Swancare Kingia/Tandara High Care Facility

Performance Report

5 Allen Court
BENTLEY WA 6102
Phone number: 08 6250 0101

**Commission ID:** 7846

**Provider name:** SwanCare Group Inc.

**Site Audit date:** 21 June 2022 to 24 June 2022

**Date of Performance Report:** 8 August 2022

# Performance report prepared by

Alla Kasyan, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others; and
* the provider’s response to the Site Audit report received 15 July 2022.

# STANDARD 1 COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Consumers interviewed confirmed staff always treat them with respect, with their identity, culture and diversity valued. Consumers and representatives provided the following examples of how staff do this:

* Consumers said they are encouraged to do things for themselves whenever possible and staff support them where needed.
* Consumers said their privacy is respected by staff and management, including during the delivery of personal care and during prayers.
* Staff respect consumers’ diverse cultural backgrounds and show genuine interest in their life stories.

The organisation uses various mechanisms, including assessment processes and feedback mechanisms to ensure consumers are satisfied that staff treat them with respect, support them to maintain their identity and live the life they choose. Multicultural events and activities are regularly held to enable consumers to celebrate culturally significant events of importance to them.

The service actively promotes a culture of inclusion. Staff were observed to interact with consumers respectfully and could readily identify consumers’ individual preferences and interests. Consumers described the ways their social connections are supported both inside and outside the service. Policies, procedures and the organisation’s mission and values statements direct staff in the delivery of culturally safe care.

Staff provided meaningful examples of how they help consumers make choices, including by giving them clear and accurate information and options to inform their choice. Consumers interviewed confirmed they were able to make decisions as to how they live their life, even when it involves an element of risk. Documentation shows appropriate risk mitigation strategies are put in place and are developed in consultation with consumers or their decision maker.

Consumers said the organisation protects the privacy and confidentiality of their information, and they are satisfied that care and services, including personal care, are undertaken in a way that respects their privacy. Staff gave examples of how they maintain the privacy of consumers, including ensuring privacy during the delivery of personal care, making sure doors are closed and ensuring consumers are not disturbed during prayers.

The organisation demonstrated how electronic and filing systems support the protection of confidential information including consumer information, consistent with documented policies and procedures.

For the reasons detailed above, I find SwanCare Group Inc., in relation to Swancare Kingia/Tandara High Care Facility, to be Compliant with all Requirements in Standard 1 Consumer dignity and choice.

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

Consumers and representatives interviewed confirmed they are involved in care planning to the extent they wish to be involved, and they feel the organisation listens to what the consumer wants and looks at what they can do. Care and clinical staff interviewed demonstrated they were aware of individual consumers’ needs and preferences and of the service’s processes for reassessing consumer needs, goals and preferences on a regular basis. Sampled care plans included detailed descriptions of each consumer’s preferences, likes and dislikes to support consumer-centred care. However, consideration of risks associated with the use of a device restricting access to some consumers’ bedrooms to manage consumers’ wandering behaviour was not evident in reviewed consumers’ files.

Consumers and representatives interviewed confirmed they are informed about the outcomes of assessment and planning through scheduled meetings, via phone, email or in person. They also confirmed they have been provided a copy of the consumer’s care plan and had been supported to understand information recorded in the document.

Care planning documents for the sampled consumers showed evidence of advance care planning and end of life planning, with the consumer or representatives’ engagement in the assessment process. Care planning documents reflect representatives are advised of incidents where the consumer wishes this to happen.

Care plans are routinely reviewed every six months in consultation with the consumer and/or their representative to establish if information recorded is still relevant. The organisation has policies and procedures in place to guide staff on assessment and care planning which include direction with regard to assessment processes for identified changes in consumers’ care needs.

For the reasons detailed above, I find SwanCare Group Inc., in relation to Swancare Kingia/Tandara High Care Facility, to be Compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Overall, consumers and representatives confirmed that staff meet consumers’ healthcare needs. Consumers reported feeling safe and confident that they are receiving quality care and provided and indicated when they had a change or deterioration in their condition or health, the service responded well and in a prompt manner. Consumers and representatives gave various examples of how staff ensured the care provided was right for consumers, including in relation to personal and clinical care, such as wounds, pain, medication, skin, deterioration and palliative care. However, one consumer’s representative reported staff sometimes do not attend to the consumer’s toileting needs in a prompt manner.

