Performance

Report

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| Name: | Sunnyside House |
| Commission ID: | 3015 |
| Address: | 1 Adeney Street, CAMPERDOWN, Victoria, 3260 |
| Activity type: | Site Audit |
| Activity date: | 5 September 2023 to 7 September 2023 |
| Performance report date: | 23 October 2023 |
| Service included in this assessment: | Provider: 803 Sunnyside House Inc  Service: 1774 Sunnyside House |

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 Sunnyside House (**the service**) has been prepared by A. Douglas, 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; 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 Approved Provider’s responses to the Assessment Team’s report, received on 5 October 2023 and 13 October 2023.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 2(3)(a) – The service must ensure 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 3(3)(a) – The service must ensure each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice, tailored to their needs, and optimises their health and well-being.
* Requirement 8(3)(e) – The service must ensure where clinical care is provided, a clinical governance framework regarding antimicrobial stewardship, minimising the use of restraints and open disclosure are in place.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers said staff valued their diversity and treated them with dignity and respect. Staff demonstrated an awareness of the needs and preferences of consumers and were observed providing care in a dignified and respectful manner. Consumers’ care plans included information about their identity, culture, and diversity.

Staff identified consumers from culturally diverse backgrounds and provided information relevant to ensuring each consumer received care that met their needs and preferences. Consumers said staff respected their culture, values, and background. Care documents contained information about consumers’ cultural backgrounds and this information aligned with feedback from staff, consumers, and representatives.

Consumers said staff supported them to make decisions about how and when they received their care and services. Staff knew how to facilitate consumers’ decisions about their care, including who should be involved. Care documents identified consumers’ individual choices regarding when care was delivered, who was involved in their care, and how the service supported them to maintain relationships.

Most consumers said the service supported them to take risks and demonstrated an awareness of the risks associated with their decisions. Staff outlined the supports provided to consumers who chose to engage in activities which included an element of risk. For most sampled consumers, care documents included risk assessments and outcomes were communicated to consumers and representatives. However, the service was not consistent in the identification and documentation of risks to health and well-being for all consumers (refer to Requirement 2(3)(a), 3(3)(a) and 8(3)(e) for further information).

Consumers said they received accurate and timely information which enabled them to exercise choice regarding the care and services they received. Staff could describe the ways in which information was provided to consumers in an easy and accessible way. The Assessment Team observed the service communicated through printed information, verbal reminders, consumer meetings, and email correspondence.

Consumers and representatives said consumers’ privacy was respected and personal information was kept confidential. Staff indicated they knocked on consumers’ doors and awaited a response prior to entering, and ensured confidentiality was maintained by electronically locking computers when not in use. The Assessment Team observed staff handovers to be conducted in a confidential manner.

# 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. | Not 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

*Requirement 2(3)(a):*

The Assessment Team provided evidence to support a finding that Requirement 2(3)(a) was Not Met, as it considered the service could not demonstrate effective assessment and planning processes, including the consideration of risks to the consumer’s health and well-being, to inform the delivery of safe and effective care and services.

The Site Audit Report noted the following information:

* While staff were able to describe how assessment and planning informed the delivery of care and services, and consumers and representatives confirmed consumers received the care they need, the Assessment Team identified most sampled consumers’ care planning documents did not sufficiently consider individual risks to inform the delivery of care and services.
* Care planning documents for 2 named consumers did not include assessments of the risks associated with the use of mobility and exercise equipment. Care documents included inconsistent or contradictory information in relation to the care consumers were receiving.
* Management advised they would the reassess consumers and record any associated risks in care planning documents.

The Approved Provider submitted responses to the Site Audit Report on 3 October 2023 and 15 October 2023:

* Management acknowledged the deficiencies raised by the Assessment Team and said they would review all consumers’ care plans to ensure risks and accurate information was reflected in care planning documentation.
* The service’s plan for continuous improvement (PCI) stated Registered Nurses (RNs) will update consumers’ care plans in addition to ongoing reviews as part of the Resident of the Day (ROD) process. However, the service did not identify any improvement measures regarding the reassessment of either the 2 named consumers or any other consumers within the service. The Approved Provider did not include a completion date for this improvement action in the PCI.

