Kanwal Gardens Care Community

Performance Report

100 Wahroonga Road
KANWAL NSW 2259
Phone number: 02 4393 1888

**Commission ID:** 2806

**Provider name:** DPG Services Pty Ltd

**Site Audit date:** 30 March 2022 to 4 April 2022

**Date of Performance Report:** 16 May 2022

# Performance report prepared by

Melissa Frost, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report received 4 May 2022.
* other information and intelligence held by the Commission in relation to the service.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

Most consumers and their representatives said consumers are treated with dignity and respect and can maintain their identity and culture. Staff demonstrated understanding of consumers’ backgrounds, preferences and culture and described how these influence care delivery. Staff were observed to be interacting with consumers respectfully.

Consumers gave examples of how staff respect their cultural values and needs. Care documentation contained cultural information for consumers, including their cultural activity preferences. The service celebrates days of cultural significance.

Consumers are supported to maintain their independence, including through communicating their decisions and maintaining their relationships. Staff described how consumers are supported to make informed choices through case conference meetings and informal discussions. Consumers said information provided to them is accurate and timely and supports them to make choices.

Care documentation reflects the service uses clinical and non-clinical assessments to identify and support consumers to take risks. Staff described strategies implemented to support consumers’ choices and the process of conducting risk assessments. Consumers said staff respect their choices to engage in activities involving risk.

Consumers said staff respect their privacy. Staff were observed knocking on consumers’ doors before entering rooms, greeting consumers and following the service’s policies.

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

Consumers and their representatives said they are involved in the assessment and care planning process, and were satisfied with their level of involvement. Care planning documentation identifies and addresses consumers’ needs, goals and preferences, including any relevant risks. Advanced care and end of life planning are discussed as consumers wish, and information is included in care plans. Staff described how the assessment and planning process informs delivery of care.

Care planning documents reflect input from consumers, representatives and other organisations and services, including recommendations or directives from health professionals.

Consumers and their representatives said staff explain information regarding their care and services, and they have access to care planning documents. Care planning documents show regular reviews take place, at least every four months and following any change of circumstances or when incidents occur. Staff described their processes for regular review of care and services, and consumers and their representatives said they are informed regularly of any changes.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### Requirement 2(3)(e) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

# STANDARD 3 COMPLIANTPersonal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

Consumers and their representatives said consumers receive personal and clinical care that is safe, effective and tailored to their needs. Staff described how they provide safe and effective personal and clinical care through individualised strategies and aligned with consumers’ preferences. Consumers requiring skin integrity and pain management care receive suitable care consistent with applicable policies and directives. Deficits were noted in consent completion for consumers subject to restrictive practices, however, no direct clinical impact was noted on care delivery for these consumers. This has been further considered in Standard 8 Requirement (3)(e).

Care documentation showed high impact and high prevalence risks relevant to consumers were identified, and interventions to minimise and manage these risks were documented. Staff described how they deliver care to manage risks, consistent with the documentation and policies.

Care documents showed consumers nearing the end of life received care consistent with their wishes, and steps were taken to preserve their dignity. Staff described the practical ways they maximise consumers’ comfort.

Clinical records showed consumers are regularly monitored by staff and deterioration or change in a consumer’s condition is recognised and responded to in a timely manner. Staff described processes to escalate any changes, including referring consumers to other health professionals. Representatives said they are kept informed.

Information about consumers’ condition, needs and preferences is communicated effectively, through handover meetings, progress notes and consumer care plans. Representatives and medical officers are notified when a consumer’s condition changes. Care documents reflected timely and appropriate referrals are made to relevant health professionals, including medical officers, dieticians, and physiotherapists.

Staff interviewed demonstrated an understanding of infection prevention and control practices, and described the steps they take to minimise the use of antibiotics. Staff were observed to be following protocols.

### Assessment of Standard 3 Requirements

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

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANTServices and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

Consumers and their representatives said consumers are supported to do things of interest to them, which optimises their quality of life. Care documentation included information about consumers’ services and support that helps meet their needs, goals and preferences. Staff described what is important to consumers, consistent with care plan information, and said they modify activities to accommodate consumers’ needs. Consumers were observed engaging in activities and conversing with each other.

Consumers and their representatives said consumers’ emotional and spiritual needs are supported. Staff described how they support consumers when they identify a change in their mood or emotional needs, including spending more time with consumers and encouraging them to participate in activities.

Consumers are supported to maintain contact with people who are important to them and engage in activities, both inside and outside of the service. Consumers described spending time with family and visiting the community. The service conducts social group activities, forms clubs for shared interests, and facilitates a post box service to support letter writing.

Staff are made aware of any changes to a consumer’s needs through handover meetings, communication books and care plans. Staff also receive alerts in the service’s care documentation system. Hospitality staff are informed of dietary requirements.

Consumers are referred to external organisations and resources, including hairdressers, social support, and community volunteers. Staff described engaging with external providers to supplement the activities offered at the service.

Most consumers expressed their satisfaction with the food and the quality and quantity and variety of meals provided. Care documentation identifies consumers’ dietary needs and preferences. The service conducts food forums every three months, and consumers can communicate feedback other times verbally or at consumer meetings. The kitchen environment was observed to be clean and tidy, consistent with health and safety guidelines.

