Performance

Report

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| Name: | Regis Blackburn |
| Commission ID: | 4471 |
| Address: | 40 Central Road, BLACKBURN, Victoria, 3130 |
| Activity type: | Site Audit |
| Activity date: | 12 March 2024 to 15 March 2024 |
| Performance report date: | 18 April 2024 |
| Service included in this assessment: | Provider: 3522 Regis Aged Care Pty Ltd  Service: 2988 Regis Blackburn |

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 Regis Blackburn (**the service**) has been prepared by Patricia Golledge, 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 consumers, representatives, staff, management, and others.
* the provider’s response to the assessment team’s report received 16 April 2024.

# Assessment summary

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# 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

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers said they were treated with dignity and staff respect their preferences. Staff demonstrated knowledge of consumers’ backgrounds and described how they tailored care and services in a dignified and respectful manner to meet consumers’ needs and preferences. Interactions between staff and consumers were observed to be dignified and respectful. Care planning documentation included information about consumers’ life history, cultural, and spiritual needs to support the delivery of care and services.

Staff demonstrated an understanding of consumers’ cultural background and explained how they provided care and services in a culturally safe manner. Consumers considered staff understand their needs, cultural backgrounds, religious beliefs, delivered appropriate care, and supported celebration of customs and traditions. Care planning documentation contained information about consumers which allowed staff to have knowledge and understanding of consumers’ cultural needs, religious beliefs, and preferences.

Consumers reported they were supported to make and communicate decisions about their care, including who is involved in their care and decision making and they were supported to maintain intimate relationships. For consumers living with a hearing impairment, staff described how they support decision-making and encourage consumers to communicate their choices by completing or enrolling in a sign language course.

Consumers described how the organisation supports them to have choice, including when their choice involves an element of risk. Staff said consumers were supported to understand benefits and possible harm when they make decisions about taking risks. Risk assessments were conducted and decisions regarding dignity of risk and strategies to manage these risks were documented in care plans.

Staff described how they communicated information in an appropriate way to help consumers make informed choices and decisions, adapting communication style to meet consumer needs including using communication boards and sign language. Consumers said information was provided in a timely and easy to understand manner which helped to make decisions about care and services. Meeting minutes evidenced updated information was provided to consumers including menus and activities scheduled.

Consumers reported their personal privacy was respected by staff. Care and clinical staff interviewed described the practices used to protect consumer privacy and confidentiality, including knocking on consumer doors, ensuring doors are closed prior to providing care, and only discussing consumer care needs in private. Policies and procedures were in place to support consumer privacy and confidentiality of personal information.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Staff could describe the assessment and care planning processes, and how these processes inform the delivery of safe and effective care and services. Care planning documentation identified risks to consumers’ health and well-being and included risk mitigation strategies. Policies and clinical assessment tools guided staff in the assessment, planning, and consideration of risks to consumers’ health and well-being. The Site Audit report contained information in relation to consumers not being identified as potentially subject to environmental restraint, I have considered this information further in my findings in Requirements 8(3)(e).

Care planning documentation reflected consumers’ current needs, goals, and preferences in line with feedback, and included advance care directives as appropriate. Consumers and representatives said the assessment and planning processes addressed consumers’ current needs, goals, and preferences, and the service had discussed advanced care planning with them. Staff said they discussed advance care and end of life planning with consumers and representatives upon admission to the service and if consumers and representatives wished to discussions are the matter later, staff would revisit the conversation in future care plan reviews. Policies and procedures on end-of-life and advance care planning are available to guide staff practice.

Consumers and staff reported, and documentation evidenced, assessment and planning were completed in partnership with consumers, representatives, and others. Staff explained the service is guided by who the consumer wishes to be involved in care planning. Care planning documentation reflected organisations, individuals, and providers of other care and services were involved in the care of the consumer.

Care planning documents and progress notes confirmed assessment and planning were communicated to consumers and representatives and a copy of consumers care plan was accessible to consumers and representatives. Consumers and representatives said they were involved in discussions about their care and had no issues in obtaining and understanding the information provided and they can access a copy of consumers care plan.