I have considered the information provided by the Assessment Team and the Approved Provider. I acknowledge the actions taken by the Approved Provider to address the issues identified by the Assessment Team. However, at the time of the site audit, I do not consider the service’s assessment and planning processes, including the consideration of individual risks to consumers’ health and well-being, informed the delivery of safe and effective care and services. The service’s PCI did not demonstrate the service had implemented effective processes to improve the deficiencies identified by the Assessment Team. Therefore, I find the service is non-compliant with Requirement 2(3)(a).

I am satisfied that the remaining requirements of Quality Standard 2 are compliant.

While care documents did not include assessments for some risks to consumers’ health and well-being, consumers and representatives said they were confident the assessment and planning process met their current needs, goals, and preferences, including of advance care planning. Staff described the service’s approach to advance care planning and end of life (EOL) care and confirmed this was discussed with consumers and representatives upon admission. Care documents contained an advance care plan for sampled consumers, including EOL care if applicable.

Consumers and representatives said they were involved in assessment, planning and review of consumers’ care and services. Relevant staff could explain their roles in relation to care planning and assessments. Care documents showed evidence of involvement from a range of services, including medical officers (MO) and allied health professionals.

Consumers and representatives said they understood what was included in the consumer’s care and services plan and confirmed they could access a copy if requested. Staff detailed processes whereby they informed consumers and representatives of the outcomes of care planning and assessments. Care planning documentation showed outcomes of assessment and planning were communicated with consumers and representatives.

Consumers confirmed care and services were reviewed regularly for effectiveness and when circumstances changed. Management advised care plans were reviewed every 6 weeks as part of the ROD process, and when changes or incidents occurred. Care documents confirmed care plans were reviewed on a regular basis, or as required in response to changes to a consumer’s health.

# 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. | Not 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

*Requirement 3(3)(a):*

The Assessment Team provided evidence to support a finding that Requirement 3(3)(a) was Not Met, as it considered the service could not demonstrate each consumer received safe and effective care that was best practice, tailored to their needs, and optimised their health and well-being.

The Site Audit Report noted the following information:

* The Assessment Team identified an environmental restraint risk as 26 ambulant consumers were unable to exit the service independently due to a key coded secure door being in place. Management advised consumers did not have access to the code and were required to inform staff to assist them to exit the service.
* For the 26 ambulant consumers, there was an absence of assessments, behaviour support plans (BSPs), and signed agreements in place to inform the use of environmental restrictive practice.
* Management acknowledged this feedback and advised all consumers would be reviewed and assessed for environmental restrictive practice.

The Approved Provider submitted responses to the Site Audit Report on 3 October 2023 and 15 October 2023:

* Management advised consumers with decision making abilities had been offered the code to the secure door to leave the service independently. For consumers that did not have the ability to advise of their preference, their representative was invited to attend a case conference at the service to ensure they were fully informed about the restraint and provide informed consent.
* The service’s PCI included planned actions for the service to meet with all ambulant consumers and their representatives. The completion date for this action is 13 December 2023.
* The Approved Provider’s response did not include any improvement actions in relation to developing or updating BSPs for consumers subject to environmental restrictive practices.

I have considered the information provided by the Assessment Team and the Approved Provider. I acknowledge the actions taken by the Approved Provider to address issues regarding environmental restraints (refer to Requirement 8(3)(e) for further information). However, the service’s PCI will take time to implement and measure for effectiveness. Additionally, the Approved Provider has not demonstrated an awareness of their responsibilities in relation to developing and updating BSPs for consumers who are subject to environmental restrictive practices. Therefore, I find the service is non-compliant with Requirement 3(3)(a).

