Performance

Report

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| Name of service: | Tabulam & Templer Home for the Aged |
| Service address: | 31-41 Elizabeth Street BAYSWATER VIC 3153 |
| Commission ID: | 3626 |
| Approved provider: | Tabulam & Templer Homes for the Aged Inc |
| Activity type: | Site Audit |
| Activity date: | 29 March 2023 to 31 March 2023 |
| Performance report date: | 23 May 2023 |

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 Tabulam & Templer Home for the Aged (**the service**) has been prepared by M. Nassif delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 provider’s response to the assessment team’s report received 5 May 2023.

# 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.

The Assessment Team recommended Requirement 1(3)(f) not met. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report, and the provider’s response and my findings are:

Regarding Requirement 1(3)(f), the Site Audit report brought forward the following deficiencies:

* One consumer said their privacy and dignity was not respected when staff, who were attending to their personal care, left the bathroom door open and administered medication while they were on the toilet. Management advised they would investigate the consumer’s concern and inform all staff accordingly and clearly record the consumer’s preferences in care planning documents.
* Documentation showed a staff member had disclosed a consumer’s confidential information to their family outside of the service. Management explained a notice was sent to all staff regarding consumer privacy. In relation to the staff who breached the consumer’s privacy, management said confidentiality, the code of conduct and policies and procedures was discussed with the staff mem0ber and signed by them.
* On 2 occasions shift handovers, where staff discussed consumer information, were observed to be conducted in an open area. Management confirmed shift handovers were to be conducted in a private enclosed room, and an all staff message would be sent out to remind staff of consumer privacy and confidentiality.

The provider’s response provided further information in relation to each of the deficiencies identified:

* Regarding the consumer who said their privacy was not respected, the response outlined investigations undertaken to find the agency staff who had not respected the consumer’s privacy while providing personal care. The response also outlined actions taken to ensure there is no reoccurrence including the creation of a handbook for agency staff members to review before commencing at the service, which covered topics relevant to consumer privacy and dignity. Signage had also been placed on the consumer’s bathroom door to remind staff to shut the door.
* Confirmed actions taken to address the staff who had disclosed a consumer’s confidential information, as outlined in the Site Audit report, and provided supporting evidence to confirm actions were in place to address the breach.
* The response explained a soundproof glass would be added to the nurses’ station to enclose the area, as documented on the continuous improvement plan. The response also provided evidence of memorandums advising staff to conduct shift handovers in other private areas away from the nurses’ station.

I consider the provider’s response demonstrated the service has taken appropriate action to ensure each consumer’s privacy is respected and personal information is kept confidential. In relation to staff conducting handover in open areas, while the response outlined actions that will be undertaken to address the deficiency, the Site Audit report did not bring forward evidence of actual breaches of confidentiality. In the interim, until soundproofing of nurse’s station occurs, the response outlined appropriate actions taken to ensure confidentiality of personal information. Therefore, on the balance of the evidence before me, I find Requirement 1(3)(f) compliant.

I am satisfied the remaining 5 requirements in Quality Standard 1 are compliant.

Consumers and representatives considered consumers were respected. Staff spoke about consumers with respect, and demonstrated knowledge of consumers personal circumstance, background, and culture. Staff were observed treating consumers with dignity and respect, such as addressing consumers by their preferred name. Care planning documents included information on consumers’ background, culture and preferences.

Consumers and representatives said consumers cultural identities and needs were valued and supported. Staff were aware of consumers diverse cultural and religious needs, and how it influenced the delivery of care and services. Care planning documents contained information about consumers cultural needs and preferences, and outlined ways to support consumers.

Consumers and representatives considered consumers were supported to make decisions, including who they would like to involve in their care, and were supported to maintain relationships of importance. Staff provided examples of how they supported consumers to make decisions, and maintain social and personal relationships. Policies and procedures were in place to support consumer decision making and choice.

Consumers described how they were supported to do things which are important to them. Staff explained how they supported consumers to understand benefits and potential harms when making decisions involving an element of risk. Care planning documents demonstrated decisions made by consumers involving risks were assessed.

Consumers were satisfied with the information provided by the service, and advised information was easy to understand and helped them to make informed choices. Staff described how they provided information in a timely, easy to understand manner, such as information translated into other languages, meetings, and noticeboards. Information such as menus was observed displayed throughout the service.

# 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.

Consumers and representatives confirmed they were satisfied with the assessment and planning of consumers care and services. Staff explained the assessment and planning processes in place which identified risks to consumers safety, health, and well-being. This was consistent with care planning documents which demonstrated risks to consumers’ health and well-being were assessed.

