**Performance**

**Report**

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| Name: | Loyal Care homecare package |
| Commission ID: | 300936 |
| Address: | 115 The Crescent, FAIRFIELD, New South Wales, 2165 |
| Activity type: | Quality Audit |
| Activity date: | 13 March 2024 to 14 March 2024 |
| Performance report date: | 16 April 2024 |

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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 7258 Loyal Care Pty Ltd  
Service: 26484 Loyal Care Pty Ltd

**This performance report**

This performance report for Loyal Care homecare package (**the service**) has been prepared by P.Frangiosa, 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 Quality 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 4 April 2024.

# Assessment summary for Home Care Packages (HCP)

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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 | **Not applicable** |
| **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)(c) - Effective organisation wide governance systems relating to workforce governance, including the assignment of clear responsibilities and accountabilities.
* Requirement 8(3)(e) - A clinical governance framework, relating to minimising the use of restraint.

# Standard 1

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| Consumer dignity and choice | | HCP |
| 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 stated consumers are treated with respect by staff. Staff described how they treat consumers with dignity and respect. Documentation showed detailed recognition of consumers’ identity, culture and diversity, with each consumer’s background, social, cultural, language and family composition recorded.

Consumers confirmed care and services are culturally safe, with staff and consumers having similar cultural backgrounds. Staff confirmed they consider the consumer’s cultural background when providing care and services. Management stated all staff are bilingual in the consumers’ languages and there is cultural understanding or commonality between staff and consumers. Survey results confirmed consumers agree the service respects their religious or cultural beliefs.

Consumers and representatives confirmed the service supports consumers to exercise choice and independence, with staff ensuring the consumer is provided opportunities to decide on services and care provided. Staff described how they support consumers to make day-to-day choices. Management discussed how the service has ongoing discussion with consumers to support consumer choice and independence. Documentation showed the service captures details about whom the consumers wish to be involved in decisions.

Consumers and representatives confirmed consumers feel confident to take risks around mobilising in the community. Staff confirmed they encourage consumers to undertake challenging tasks. Documentation showed the service has a dignity of risk procedure and waiver process for consumers undertaking higher risk activities.

Consumers and representatives confirmed consumers receive information about the care and services provided. Staff described strategies used to assist consumers with communication barriers, including using body language and written cues. Management described how the service translates information for consumers and arranges face-to-face meetings with consumers with hearing difficulties.

Consumers and representatives confirmed staff respect and protect the consumer’s privacy. Staff described how they maintain consumer privacy and confidentiality by not sharing information with others who are not authorised to receive it. Management described the process for sharing personal and sensitive information only with those who require the information. Documentation confirmed the service uses a privacy consent process prior to sharing information with others.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 1, Consumer dignity and choice.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| 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 assessment and care planning occurs. Care planning documentation showed assessment and planning considers risks to consumer health and well-being. The service uses validated tools to assess risks to guide the delivery of safe and effective care and services. Risks assessed include falls, pain, wounds and cognition. Staff confirmed they have access to care planning documentation to guide them on the care and services provided.

Consumers and representatives confirmed assessment and planning outcomes are reflective of what is important to the consumer to meet their needs and goals. Staff demonstrated awareness of what is important to each consumer, including the consumer’s needs and preferences for care. Staff and management described how 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. Management explained care planning documentation is updated regularly based on ongoing assessment and planning processes. Documentation showed clear directives for staff to support the consumer based on the consumer’s assessed needs and goals.

Consumers and representatives confirmed the service involves them, and others they wish involved, in the care planning and assessment process. Staff and management demonstrated how assessment and planning occurs in partnership with consumers, the service and other health care professionals where necessary. Documentation showed assessment and planning involves the consumer and others the consumer agrees to be involved, including other organisations, individuals and other providers.

Consumers and representatives confirmed they receive assessment and care planning information and documentation, and staff know what they are doing. Staff confirmed they have access to care planning documentation to guide the care and services they provide for consumers. Documentation showed staff at the social support groups have access to clear directives in care plans to support consumers with their interests, likes, dislikes and medical conditions and HCP care plans have clear directives for staff.