I am satisfied that the remaining requirements of Quality Standard 3 are compliant.

Management and staff described how they identified, assessed, and managed high impact and high prevalence risks to consumers. Most consumers and representatives confirmed high impact or high prevalence risks were effectively managed by the service. The service reviewed high impact and high prevalence risks through regular clinical data monitoring and trending.

Consumers and representatives stated they had discussed, or had been invited to discuss, their EOL goals and preferences with management and staff. Care documents showed consumers’ EOL wishes were documented and followed appropriately by staff. Management and staff described the processes to support EOL care for consumers, including the involvement of the consumer’s family and health professionals.

Consumers and representatives said the complex care needs of consumers were recognised and responded to in a timely manner. Staff described the ways in which they responded to a change in a consumer’s condition in a timely manner. Care documents showed deterioration or changes in consumers’ health and well-being was recognised and responded to in a timely manner.

Consumers and representatives were satisfied consumers’ care needs and preferences were communicated between staff and with others responsible for providing care. Staff described the process of communicating and sharing information throughout the service, and with others where responsibility for care was shared. Care documents showed information regarding the consumer’s condition, needs and preferences was documented and communicated in a timely manner.

Care documents included timely and appropriately referrals to MO, allied health professionals and other providers of care and services. Consumers and representatives confirmed they were referred to other providers of care and services, including allied health professionals and external organisations. Care plans showed the organisation collaborated effectively with other individuals, organisations, and providers.

Management and staff demonstrated an understanding of the precautions required to prevent and control infections within the service and described strategies to ensure the appropriate use of antibiotics. Consumers and representatives expressed satisfaction with the measures in place to minimise infection related risks. The Assessment Team noted the service had documented policies and procedures to guide staff in relation to antimicrobial stewardship and infection control management.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers confirmed services and supports for daily living met their needs, goals and preferences, and optimised their independence and quality of life. Care documents identified information regarding the consumer’s needs, goals and preferences was captured by the service. Staff outlined the range of activities offered to consumers which catered to the various mobilities of consumers.

Consumers said the service supported them to maintain important social, emotional, and religious connections. Care plans accurately captured consumers’ emotional, spiritual, and psychological needs. Staff described strategies they used to support consumers’ emotional and psychological well-being.

Consumers said they were supported to participate in their community, within and outside of the organisation's service environment, have social and personal relationships, and do things of interest to them. The Assessment Team observed groups of consumers taking part in various activities occurring throughout the service. Staff described how they supported consumers to participate in the community and maintain relationships of importance.

Consumers confirmed staff were aware of their needs and preferences. Staff explained how they stayed informed about changing consumer needs and preferences and identified where they could access up to date information about consumers.

Consumers confirmed they were supported by other organisations, support services and providers of other care and services. Staff demonstrated an understanding of how they worked with other individuals, organisations, and providers of other care and services. Care documents identified engagement with other organisations and services.

Consumers said they were satisfied with the variety, quality, and quantity of the service’s meals. Staff demonstrated a shared understanding of consumers’ dietary needs and preferences and explained how they accommodated these needs. The Assessment Team observed meals to be of a suitable quantity, with multiple options available to consumers.

Consumers said they found the equipment at the service to be suitable, safe, and well maintained for their use. Staff confirmed they had a good quantity of clinical and lifestyle equipment to deliver quality care. The Assessment Team observed equipment was clean, safe, and suitable for use.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers confirmed the service environment was welcoming and easy to understand, with clear signage and directions to assist navigation throughout the service. Staff said they encouraged consumers to personalise their rooms with their own pictures and furniture. The Assessment Team noted the service had policies in place which encouraged consumers to bring personal items from their homes into the service.

Consumers and representatives advised the service environment was safe, clean, and well maintained and allowed consumers to move freely, both indoors and outdoors. The service had internal doors which lead to outside gardens and courtyards. Cleaning staff advised they cleaned the rooms of consumers once per week, and communal areas were cleaned daily.