Equipment provided to consumers was observed to be safe, suitable, clean and well-maintained. Consumers and staff said suitable equipment was available to meet consumers’ needs.

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

Consumers said they feel at home and welcomed at the service. The service environment was observed to be safe, pathways were clear of hazards and enabled consumers to navigate freely. The service environment incorporated decorations made by consumers, including an artwork gallery, displaying consumers’ paintings.

The service has communal areas including dining and lounge spaces, internal and external courtyards, gardens and undercover outdoor areas. Both indoor and outdoor areas were observed to be easily accessible to consumers.

Consumers said they find the furniture and fittings are pleasant, and equipment is safe and appropriate to meet their needs. The service has a maintenance schedule and a log system to report and follow up on any maintenance issues. Staff described how they report hazards and maintenance requests. Cleaning staff said they follow scheduled cleaning activities and ensure the service is clean and well maintained.

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

Consumers and their representatives said they are supported to give feedback or to make complaints about the service. The service provides written materials about how to make complaints and feedback forms are accessible to consumers from different areas of the service. Staff stated they support and encourage consumers to provide feedback and suggestions.

Staff described the advocacy and language services available to consumers and how they are able to support consumers who speak different languages to provide feedback, including through use of interpreters. Information on external complaint mechanisms, translation and advocacy services is made available to consumers, including through brochures and pamphlets displayed at the service.

Most consumers and representatives were satisfied with the actions taken in response to their complaints. The service maintains a complaints register, which outlines the complaints in detail, actions taken and the outcome of the complaint. Staff described applying open disclosure by apologising, explaining what happened and ensuring the consumer was satisfied with the response. Staff described how consumers are involved in driving improvements. The service’s continuous improvement plan outlines how feedback is used to improve the quality of care and services for consumers.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

The non-compliance is in relation to Requirement 7(3)(a) as the Assessment Team brought forward concerns from consumers and staff regarding workforce planning. I have provided reasons for the finding of non-compliance in the relevant Requirement below.

Consumers and their representatives said staff are kind, caring and respectful, which was also observed through staff interaction with consumers. The service has recruitment processes in place to recruit suitable staff and new staff undergo a comprehensive orientation and onboarding process. Staff qualifications, relevant registrations and competencies are aligned to their relevant roles and monitored.

The service delivers formal and periodic training to support staff in delivering appropriate care. Staff undertake mandatory role-specific training on various topics. Most staff had completed mandatory training at the time of the audit.

Staff undertake annual performance reviews, including completing a self-assessment and setting personal development goals. Management described how they apply the service’s performance management framework.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

The Site Audit Report reflected mixed feedback from consumers and their representatives regarding the number of staff rostered at the service. The Assessment Team brought forward feedback from three named consumers and a representative. The Assessment Team reviewed call bell analysis, which reflected timely responses generally occur. However, they were told staff may not provide care at the time they attend to the call bell, subject to the consumers’ needs. The Assessment Team observed 13 of 42 shifts in the fortnight preceding the Site Audit were unfilled.

The Approved Provider responded on 4 May 2022 and did not agree with the Assessment Team’s findings.

Regarding the named consumer who said they were waiting two hours for personal care each morning, the Approved Provider said the consumer’s meal time preferences are accommodated however the level of support the consumer requires, and the timing of their personal care preference and other care needs, means approximately two hours elapses between the meal and care time. They provided supporting evidence regarding the consumer’s preferences. Based on the information, I am satisfied the service makes effort to accommodate the consumer’s preferences.

Regarding the named consumer’s representative who raised concerns relating to hygiene care, the Approved Provider gave additional supporting information to explain the consumer’s care needs. The information was inconclusive in connection with the representative’s comments.

Regarding the named consumer who reported assisting another consumer who was waiting for staff, the Approved Provider said they investigated this feedback and outlined the action taken to address it. I am unable to form a conclusion due to conflicting information, however I accept this appears to be an isolated instance.

Further consumer and representative feedback did not outline an impact to consumers as a result of the perceived understaffing, and therefore I have not placed weight on that evidence.

I have considered the negative consumer feedback overall, in contributing towards non-compliance for this Requirement.

The Site Audit Report contained staff feedback reflecting concerns about the time staff have to complete duties. Staff described some consumer impact as a result of reduced staffing, for both personal and clinical care. The Approved Provider said their staffing level was planned for higher than the number of consumers present, and in light of the actual number of consumers present the reduction in staff should be considered. The Approved Provider referenced that no adverse impacts were noted by the Assessment Team regarding Requirement 3(3)(a), or Standards 2 and 3 generally. I acknowledge the Approved Provider’s comments and accept that some occasions referenced in the Site Audit Report reflected one-off instances due to Covid-19. The Approved Provider supplied supporting documents that evidence personal and clinical care needs of consumers were being met. However, I have placed some weight on the negative staff feedback in contributing towards non-compliance for this Requirement.