Staff could describe how they ensure care is best practice and that information is shared both within the organisation and with others outside the organisation. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. Staff could also identify the highest prevalence risks for different cohorts of consumers, including falls, pressure injuries, infections and how incidents were used to inform changes in practice.

Each of the care and services plans reviewed indicated the delivery of safe and effective care. This included the review of care of consumers who had been palliated with care reflecting attention to the needs and preferences of these consumers at the end of their life.

Staff were able to explain how they refer consumers to external services. The electronic record of sampled consumers showed referrals to external services were completed in a timely manner and appropriately.

The service demonstrated that it minimises the risk of infections through standard and transmission-based precautions and adheres to the antimicrobial stewardship principles.

For the reasons detailed above, I find SwanCare Group Inc., in relation to Swancare Kingia/Tandara High Care Facility, to be Compliant with all Requirements in Standard 3 Personal care and clinical care.

### Assessment of Standard 3 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANTServices and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Consumers interviewed said they are supported to do the things of their interest, including participating in activities in the service and the community. Consumers who were isolated or unable to participate were supported through one-on-one support, in line with their preferences and overall, they enjoyed the meals and the dining experience. Consumers said:

* The service assists them to maintain their fitness with exercise groups tailored to the individual preferences, level of mobility and goals.
* There is a range of activities on offer to keep their minds sharp, including word games and quizzes.
* The service supports them to attend the church service to enhance emotional, spiritual and psychological well-being.
* Staff assist them, to access the community hall which has access to art room.

Staff interviewed provided examples of how they assist consumers to connect with other supports and people outside the service and they seek advice from consumers about activities of interest to them within the service. Staff provided examples of how they support consumers’ mental health and well-being through providing emotional support and making timely referrals to other organisations.

The service provides meals of a suitable quality, variety and quantity and ensures furniture is safe, suitable, clean and well-maintained. This was also observed by the Assessment Team.

For the reasons detailed above, I find SwanCare Group Inc., in relation to Swancare Kingia/Tandara High Care Facility, to be Compliant with all Requirements in Standard 4 Services and supports for daily living.

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

The service was observed to be welcoming and clean, offering both private/personalised single rooms with ensuite bathroom and shared rooms with shared bathrooms. The communal environments include indoor and outdoor communal/activity areas, gardens and amenities. Elevators are available in both double storey buildings. The layout of the service enables consumers to move around freely, with suitable furniture, fittings and signage to help consumers navigate the service.

Consumers confirmed they can find their way around easily and the service was well maintained and clean. They confirmed they have access to a range of equipment and furnishings and felt safe using them; they have access to quiet rooms to meet with family and friends and are encouraged to use all areas of the service including the outdoor areas.

Consumers and representatives confirmed the organisation regularly sought their feedback about how the service environment could be improved. Changes to the environment have been made in response to feedback, including the implementation of airflow control and air filtration systems.

Policies and procedures described systems for the purchase, service and maintenance of furnishings and equipment and how environmental related risks to consumers were identified and managed. Staff interviewed confirmed their understanding of the systems and maintenance arrangements.

The service has scheduled and reactive cleaning and maintenance programs in place, including accessing external contractors to service equipment and monitor safety systems. Staff confirmed the processes of cleaning and maintenance in line with the schedules, and staff demonstrated how they request or report additional cleaning or maintenance when required.

For the reasons detailed above, I find SwanCare Group Inc., in relation to Swancare Kingia/Tandara High Care Facility, to be Compliant with all Requirements in Standard 5 Organisation’s service environment.

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Overall, consumers and representatives interviewed confirmed they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken*.* Consumers and representatives said:

* They are aware of and have utilised the service’s feedback and complaints mechanisms, including completing feedback forms, writing an email, raising issues at consumer meetings and via surveys, or verbally discussing with staff or management.
* Management acts promptly when responding to feedback and complaints.
* They raised issues with management in the past and the issues have not reoccurred.
* The service has made improvements to the quality of food and meal service in response to consumer feedback and complaints.