Staff confirmed they receive access to updated care plans when services change with clear directives included. Management described how care is formally reviewed at regular intervals and when circumstances change or when incidents occur. Documentation showed regular reviews are conducted. Management advised they will ensure it is clearly documented new and updated care plans are provided to consumers.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 2, Ongoing assessment and planning with consumers.

# Standard 3

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| Personal care and clinical care | | HCP |
| 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

Consumers and representatives confirmed consumers receive quality personal care. Staff were knowledgeable of each consumer’s unique needs and preferences. Management described how personal care is tailored to the needs of the consumer to optimise the consumer’s health and well-being. Documentation showed care directives clearly guide staff in how to provide personal care.

Staff described how they provide care for vulnerable and high need consumers and how they manage risks during service delivery. Management described how high-impact and high-prevalence risks are identified and how staff are provided with directives on how the support those consumers. Documentation showed strategies in place to guide staff in provision of care where high-impact or high-prevalence risks have been identified.

Consumers and representatives confirmed discussions about end of life planning are held. Staff and management described strategies for maximising consumer comfort when a consumer is nearing end of life. Documentations showed the service has procedures to prioritise services and onward referrals for consumers nearing end of life.

Consumers and representatives expressed confidence in staff being able to recognise and respond to a change in the consumer’s condition. Staff described how they would identify deterioration and how the service would adjust service delivery to meet the changed needs of the consumer. Management and staff have received training in recognising and responding to deterioration. The service uses a deterioration assessment tool which enables staff and management to identify, record and report signs and symptoms of deterioration.

Consumers and representatives expressed satisfaction that the consumer’s condition, needs and preferences are communicated within the service and with others where care is shared. Staff confirmed they have access to the consumer’s care directives through an application on their mobile device. Management discussed how information and recommendations to other health practitioners are received, reviewed and implemented and documented. Documentation showed the service communicates with others to ensure the provision of personal and clinical care for consumers.

Consumers and representatives expressed satisfaction the service will refer the consumer to other organisations and providers when required. Management demonstrated an understanding of referral networks and described internal and external referral processes used by the service. Documentation showed the service makes referrals to other organisations and providers where the need is identified.

Consumers and representatives confirmed staff use personal protective equipment when providing care and services. Staff stated they have completed infection control training to minimise infection. Management advised all staff have completed infection control training and staff have access to personal protective equipment. Documentation showed the service has an emergency management plan inclusive of infection control and outbreak plans.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 3, Personal care and clinical care.

# Standard 4

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| Services and supports for daily living | | HCP |
| 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. | Not assessed |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives confirmed the services and supports for daily living the consumers receive support the consumers to optimise their independence and well-being. Staff described how individualised and effective services and supports for daily living meet each consumer’s needs, goals and preferences. Management stated feedback from consumers on activities would be part of the service’s activities calendar. Documentation showed assessments and care plans identify services and supports for daily living which promote individual consumer’s independence and enhanced quality of life.

Consumers and representatives expressed satisfaction with the supports for daily living received by consumers. Staff described how they recognise and support consumers’ emotional, spiritual and psychological well-being and how services provided meet those needs. Management demonstrated an understanding of supporting consumers in their emotional, spiritual and psychological well-being. Documentation showed evidence of support strategies to meet individual consumer’s emotional, spiritual and psychological well-being.

Consumers and representatives confirmed consumers participate in activities of interest to them in their homes and in the community. Staff stated they access information about consumers on the mobile application to guide them on how to support the consumer in their personal relationships. Management described processes used by the service to meet the social and personal needs of consumers. Documentation showed services and supports for daily living support consumers to participate in the community, do things of interest to them and have social and personal relationships.

Consumers and representatives confirmed the consumer’s needs and preferences are communicated during the assessment process. Staff confirmed they have access to each consumer’s needs and preferences through a mobile application. Management advised consumer care plans are available to staff through a mobile application and to subcontracted services through a service request process. Documentation showed care plans include clear directives about the consumer’s condition, needs and preferences.

