lodged.

Therefore, I find the Requirement non-compliant.

I find the service is compliant with the remaining 3 requirements of Quality Standard 8, as:

Consumers and representatives said they were involved in the development, delivery and evaluation of care and services through meetings and surveys. Meeting minutes reflected consultation with and input from consumers regarding proposed changes, with the implementation of the consumer laundry, a practical example of consumer inclusion.

An organisational hierarchy is in place with various committees established who report to the governing body. Management confirmed the governing body receives reports to monitor and the quality of care and services. Committee meeting minutes reflected discussion, review and monitoring of training, policy updates, service improvements and incidents to ensure ongoing regulatory compliance and consumer safety.

Staff were knowledgeable of processes to manage serious incidents. Meeting minutes reflected internal audits were used to monitor the effectiveness of incident management system, with the governing body informed of audit results. Policies and procedures to guided staff on the risk and incident management responsibilities and promoted consumer’s right to engage with risk.

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)