The service demonstrated it has effective complaints and feedback systems and a register is maintained which records complaints to identify trends and areas for improvement. Newsletters and consumer meeting minutes advertise the organisation’s feedback system and encourages consumers to provide feedback. The consumer handbook contains information about internal feedback mechanisms and provides information on external services and organisations for raising and resolving complaints.

The service has an open disclosure policy which is used when things go wrong. Staff interviewed described complaints processes and provided examples of supporting consumers to raise complaints, including when verbal complaints are made*.*

For the reasons detailed above, I find SwanCare Group Inc., in relation to Swancare Kingia/Tandara High Care Facility, to be Compliant with all Requirements in Standard 6 Feedback and complaints.

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Consumers and representatives interviewed confirmed consumers receive quality care and services from staff who are knowledgeable, capable and caring. Consumers stated staff were kind and know what they are doing and there are enough staff to provide care and services when they need it. Consumers and representatives said:

* Staff treat consumers with kindness and care about them.
* All staff are caring and respectful.
* Staff are well qualified and trained and the staff and management know what they are doing.

Staff interviews, and documentation viewed reflect the service reviews and assesses staff allocation based on consumer acuity and care needs. Staff are recruited with appropriate qualifications for their role in accordance with duty statements and receive ongoing training to assist them in the delivery of quality care and services. Short notice and planned leave is covered by the service’s staff or agency staff. Registered nurses are available on site 24 hours per day, seven days per week.

The Assessment Team observed staff to be attentive to consumers’ needs and responding to call bells in a timely manner throughout the Site Audit. Staff interviewed advised there are enough experienced staff to enable them to provide safe and quality care and they were satisfied with the support they receive when learning new skills.

The organisation demonstrated the workforce is recruited to specific roles, trained and equipped to undertake these roles and supported to deliver outcomes for consumers. Staff are satisfied with the orientation and support provided. Performance appraisals occur as part of probation monitoring and recruitment is ongoing.

For the reasons detailed above, I find SwanCare Group Inc., in relation to Swancare Kingia/Tandara High Care Facility, to be Compliant with all Requirements in Standard 7 Human resources.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

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

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

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

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

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

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

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

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

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

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

The Assessment Team recommended requirements (3)(d) and (3)(e) in this Standard as not met. The Assessment Team found the service was unable to demonstrate effective risk management systems in relation to managing high impact or high prevalence risks associated with the care of consumers and effective clinical governance framework in relation to minimisation of chemical restraint.

Based on the Assessment Team’s report and the provider’s response, I find requirements (3)(d) and (3)(e) Non-compliant and I have provided reasons for my findings in the respective requirements below.

In relation to requirements (3)(a), (3)(b) and (3)(c) in this Standard, the Assessment Team found the service was able to demonstrate the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The organisation demonstrated they involve consumers in the design, delivery and evaluation of care and services, providing examples of how consumers are involved in the co-design of services and engaged on a day-to-day basis.

There are organisation wide governance systems to support effective information management, the workforce, compliance with regulation and clinical care. The organisation is updated with regulatory and legislative changes through peak bodies, and State and Commonwealth bodies. Management were able to describe and demonstrate communication about changes to legislation in relation to restrictive practices, serious incident response scheme and COVID-19 requirements.

The clinical governance framework addresses anti-microbial stewardship and open disclosure. Consumer clinical incidents are monitored, trended, analysed and reported to the clinical governance committee and governing body.

For the reasons detailed above, I find SwanCare Group Inc., in relation to Swancare Kingia/Tandara High Care Facility, to be Compliant with Requirements (3)(a), (3)(b) and (3)(c) in Standard 8 Organisational governance.

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

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

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

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

The organisation has a risk management framework and was able to demonstrate that it manages high impact and high prevalence risks, recognises elder abuse and neglect and has an effective incident management system. However, the Assessment Team found the organisation was unable to demonstrate that it identifies, manages and monitors environmental risks and hazards to all consumers in relation to use of plastic door chains that act as barriers to prevent entry of wandering consumers. The Assessment Team identified the following:

* Observations showed an extensive number of consumer doors had plastic chains attached, either dropped by the floor or in place.
* The service has not completed a risk assessment for the safety of either consumers with plastic door chains or other consumers who move freely about the service, including those that are identified with wandering behaviours which management advised the chains to have been put in place for.
* The Assessment Team observed several plastic chain barriers were in use in the secure dementia unit. However, the service has not considered the risk of the chains for consumers with a cognitive impairment or a diagnosis of dementia, either via a risk assessment or through care planning documentation.
* A review of the service’s risk register confirmed the use of plastic chains across doors was not considered as they were not included.