Management and staff demonstrated an understanding of the process to report maintenance issues to ensure furniture, fittings and equipment was safe and well maintained. Consumers said the service's furniture and equipment was safe, clean, well maintained, and suitable for use. Staff maintained the service’s equipment through various schedules, including proactive and reactive maintenance registers.

# Standard 6

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

Findings

Consumers said they felt comfortable providing feedback to the service. Staff knew the service’s feedback and complaints processes, and how to support consumers to raise their concerns. The service had various avenues for making a complaint and providing feedback, including speaking directly to the management team, submitting a feedback form, consumer meetings, surveys, or emailing the care manager.

Management and staff outlined various external advocacy and complaint services that were available to consumers and representatives. Consumers and representatives confirmed they were aware of, and had access to, advocates, language services, and other methods of raising and resolving complaints. The Assessment Team observed information regarding advocacy and language services displayed throughout the service.

Consumers and representatives said the service took appropriate action in response to complaints. Staff demonstrated an understanding of open disclosure and complaint management processes. Feedback records demonstrated the service took appropriate and timely action in response to complaints.

Consumers and representatives confirmed the service used feedback and complaints to improve care and services. A review of the service’s PCI evidenced the service reviewed feedback to improve the quality of care and services. Staff said the service valued and welcomed the feedback provided from consumers, representatives, and other stakeholders.

# 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

*Requirement 7(3)(e):*

The Assessment Team provided evidence to support a finding that Requirement 7(3)(e) was Not Met, as it considered the service could not demonstrate it conducted regular assessment, monitoring and review of the performance of each member of the workforce.

The Site Audit Report noted the following information:

* A review of the service’s performance appraisal register showed 47% of staff had not completed their most recent performance appraisal. Staff confirmed they had not received a performance appraisal for 2023.
* In response to the performance appraisal issues identified by the Assessment Team, management acknowledged the low completion rate, and advised an action item would be added to the service’s PCI to complete the outstanding reviews.

The Approved Provider submitted responses to the Site Audit Report on 3 October 2023 and 15 October 2023:

* The service advised their performance review procedures were updated to ensure staff receive their annual performance appraisal. A checklist has been created to provide oversight on the performance appraisal process, and alert staff and their managers when appraisals are due.
* While approximately 30% of staff appraisals were still overdue, the service provided documented evidence of their progress towards completing outstanding performance appraisals.
* The service’s PCI included planned action items to address deficiencies raised by the Assessment Team, including sending emails to staff for self-appraisals and creating a checklist for the oversight of performance appraisals. The planned completion date for these action items is 13 January 2024.

I have considered the information provided by the Assessment Team and the Approved Provider. While I acknowledge the Assessment Team has identified deficiencies in relation to the regular assessment and monitoring of staff, there has been limited impact identified by the Assessment Team regarding the performance and competence of staff. Overall, consumers and representatives provided positive feedback in relation to staff performance. The response outlined by the Approved Provider included appropriate measures to correct the concerns raised by the Assessment Team within a reasonable timeframe. Therefore, I find the service is compliant with Requirement 7(3)(e).

I am satisfied the service is compliant with the remaining Requirements of Quality Standard 7.

Consumers and representatives expressed satisfaction with the number and mix of staff available at the service, and confirmed staff responded promptly to calls bells. A review of staff rosters, call bell response data and unplanned leave data evidenced there was enough staff to provide timely care to consumers. Staff said they were satisfied with staffing levels, and indicated they had the necessary time to complete their duties.

Consumers said staff treated them with respect, kindness, and care. Staff demonstrated they were familiar with consumers’ individual needs and preferences. The Assessment Team observed kind and respectful interactions between staff and consumers.

Consumers and representatives felt staff performed their roles effectively. Staff at all levels expressed confidence in their knowledge and skills to perform their roles. All staff had the relevant qualifications to perform the duties outlined in their position descriptions.