Consumers and representatives said they were satisfied changes to consumers care are made following any concerns or incidents. Staff advised care and services are reviewed regularly for effectiveness, or when a change occurs in a consumer’s condition needs or preferences. Review of care documentation evidenced consumer care and services are reviewed for effectiveness regularly and when incidents occur or when circumstances change.

# 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives confirmed care provided is tailored to consumers’ needs and preferences. Care planning documentation demonstrated consumers are receiving care in line with their needs to optimise their health and well-being. Staff described individual consumers’ care needs and strategies in place to support their care. The Site Audit report contained information in relation to environmental restraint, and staff understanding of restrictive practices, (I have considered this information further in my findings in Requirements 7(3)(d) and 8(3)(e)).

Consumers said high-impact or high-prevalence risks to consumers are managed effectively by the service. The service had effective processes to manage high impact or high prevalence risks associated with the care of each consumer. Care documentation identified consumers at risk, and staff were able to describe risks to the consumers including falls, changed behaviours, pressure injuries, and the risk mitigation strategies that are used for these. The service review, trend and analyse clinical incident and quality indicator data which is reported within the organisation and to external bodies.

Representatives said consumers were receiving palliative care that aligned with their preferences and receiving comfort cares. Staff described how the delivery of care and services changed for consumers nearing end of life, and documentation evidenced palliative care was delivered in a way to support consumers’ dignity and comfort. Palliative and end of life care guidance was available to support staff in recognising and addressing consumers’ needs, goals, and preferences.

Representatives considered deterioration or changes in consumers were recognised and responded to in a timely manner, as evidenced in care planning documentation. Staff described how they responded to deterioration or changes in consumers, such as completing assessments and observations, referrals, and monitoring processes. Policies and procedures supported staff in recognising and responding to clinical deterioration.

Care documentation demonstrated information regarding the consumer’s condition, needs and preferences was documented and communicated to those involved in their care. Consumers and representatives mostly expressed the consumer’s care needs and preferences were effectively communicated between staff. Management and staff described the care needs and preferences of consumers, and how information was communicated within the service and with others where responsibility for care was shared.

Representatives reported referrals to other health professionals were timely and appropriate. The service has access to a range of individuals, other organisations, and providers of care and services, including but not limited to, allied health professionals and geriatricians. Care planning documentation and progress notes demonstrated input from a range of health professionals and providers to meet consumers’ needs.

Consumers said staff adhere to infection control practices before providing wound care. Representatives reported satisfaction with the service’s management of infections. Clinical staff demonstrated sound knowledge and understanding of safe practices to promote infection control and antimicrobial stewardship. The service has an appointed Infection Prevention Control Lead. Care documentation for consumers who had experienced an infection demonstrated appropriate infection control practices and pathology testing prior to prescribing of antibiotics. The Site Audit report contained information that some care staff were not familiar with the term antimicrobial stewardship, this is discussed further in my findings in Requirements 7(3)(d) and 8(3)(e).

# 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers considered the service catered for their needs and preferences in a way which enhanced their quality of life. Lifestyle staff said they consult consumers and receive feedback to gather an understanding of consumers’ needs, goals, and preferences, and develop appropriate supports for daily living. Staff could describe strategies and options to deliver services and supports for daily living that reflect the diverse needs and characteristics of consumers. Care planning documentation identified the interests and preferences of consumers.

Consumers considered their emotional well-being, religious and spiritual practices were supported. Staff explained how they would identify changes in consumers’ well-being, and what they would do in response, such as providing emotional support and spending one-to one time with consumers. Care planning documentation evidenced consumers’ emotional and spiritual needs were considered and included individualised strategies to fulfil these needs. Lifestyle staff explained the service has Auslan interpreters who collaborate with them and provide support to consumers in the memory support unit (MSU), and an Auslan Catholic church service occurs monthly at the service.