The provider’s response acknowledged the deficits identified by the Assessment Team and provided documented evidence of removal of all 28 plastic chains in consultation with consumers and representatives.

I acknowledge the actions taken in response to the deficits identified by the Assessment Team. However, at the time of the Site Audit, the service’s risk management framework was not effective in relation to alerting the service to high impact risks associated with the use of plastic chain barriers on 28 consumers’ doors. The service did not identify plastic chains could cause harm and impact consumers’ safety and well-being. The service did not put risk mitigation strategies in place to effectively manage risks.

Based on the summarised evidence above, I find the service Non-compliant with this requirement.

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

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

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

The organisation demonstrated clinical governance framework inclusive of open disclosure and antimicrobial stewardship. However, the Assessment Team were not satisfied the organisation adequately demonstrated effective clinical governance processes relating to minimising the use of restraint. This was evidenced by the following:

* The service does not always identify where medication or medical substance is used as chemical restraint and this does enable the service to monitor chemical restraint usage effectively and accurately at the service level in general and for individual consumers and minimise its usage by trialling dose reduction or cessation.
* The Assessment Team, through review of medication profiles and clinical records of sampled consumers, identified two consumers who were not included on the service’s restraint register. For these consumers, there were no evidence chemical restraint was used as a last resort, for as short time as possible or that informed consent was obtained from the relevant person in line, with legislation.
* Following feedback to management, the service identified a further 14 consumers as being subject of chemical restraint, as opposed to two the service had on the register at the beginning of the Site Audit.
* The Assessment Team identified 11 consumers who were subject to environmental restraint, did not have Behaviours Support Plans and authorisation forms completed in line with legislation and the organisation policies and procedures.
* The service’s Restrictive Practice Register only documented mechanical and chemical restraints and did not include environmental restraint.

The provider submitted a response to the Assessment Team’s report which includes further evidence and identified opportunities for improvement since the Site Audit, including a plan for continuous improvement. The response included the following information and evidence relevant to my finding:

* The Clinical Governance Framework has been reviewed and updated to reflect the Quality of Care Principles and Legislation, and staff received training to enable them to correctly identify chemical restraint and to accurately apply policies and procedures.
* The policy on Restrictive Practices has been reviewed and a draft of an updated policy was included in the provider’s response.
* All consumers who were subject to mechanical restraint (bedrails) have been re-assessed, bedrails removed where no longer indicated, and informed consent from a relevant person has been obtained where the decision made in consultation with the consumer/consumer representative was to not remove the restraint after consideration of all risks.
* The number of consumers subject to mechanical restraint has reduced from 11 to eight following the review of the consumers’ care needs.
* The provider disagreed with the Assessment Team’s finding that 11 consumers who were subject to environmental restraint, did not have Behaviours Support Plans and authorisation forms completed in line with legislation and the organisation policies and procedures. The provider maintains these were available on the electronic care management system and provided evidence to support this claim.
* The Restrictive Practice Register has been updated and now includes environmental restraint and an updated list of all consumers who are subject to chemical restraint.
* The provider disagrees with the Assessment Team’s findings that safety and well-being of consumers who were subject to restricted practices was not monitored and submitted progress notes entries for some consumers to evidence ongoing monitoring of safety and well-being of the consumers.

I acknowledge the actions and improvements taken in response to the deficits identified by the Assessment Team. However, at the time of the Site Audit, the service’s clinical governance framework for minimisation of the use of restraint was not effective and did not result in actions in line with legislation.

Based on the summarised evidence above, I find the service Non-compliant with this Requirement.

# 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.

* **In relation to Standard 8 Requirements (3)(d) and (3)(e)**:
	+ Ensure effective risk management systems and practices associated with managing consumers’ high impact or high prevalence risks associated with their care.
	+ Ensure the service implements restrictive practice frameworks and policies and procedures effectively and monitors staff practice and knowledge in relation to restrictive practice.