Consumers and representatives said, and care planning documents confirmed, consumers’ needs, goals, and preferences were identified and addressed, including end of life wishes. Staff stated advanced care planning and end of life planning information is discussed with consumers and representatives upon admission and again as part of the assessment review process and/or as the consumer’s care needs change.

Consumers and representatives advised they were involved in the ongoing assessment and planning of consumers care and services, as confirmed in care planning documents. Documentation demonstrated other providers, such as allied health professionals and specialists, were consulted and provided input about consumers care and services. Staff described how they involve consumers in the assessment and planning process.

Consumers and representatives confirmed they knew how to request a copy of care and services plan. Staff described how they communicated the outcomes of assessment and planning with consumers, representatives, and others such as verbal and documented shift handovers, telephone and face to face conversations, and case conferences.

Consumers and representatives said consumers’ care and services were regularly reviewed, including when consumers circumstances changed. Care planning documents evidenced consumers care and services were reviewed on a 3-monthly basis, and when circumstances changed.

# 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.

The Assessment Team recommended Requirement 3(3)(a) not met. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report, and the provider’s response and my findings are:

Regarding Requirement 3(3)(a), the Site Audit report brought forward the following deficiencies:

* One consumer said they preferred assistance from female staff, consistent with information in the care planning document, however male staff often attended to their personal care. When given this feedback, management immediately undertook investigations and said they would inform all staff of the consumer’s preference to be attended to by female staff.
* One consumer said they prefer daily showers, consistent with their care planning document, however hygiene charts demonstrated they were not receiving daily showers. The consumer said they had not raised this issue with staff previously. Management said they would immediately investigate the consumers complaint.
* In relation to restrictive practices:
  + The service did not identify consumers subject to environmental restraint as they reside in a secured area of the service that requires a keypad code to enter and leave, however it is noted that within the secured area consumers have access to an outdoor area. Consumers did not have access to a keypad code to support their free movement out of the secured area. Management explained the regulatory requirements for environmental restraint was misinterpreted. Management was observed to be taking steps to review all consumers subject to potential environmental restraint. The keypad code was provided on the keypad lock in one, but not all, secured area.
  + Two consumers using low-low beds were incorrectly recorded as being subject to physical restraint, as opposed to mechanical restraint. The Site Audit did not bring forward any evidence that, despite the incorrect classification of restraint, the consumer’s restraint were not being appropriately managed in line with best practices and the consumer’s tailored needs. Incorrect classification of a restraint on its own is insufficient information. Therefore, I am unable to form a view and hence have not considered this example.
  + The service had no evidence of initial informed consent for all its restrictive practices. However, there is evidence of ongoing discussions and 3-monthly care plan reviews, by the service, in consultation with consumers and their representatives, who said restrictive practices were used appropriately by the service.

The provider’s response provided the following additional information in response to the deficits identified in the Site Audit report:

* In relation to the consumer not receiving assistance from female staff in line with their preferences, the response clarified that upon investigation there were 4 instances where female staff were not available during the night shift and instead male staff assisted the consumer with toileting transfer. The response states in those instances the male staff respected the consumer’s privacy and left them alone while they were in the bathroom. The response stated all staff were reminded of the consumer’s wish for assistance from female staff.
* In relation to the consumer not receiving preferred daily showers, the response outlined consultation that occurred with the consumer and identified the consumer refused morning showers due to pain, and did not wish for changes to their pain management. Evening showers were agreed to by the consumer. However, the service reported on some occasions the consumer declined evening showers and accepted offers for staff assistance to shower every 2-3 days. The response included evidence that the consumer was happy that their personal care preferences were being met.
* In relation to consumers subject to environmental restraint, the service has undertaken a review to determine which consumers are, and required to be, subject to environmental restraint. For those consumers, they have been reviewed by a medical officer and informed consent has been obtained.
* The response clarified that, in relation to the low-low bed, training was provided to staff on the types of restrictive practices and the correct type of restrictive practice is reflected in the consumers care planning documents and relevant consents.
* The response clarified that consent for restrictive practices was obtained and documented but not always formally signed. The service provided evidence of some consent that was formally signed and included in their continuous improvement plan to capture consent in the form of a signed form. From the evidence provided in the Site Audit report and the providers response, I am satisfied that appropriate consents, and documented evidence of those consents, are in place in relation to restrictive practices.

I consider the provider’s response demonstrated that consumers do receive safe and effective personal and clinical care. The Site Audit report also evidenced that most consumers said they received the care they needed and care planning documents showed consumers were receiving safe and effective clinical care. Therefore, on the balance of the evidence before me, I find Requirement 3(3)(a) compliant.

I am satisfied the remaining 6 requirements in Quality Standard 3 are compliant.