Consumers and representatives said they were supported to participate within their communities, have social and personal relationships, and do things of interest. Staff described the services and supports in place to promote consumers’ social interaction and relationships, such as walking groups. Care planning documentation identifies activities of interest for the consumers and how they are supported to participate in these activities.

Consumers said staff know their preferences including personal needs, activities they wish to engage in and dietary preferences. Staff explained the processes in place to communicate information about consumers within and outside the organisation, such as handover processes and information contained in the services Electronic Care Management System (ECMS). Staff demonstrated knowledge of consumers needs and preferences. Care planning documentation demonstrated information regarding the consumer’s condition, needs and preferences was documented and communicated to those involved in their care.

Lifestyle staff described how they completed appropriate referrals for other individuals and other providers of care and services to support consumers’ current and emerging needs for example, volunteer services. Care planning documentation identified appropriate referrals to other organisations and services such as volunteer organisations.

Consumers and representatives confirmed the food provided at the service aligned with the consumers’ preferences and dietary requirements and were varied and of suitable quantity and quality. Feedback in relation to meals is provided by consumers to the service through direct and indirect feedback mechanisms including food focus meetings. The seasonal rotating menu had been developed by a Dietician with input from consumers. The dining experience was observed to be pleasant with consumers sitting in the dining room being offered a choice in their meal.

Consumers considered equipment used for lifestyle activities and their mobility equipment was safe, clean, and well maintained. Staff said they had access to supplies and equipment for daily living and described the processes in place to maintain the safety and cleanliness of equipment. Equipment used to support consumers to engage in lifestyle activities was observed to be suitable, clean, and well-maintained.

# 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

This Quality Standard is compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers said they were encouraged to personalise their rooms how they choose. Consumer rooms were personalised with personal belongings, photographs and items of importance displayed. Staff said consumers are encouraged to make themselves feel comfortable at the service by bringing personal photos, decorations, items, and furniture into their rooms. The service environment was observed to be clutter free and had sufficient lighting and handrails to assist with consumer movement and interaction.

Consumers said the service was kept clean and maintenance requests were attended to promptly. Consumers were observed walking to outside courtyard areas and exiting the service independently. Cleaning contractors and maintenance staff were guided by work schedules. Documentation identified reactive maintenance requests were attended to promptly and preventative maintenance was completed as per an established schedule. The Site Audit report contained information in relation to environmental restraint, I have considered this further in my findings in Requirement 8(3)(e).

Consumers reported their rooms were kept clean and their mobility aids well maintained. Staff advised there was suitable, clean, and well-maintained equipment for consumers and described the processes in place to maintain the safety and cleanliness of equipment, fittings, and furniture. Documentation evidenced furniture, equipment, and fittings were checked for safety and functionality. Furniture, fittings, and equipment were observed to safe, clean, and suitable for consumers.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

This Quality Standard is compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers and representatives said they felt comfortable raising complaints and staff were very approachable. Staff interviewed described the avenues available for consumers and representatives if they wished to make a complaint or provide feedback, and how they support them to raise any issues. Management advised of the various avenues available for consumers and representatives if they wished to make a complaint or provide feedback. These avenues included, consumer meetings, food focus meetings, verbal feedback, feedback forms and surveys.

Consumers said they were aware of advocacy services, and other ways to raise and resolve complaints. Management and staff described external complaints resolution pathways available for consumers and others, such as advocates and language services. Information was observed throughout the service environment informing consumers of feedback and complaints options.

Management and staff demonstrated their awareness of complaints management and open disclosure processes. Consumers reported the service responds promptly to complaints and incidents and takes appropriate action including using an apology when things go wrong. The service’s feedback and complaints register demonstrated complaints were resolved in an appropriate and responsive manner using an open disclosure process.