Consumers and representatives confirmed the service supports consumers to access other services, including other lifestyle services where appropriate. Staff stated they will document concerns about consumers for management to review and make referrals where necessary. Management discussed processes used to refer consumers for additional care and higher-level packages. Documentation demonstrated the service refers consumers to organisations and providers for additional services and supports when necessary.

Consumers and representatives confirmed consumers have received equipment, which is safe, and suitable. Management described the assessment and ongoing processes to ensure equipment provided is suitable and safe for the consumer. Management stated equipment is checked at reassessment and will be serviced or replaced as necessary. Documentation showed equipment is selected for safety and suitability on the recommendations of allied health professionals.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 4, Services and supports for daily living.

# Standard 5

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| Organisation’s service environment | | HCP |
| 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. | Not assessed |
| 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. | Not assessed |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not assessed |

The organisation does not provide services within a service environment.

# Standard 6

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| Feedback and complaints | | HCP |
| 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 confirmed they are aware of how to provide feedback and raise complaints and feel safe to do so. Staff stated they seek feedback from consumers during service delivery and emphasise to consumers the importance of making feedback. Management stated the complaint procedure is explained to consumers. Documentation showed complaint mechanisms and procedures are included in consumer agreements and consumer information manuals.

Consumers and representatives confirmed they are aware other methods for raising and resolving complaints, including knowing how to contact the Commission. Management described how the service supports consumers to access advocates and other services and methods for raising and resolving complaints. Documentation showed the service’s complaints procedure and consumer manuals offer consumers diverse internal and external feedback, complaints and advocacy options, in the consumer’s language of choice.

Consumers and representatives confirmed the service resolved issues or informal complaints they had made. Staff described processes for escalating complaints from consumers. Management described how the service responds to complaints and how it uses open disclosure when issues are identified. Documentation showed the service uses an open disclosure approach to resolve issues, even though the service does not have an open disclosure procedure.

The service’s complaints policy states complaints will be addressed promptly, treated confidentially, and used as an opportunity for improvement. The service’s complaints register is used to trend complaints and improve service, with strategies implemented to avoid the same issues occurring again. Documentation showed complaints are actioned and finalised and, if necessary, improvements to services are implemented.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 6, Feedback and complaints.

# Standard 7

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| Human resources | | HCP |
| 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 and representatives interviewed expressed confidence in the ability of staff who deliver their care and services.

Consumers and representatives confirmed consumers feel respected. Staff described how they relate to consumers respectfully. Results from a survey conducted by the service showed consumers feel they are treated with integrity and respect.

Consumers stated staff are competent. Staff described the minimum qualifications required for their roles. Management described the service’s processes for determining staff competency, including for subcontracted staff. Documentation showed evidence of minimum qualifications and knowledge required for each role.

Staff confirmed they receive induction training and ongoing mandatory training. Management explained the service uses an online training system for staff. Documentation showed the service maintains up-to-date training and competency records for staff.

Support staff confirmed they undergo regular informal performance appraisal processes with management. Management confirmed support staff undergo regular informal performance appraisal processes with office staff undergoing formal annual appraisal processes. Management stated a review of performance appraisal processes will be undertaken. Documentation showed evidence of performance reviews being completed for office staff.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 7, Human resources.

# Standard 8

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| Organisational governance | | HCP |
| 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

Requirement 8(3)(c)

The Assessment Team found deficiencies in organisation wide governance systems relating to workforce governance regarding the assignment of clear responsibilities and accountabilities relating to the dispensation of medication. The Assessment Team recommended the service does not meet Requirement 8(3)(c) and provided the following evidence relevant to my finding:

* Staff interviews conducted and consumer file reviews indicated that support workers were prompting, and in instances dispensing consumer medications.
  + 2 support workers advised they dispense consumer medication from webster packs, for 2 consumers and prompt the consumers to take them.
  + 1 support worker advised they administer pre prepared medication for 1 consumer.
* Consumer file reviews for each consumer did not reference medication prompting as part of their care plan instructions.
* Management interviewed confirmed support workers do not have medication competencies or training and thought family members always administered medications. Management stated they would write to all support workers and remind them not to dispense or administer medications in future.