Regarding the extended call bell wait times, the Approved Provider gave evidence that some call bells related to door alarms and not consumers awaiting assistance. I accept for the other call bells there was potential impact to consumers, noting that wait times ranged from 10 to 26 minutes in the information given by the Approved Provider, and detailed explanations for those were not provided. I accept the Approved Provider’s explanation regarding how call bells are responded to in order of urgency, however consider that this means call bell records do not accurately reflect the period the consumer waited for assistance, and that consumers are likely waiting beyond the times recorded in the call bell report.

Overall I am satisfied the Approved Provider has processes in place to identify the number of staff required, and to attempt to fill shifts due to unplanned leave. However, I have considered the negative feedback from consumers and staff, when combined with the extended call bell delays on some occasions, is sufficient to support at the time of the Site Audit the service did not consistently deploy the right number and mix of staff to delivery quality care and services.

Therefore, I find this Requirement is Non-compliant.

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

The non-compliance is in relation to Requirement 8(3)(e) as the Assessment Team identified governance deficits regarding the service’s process for reviewing the consent authorisations for restrictive practices. I have provided reasons for the finding of non-compliance in the relevant Requirement below.

Most consumers said the organisation is well run and that they can partner in improving care and service delivery. Consumers are engaged in discussions about improvement initiatives through consumer meetings, case conferences, feedback forms and surveys.

The service’s Board shows accountability for a culture of safe and inclusive care through regular meetings, ongoing auditing and monitoring of clinical indicators data. The Board has endorsed improvements to the service driven by consumer feedback, and recently commenced planning for upgrade and repair works and is currently undertaking a complete review of the admission processes.

The organisation has effective governance systems in place. Staff can easily access relevant information through the service’s information management systems. Opportunities for continuous improvement are identified through review of clinical indicators, meetings, feedback and surveys, and are actioned. Financial and workforce governance systems are suitably addressed. Regulatory compliance is addressed through regular staff communication and education. Feedback and complaints are captured, and appropriate action is taken, which also contributes to improvement initiatives and outcomes.

The service has a risk management framework. Staff demonstrated an understanding of relevant policies and how they apply them, such as through reporting of incidents, abuse or neglect.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

### Requirement 8(3)(e) Non-compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

The service has a clinical governance framework in place, which contains policies relating to antimicrobial stewardship, open disclosure and minimising the use of restraint. The Site Audit Report reflected staff were aware of the policies and described how they apply them in practice. However, the service did not demonstrate the effectiveness of governance and monitoring of its restrictive practices policy, as not all consumers subject to restrictive practices had appropriate or up-to-date consent documented.

The Site Audit Report reflects that when the consent issue was raised with management during the Site Audit, they sought relevant consent and reviewed the consumers’ need for restrictive practices.

The Approved Provider responded on 4 May 2022. They provided further information regarding the named consumers who are subject to restrictive practices. Regarding one named consumer who was reviewed and identified as not being subject to restrictive practices, I accept the Approved Provider’s information.

Regarding a second named consumer, whose consent was overdue for a three-month review, the Approved Provider gave evidence that the use of restrictive practice had been reviewed in January 2022. While I recognise that this example does not reflect consistency with the service’s policy, the service was not inconsistent with legislative obligations.

Regarding a third named consumer, whose consent was more than one year old, the Approved Provider outlined the difficulties obtaining updated consent. Though this issue was addressed during the Site Audit, I consider the Approved Provider’s processes should have identified the lack of clarity regarding the substitute decision maker, and steps be taken to address this prior to the review.

Regarding a fourth named consumer, the Approved Provider said the chemical restraint was prescribed prior to the consumer’s entry to the service. The Approved Provider said staff review consumers in the first week of the month, meaning the consumer had not yet been reviewed as per the service’s usual processes. The Approved Provider disagreed this consumer’s example reflects non-compliance with this Requirement. While I accept the Approved Provider was intending to review the consumer, I consider this should have occurred on admission to ensure compliance with the Quality of Care Principles 2014. Therefore, I consider this example reflective of non-compliance with this Requirement.

Regarding a fifth named consumer, the restrictive practice use was reviewed in October 2021 and signed by the medical officer. While the Approved Provider’s records showed verbal consent was given by the substitute decision maker, this occurred during the Site Audit. I consider the consent should have been documented at the time the restrictive practices commenced, to evidence compliance with the Quality of Care Principles 2014.

The Approved Provider gave evidence of updates to the service’s plan for continuous improvement, evidencing steps to be taken to ensure ongoing compliance with this Requirement. These changes will take time to demonstrate effectiveness.

I consider that the service did not consistently demonstrate effective application of its clinical governance framework, in identifying overdue or incomplete consents for the use of restrictive practices, and did not take sufficient steps to address the issues prior to the Site Audit.

Therefore, I find this Requirement is Non-compliant.

# 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 7(3)(a) – the Approved Provider ensures the workforce is suitably planned to enable the delivery and management of safe and quality care and services, including through addressing staffing numbers and the mix of staff deployed to support consumers receiving timely care.
* Requirement 8(3)(e) – the Approved Provider improves their clinical governance framework, specifically in relation to current legislative requirements for minimising the use of restraint.