Representatives reported improvements occur as a result of their feedback and complaints. Management described how they reviewed feedback and complaints and used this information to improve care and services. Feedback received from consumers and representatives is used to develop continuous improvement activities across the service for example, the purchase of hot boxes to keep meals delivered to consumer rooms at an appropriate temperature. Staff described how feedback and complaints have resulted in care and service improvements.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

The Assessment Team recommended Requirement 7(3)(d) Not Met as some care staff did not demonstrate understanding of Serious Incident Response Scheme (SIRS), antimicrobial stewardship (AMS) and restrictive practice, based on the following evidence:

* Care staff said they could not recall receiving education for Serious Incident Response Scheme, AMS and restrictive practices.
* Care staff did not demonstrate knowledge of AMS.
* Management advised all employee’s complete education for SIRS, AMS and restrictive practices upon commencement of their employment.

The provider refutes the findings, and provided the following information and actions in response:

* The mandatory e-learning Aged Care Quality Standards module is completed by staff every two years and includes substantial information including in relation to incident reporting and SIRS, and the 8 SIRS reportable subsets. Compliance at the time of the site audit was 96.18 percent, and the provider submitted evidence of staff attendance.
* Care staff requiring having knowledge of AMS is out of scope of their position description.

I acknowledge the provider’s response and actions undertaken. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit, and place weight on the overall positive feedback was received from consumers and representatives, and staff considered they were appropriately trained, supported, and equipped to perform their roles. In relation to information concerning some care staff were unable to demonstrate an understanding of AMS, I have considered this information, and I accept the provider’s explanation and evidence that detailed knowledge of antimicrobial stewardship is not within the scope of their position description or role. I also place emphasis that information in relation to inconsistent knowledge of care staff in relation to AMS, restrictive practices or SIRS has not impacted the care and safety of consumers. Other evidence to support Human resource management at the service indicated staff were recruited appropriately, supervised, and trained to perform their roles and any performance issues were addressed promptly if a deficit in skills or knowledge was identified. I am satisfied the service demonstrated the workforce is skilled and supported to meet the outcomes of this Requirement.

Therefore, based on the evidence before me I find Requirement 7(3)(d) compliant.

I am satisfied the remaining 4 Requirements in Quality Standard 7 are compliant.

Overall consumers reported the service was adequately staffed, call bells requests were responded to promptly and they were satisfied with the quality of care provided. Management described how the workforce is planned to address the needs of consumers such as strategies around unplanned leave, including accessing staff from within the organisation and utilising agency staff as a last resort. Documentation evidenced the service had a Registered nurse on 24 hours and had systems in place to regularly review the delivery and management of safe, quality care and services including daily monitoring of call bell response times.

Consumers and representatives said staff were respectful and caring. Staff demonstrated they were familiar with each consumer's individual needs and identity. Staff interactions with consumers to be kind and respectful and caring.

Representatives reported staff were competent and provide good care to consumers. Management advised they determine if staff are competent and capable in their role by ensuring staff have relevant pre-requisite competencies, such as nursing registration and police checks, and by liaising with Human resource and the Learning and Development team, who support worker compliance, inclusive of analysing staff surveys, via discussion forums at staff meetings and during the annual staff appraisal process. Human resource documentation evidenced staff were appropriately qualified and had the necessary checks and registrations required for their role in line with position descriptions, and monitoring processes were in place to monitor expiry dates.

Management described how workforce performance was regularly assessed, monitored, and reviewed through annual performance appraisals and observations. Staff reflected that they were supported by management during the performance appraisal process, and documentation evidenced high completion of performance reviews.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

The Assessment Team recommended Requirement 8(3)(c) and 8(3)(e) Not Met finding deficits in relation to regulatory compliance, care staff unable to demonstrate understanding of AMS and restrictive practices and some consumers not identified as potentially being subject to environmental restrictive practice.