The provider provided information in response to the Assessment Team’s report, including:

* Communication sent to all support workers to determine who is providing consumers with medication support, which is not identified in their Care Plan, and not in their competency and if so, to stop it immediately and provide details associated with it.
* Clarification sought regarding the specific consumers identified within the assessment report, with direct intervention by the service provider to engage those support workers and consumers or representatives to amend care plans and incorporate suitably qualified support workers to administer medication where required. To be implemented by the end of May 2024.
* Proposed training in the dangers of unqualified medication administration to be provided to support workers by the services Registered Nurse by the end of April 2024.

In coming to my finding, I have considered the information in the Assessment Team’s report and the provider’s response which shows deficiencies regarding Support Workers training and clear delegation of responsibilities, and instruction within Care Plans to provide guidance to deliver safe care and services.

I appreciate the provider’s explanation regarding the proposed timeframes to address care plan inconsistencies and support worker miscommunication regarding medicine administration and assistance to consumers. However, at this stage the service is yet to complete its investigation, and implement the proposed rectifications, including updating Care Plans and support worker training.

The intent of this requirement is about how the organisation applies and controls authority below the level of the governing body. Workforce governance systems and process make sure workforce arrangements are consistent with regulatory requirements. The organisation must support and develop its workforce to deliver safe and quality care and services, ensuring it has enough skilled and qualified members of the workforce. Members of the workforce need to have clear responsibility and accountability for managing the safety and quality of care and services, and sufficient authority and training to do this.

I have considered the provider’s response which demonstrates the commencement of strategies to rectify the deficiencies identified, however, at the time of my finding, these actions have not been fully implemented or embedded.

Based on the information summarised above, I find the provider, in relation to the service, non-compliant with Requirement 8(3)(c) in Standard 8 Organisational governance.

Requirement 8(3)(e)

The Assessment Team found deficiencies relating to the organisation’s clinical governance framework regarding minimising the use of restraints. The Assessment Team recommended the service does not meet Requirement 8(3)(e) and provided the following evidence relevant to my finding:

* Consumers have been provided with forms of restraint without evidenced assessment by a qualified health professional.
* A representative of one consumer advised the service provided bedrails, which were used to restrain the consumer in each night due to concerns regarding dementia affected wandering.
  + When identified to the service, the care manager advised, and supporting documentation evidenced that at the representative’s request, bedrails were purchased through the consumers home care package budget without any assessment of safety by a qualified health professional. No ongoing monitoring arrangements were documented.
* Care notes for another consumer identified as a high falls risk, had notes including.
  + the services registered nurse contacted a hospital occupational therapist about where to purchase a small portable bedrail and was advised about a supplier.
  + The service did not demonstrate that any qualified health professional assessment of bedrail safety or ongoing monitoring arrangements occurred.
* When the Assessment Team asked the care manager and registered nurse about other consumers use of bed rails, they advised they did not know if any other consumer has bedrails and had not considered their use as restraint. When asked about whether there are other consumers with bedrails or bed poles, management said they would audit this to ascertain device use.
* The service has a ‘Minimising use of restraint’ policy that states not to use ‘prohibited and unauthorised’ restrictive practices on consumers at any time in the provision of home care, except when restraints are required in very limited number of situations for the shortest duration as a temporary measure. The policy states the service ‘will not accept’ consumers who require mechanical or environmental restraints or seclusion and will support the consumer to find providers who have the resources and provide such care.
  + The policy, which does not include definitions of the types of restraint, states that physical restraint may be used only if an approved health practitioner (who understands the consumer’s needs) has assessed the consumer and provided a behaviour support plan, including the use of physical restraint in the interest of the consumer’s health and safety.
  + Neither consumer identified in the above examples had a documented behaviour support plan.
  + When management was asked about why the policy does not define restraint, and why bedrail restraint is being used, their response advised they did not know the restrictive practices were being used and acknowledged the current bedrail use did not appear to follow policy. They were unable to explain the lack of definition in the policy.
* Documented Instructions to Support Workers for falls prevention and management, attached to all care plans reviewed, direct them to ‘apply restraint as a last resort if there is a risk of self-injury due to falls where consent is available’. ‘Restraint should use minimum force and for minimum duration.’
  + When management was asked about what the service means in instructing support workers to apply restraint, they advised that the choice of wording in the attachment is unfortunate. They said they meant to instruct the support worker to put their arms around the consumer to prevent them falling, even if the consumer did not like to be touched.