Consumers and representatives felt confident staff were sufficiently skilled to deliver the care and services consumers required. Staff confirmed they received ongoing training and support to perform their roles. Mandatory training recorded demonstrated the workforce was recruited, trained, equipped, and supported to deliver the outcomes required by these standards.

# Standard 8

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

Findings

*Requirement 8(3)(e):*

The Assessment Team provided evidence to support a finding that Requirement 8(3)(e) was Not Met, as it considered the service could not demonstrate a clinical governance framework in relation to open disclosure and the minimisation of restraint was in place.

The Site Audit Report noted the following information:

* Management was unable to provide the Assessment Team with a documented framework or policy regarding open disclosure. However, staff were able to explain open disclosure principles and the service’s complaints and incident management processes demonstrated the use of open disclosure.
* The service was unable to demonstrate effective governance systems were in place to identify the use of environmental restrictive practices. The service’s restrictive practices policy, dated 2019, did not outline information in relation to environmental and mechanical restraints and seclusion.
* The service initially advised there were no consumers subject to environmental restraint, however the Assessment Team identified there were 26 ambulant consumers subject to environmental restraint (refer to Requirement 3(3)(a) for further information).
* Management confirmed there was no documentation to support the use of environmental restrictive practices. Management further acknowledged the service’s restrictive practices policy did not support staff to manage and minimise restrictive practices. Management advised the restrictive practices policy would be updated, consumers would be assessed and reviewed for environmental restrictive practices, and restrictive practices training would be provided to staff.

The Approved Provider submitted responses to the Site Audit Report on 3 October 2023 and 15 October 2023:

* The service provided a copy of their restrictive practices policy, dated October 2023, which outlined a comprehensive framework and provided sufficient guidance to staff. This updated policy has been discussed with staff at handovers.
* Management provided documented evidence of staff enrolment in mandatory restrictive practices training. Management further advised all management staff would attend a restrictive practices seminar held by the Aged and Community Care Providers Association.
* The Approved Provider advised all existing policies would be updated as part of the service’s transition to a new information system. The planned completion date for this action is 13 June 2024.
* The Approved Provider did not address findings in relation the absence of an open disclosure policy.

I have considered the information provided by the Assessment Team and the Approved Provider. I acknowledge the actions taken by the Approved Provider to address the issues identified by the Assessment Team. However, at the time of the site audit, I do not consider the service had an effective clinical governance framework to support the delivery of safe and effective care and services. The service’s PCI did not demonstrate the service had implemented effective processes to improve the deficiencies identified by the Assessment Team. At the time of the Approved Provider’s response, the service had not measured the effectiveness of their improvement actions to ensure they were meeting the legislative requirements associated with Requirement 8(3)(e). Therefore, I find the service is non-compliant with Requirement 8(3)(e).

I am satisfied the service is compliant with the remaining Requirements of Quality Standard 8.

Consumers said they felt involved in the design, delivery, and evaluation of care and services. Management advised all feedback or suggestions made by consumers and representatives were included in the service’s PCI. Documentation showed consumers were meaningfully engaged in the evaluation of services through consumer meetings, feedback mechanisms, and surveys.

The service’s Board was provided with a monthly quality and clinical data report which documented incidents and clinical trends. The Assessment Team reviewed the monthly Board meeting agenda and reports, which evidenced that management and the Board met regularly to discuss matters such as clinical trends, incidents, and financial matters. Management outlined the service’s organisational chart which provided an overview of the service’s structure and executive committees, with clear lines of reporting to the governing body.

Management and staff described processes and mechanisms in place for effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service had an effective communication management system, continuous improvement framework and PCI, established financial governance arrangements, and processes for workforce governance, feedback, and complaints.

Staff confirmed they analysed incidents to identify issues and trends, and these were reported at governance committee meetings. The service had a wide range of frameworks, policies, and procedures to support the management of risks and incidents. In addition to reporting incidents falling under the Serious Incident Response Scheme (SIRS), the service maintained a register for incident data.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)