The Site Audit report brought forward the following evidence I have considered relevant;

* The service’s Restrictive Practice Policy and Decision Making Flowchart were not consistent with current regulatory requirements.
* Consumers who needed staff assistance to exit the service were not identified as being potentially subject to environmental restrictive practice.
* Care staff did not demonstrate knowledge of AMS and restrictive practices and SIRS.
* The service had a keypad system for entry/exit to the service, and for use of access the elevator. Doors from the foyer to other wings of the service were locked after 5:00 pm and only accessible via keypad or swipe card. The key code was displayed outside of the elevator, throughout the wings of the service, and at the entrance to the service. Staff were available to assist consumer’s and some consumers were provided with swipe cards.
* One named consumer reported due to the placement of the keypad, it is difficult for them to enter the code and manoeuvre themselves to the door before it closes. The consumer said they now sit in the area outside the front door of the service instead of the balcony as it is easier for staff to facilitate access for them.
* 6 named consumers were not identified as being potentially being subject to environmental restraint.
* Management advised they did not consider consumers to be environmentally restrained as access codes were visible, and for consumers who were unable to put in the code independently, a staff member would assist them.

The provider refutes the findings, and provided the following information relevant to my decision:

* Entrance doors were secured with use of keypad for consumers’ safety and security, not as restrictive practice.
* Copy of the services Restrictive Practice Policy and Restraint Decision Making Flowchart
* Records of consumers assessments named in the assessment report.
* Doors to balconies are always accessible and do not require the use of a keypad code.
* Staff training records.

I acknowledge the provider’s response and actions undertaken. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit. In relation to Requirement 8(3)(c), on balance, other examples presented in the Site Audit report were demonstrative of regulatory compliance, such as for Serious Incident Response Scheme notifications and other forms of restrictive practices. I have considered management and overall staff demonstrated awareness of regulatory compliance relating to restrictive practices, and associated training, policies, and procedures were in place.

In relation to Requirement 8(3)(e) I am satisfied the service demonstrated how the clinical governance framework was effectively implemented into practice to minimise the use of restrictive practices. Interviews with management, review of consumer files identified the service is regularly reviewing the use of restrictive practices, for example, documentation evidenced reduction of the use of chemical restrictive practice for some consumers in line with the organisation’s restraint policy and procedures. (Refer to findings in Requirement 3(3)(a) of this report for further information). I recognise assessments were undertaken and consultation occurred for consumers who wished to leave the service independently or with support, for example 2 named consumers were given swipe card passes. Whilst one consumer was noted to be impacted, I am satisfied with the providers response and the named consumer is able to freely access balcony areas of the service. I also placed weight on all consumers residing with in the services memory support unit had appropriate environmental restraint documentation, consent in place and the overall positive feedback from consumer and representatives in relation to their care and services. Clinical staff demonstrated an understanding of the clinical governance framework and provided practical examples of how antimicrobial stewardship, minimising the use of restrictive practices and open disclosure was implemented within their daily tasks. I also acknowledge care staff were able to describe individualised strategies to support consumers such as referring to behaviour support plans.

Therefore, based on the evidence before me I find Requirements 8(3)(c) and 8(3)(e) compliant.

I am satisfied the remaining 3 Requirements in Quality Standard 8 are compliant.

Consumers advised they were engaged in the development, delivery, and evaluation of care and services, as evidenced in documentation. Management and staff described the mechanisms in place to engage and support consumers in providing input, such as through meetings, the Consumer Advisory Board, surveys, case conferences, feedback, and complaints processes, and through daily interactions.

Management described how the governing body was involved, and accountable for the delivery of safe, quality care and services, such as through regular meetings and communication. Documentation evidenced the governing body maintained oversight of the service by reviewing reports which covered various aspects relating to the performance and delivery of care and services, such as clinical indicators, quality initiatives, feedback and complaints, and incidents.

Effective risk management systems and practices were supported by a risk management framework and policies describing the management of high-impact, high-prevalence risks associated with the care of consumers, the identification and response to abuse and neglect, supporting consumers to live the best life they can, managing and preventing incidents. Staff demonstrated knowledge of the risk management framework, including reporting responsibilities, and described various risk minimisation strategies in place. Monitoring of risks was undertaken by management, who compiled monthly reports which are analysed and shared with clinical staff, and the governing body and relevant subcommittee and used to identify areas for improvement.

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)