The provider provided information in response to the Assessment Team’s report, including:

* Management advised the second consumer presented a high falls risk at night, and their representative requested a bedrail to limit movement in non-care hours. The services Registered Nurse agreed and made enquiries with a hospital Occupational Therapist to investigate options. However, management acknowledged that an Occupational Therapist was consulted prior to its purchase, but not utilised to make an assessment.
  + Management advised they are arranging an Occupational Therapist assessment for this consumer to ascertain its use, and implement a risk mitigation plan, for its use outside of care hours (to be completed mid-April 2024).
* Further proposals include the introduction of a full audit of consumers to determine if other consumers have bedrails or other restrictive devices installed and ascertaining the nature of the purchase. If identified, the service will recommend an Occupational Therapist assessment is conducted to warrant their suitability and use (to be completed by the end of May 2024).
* Updates to the services policy and procedures manual to include definitions and clarification regarding minimum use of restraints and restrictive practices.

In coming to my finding, I have considered the information in the Assessment Team’s report and the provider’s response which shows deficiencies regarding systems in place for delivering safe, quality clinical care and for continuously improving services.

I appreciate the provider’s immediate steps regarding addressing clear definitions associated with use of restraints and restrictive practices within policies and procedures, in accordance with legislation and the organisation's policies on reporting the use of restraints. However, I acknowledge at this stage the service is yet to complete and respond to its audit of remaining consumers.

The intent of this requirement is about clinical governance relationships and responsibilities between the organisation’s governing body, executive, clinicians, consumers and others to achieve good clinical results. It puts systems in place for delivering safe, quality clinical care and for continuously improving services.

Clinical governance usually includes involving consumers, clinicians, clinical review, training, risk management, use of information and workforce management. Restraint means any practice, device or action that interferes with a consumer's ability to make a decision or restricts a consumer's free movement. Where restraint is clinically necessary to prevent harm, the organisation should have systems to manage how restraints are used, and if necessary, implement training to support these measures.

I have considered the provider’s response which demonstrates practical and immediate actions to respond to the identified deficiencies, however, at the time of my finding, these actions have not been fully implemented or embedded.

Based on the information summarised above, I find the provider, in relation to the service, non-compliant with Requirement 8(3)(e) in Standard 8 Organisational governance.

Requirements 8(3)(a), 8(3)(b) and 8(3)(d)

The service has commenced the process of establishing a consumer advisory body. The service seeks feedback from consumers through an annual satisfaction survey and through group sessions to understand the needs of consumers. Letters in both English and

Arabic was sent to all consumers in November 2023 asking consumers to complete

a survey and about joining a consumer advisory committee. Staff stated the service supports consumers to be engaged in service delivery and development.

Management explained the governing body meets regularly throughout the year, and considers operational reports presented by management. Feedback, complaints, incidents and deterioration reporting are part of monitoring. The Board structure includes chief executive officer (Director), compliance officer, registered nurse, care manager and an independent consultant is available when required.

Interviews with consumers, staff and management and documentation showed there are effective organisation wide governance systems in place to support information management, continuous improvement, financial governance, regulatory compliance and feedback and complaints.

The organisation has a risk management framework inclusive of a risk register and risk management procedure and matrix. This ensures effective management of high-impact and high-prevalence risks, effective identification and response to abuse and neglect, support for consumers to live their best life and management and prevention of incidents through an incident management system.

The organisation has a clinical governance framework, with their registered nurse reporting to board matters regarding clinical governance. The organisation has an infection control plan and staff have received infection control training. Open disclosure is used when things go wrong.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(a), (3)(b) and (3)(d) Standard 8, Organisational governance.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)