Consumers reported they were satisfied with how the service managed risks associated with their care and services. Staff were aware of high impact and high prevalence risks at the service. Care planning documents evidenced high impact, high prevalence risks were assessed and monitored, with risk mitigation strategies in place.

Consumers considered the service would support them to be as free as possible from pain and have those important to them when they require end of life care. Staff explained how care needs changed for consumers nearing end of life, and ways they supported consumers such as attending to oral care, repositioning, and personal care. Palliative care at the service was supported by policies and procedures, and access to specialised end of life care services.

Care planning documents evidenced deterioration or changes to consumers’ condition were identified and responded to in a timely manner. Management explained a multidisciplinary approach using policies, procedures, education, training, and tools equipped staff to identify and respond to consumers’ deterioration.

Staff explained information about consumers was communicated within the service through documented and verbal shift handover processes, meetings, updating and reviewing consumers care planning documents. Care planning documents demonstrated adequate information on consumers’ conditions, needs and preferences was documented to support effective and safe sharing of the consumer’s information.

Consumers and representatives said, and care planning documents demonstrated, timely and appropriate referrals were completed for other services and supports, such as allied health professionals. Staff stated the service makes referrals in consultation with the consumer and/or representative and has contracted allied health professionals who attend the service regularly.

Consumers and representatives stated they were satisfied with infection control practices at the services. The service had documented policies and procedures to support the minimisation of infection related risks. Staff described how they minimised infection related risks, and ways they promoted appropriate antibiotic prescribing.

# 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 and representatives said consumers’ daily living needs, goals, and preferences were supported, and the service aimed to optimise consumers’ independence, well-being and quality of life. Staff provided examples of how they tailored services and supports for consumers. Care planning documents included information about consumers preferences and goals to guide staff.

Consumers and representatives considered consumers emotional, spiritual, and psychological well-being was supported. Staff described the supports available to meet consumers spiritual needs and explained if they identified a consumer experiencing low mood, they would engage the consumer in conversation, encourage participation in activities, or escalate matters as appropriate.

Consumers confirmed the service supported them to participate within and outside the service, have personal and social relationships, and do things of interest. Staff described how they helped consumers maintain personal and social relationships, such as helping consumers contact family and friends. Care planning documents contained assessments and other information which identified consumers’ needs and preferences.

Consumers considered staff effectively communicated information about their needs and preferences within the service and with others responsible for care. Staff explained how they shared information about consumers’ needs and preferences, such as through handover meetings and reviewing the electronic records management system, as observed.

Consumers said they received appropriate support and referrals from external organisations, consistent with care planning documents. Staff provided examples of referrals completed to supplement lifestyle supports available at the service, such as volunteer programs.

Consumers were satisfied with the meals provided at the service, and advised there was always food available. However, one consumer reflected meal quality and temperature was not to their satisfaction. In response to the consumer’s feedback, management described the strategies in place to maintain the temperature of meals. Management explained dietary assessments were completed to ensure appropriate meals were provided to consumers.

Staff advised equipment was available when required. Maintenance documentation demonstrated equipment was appropriately managed through a preventative maintenance system.

# 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.

Management described how they aimed to create a comfortable and friendly environment. Consumers and representatives said the service was welcoming, safe, and comfortable. The service environment was observed to be welcoming and easy to navigate, with consumers rooms personalised with possessions of importance and meaning.

Staff explained the process of managing and reporting hazards and safety issues, and cleaning processes. Documentation demonstrated appropriate systems were in place to manage and respond to maintenance and cleaning of the service environment, furniture, fittings and equipment. Consumers were observed to freely move between indoor and outdoor areas during the day.

All furnishings and furniture was observed to be clean and in good condition. Staff explained shared equipment was cleaned after every use. Consumer feedback confirmed maintenance issues relating to equipment were appropriately resolved. Documentation demonstrated maintenance issues was promptly attended to.

# 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 said they felt comfortable raising concerns and described how they do so. Staff explained how they supported consumers and representatives to provide feedback or make complaints, which aligned with relevant policies and procedures. Feedback forms available to consumers was observed throughout the service

Consumers said they had access to bi-lingual staff members who could assist with providing feedback and complaints. Consumers confirmed they were aware of advocacy services. Information about feedback and complaints pathways, including advocacy and language services, was observed throughout the service environment.

Consumers considered the service responded to their complaints in an appropriate and timely manner. Staff demonstrated knowledge of the principles of open disclosure and provided examples. Policies and procedures were in place to guide staff in responding to complaints, or when things went wrong, and using an open disclosure process.

Consumers and representatives advised their complaints and feedback were acknowledged and actioned to improve the quality of care and services. Management explained how complaints were reviewed to inform improvements to case and services, through systems, procedures, and policies. Documentation demonstrated complaints were resolved in an appropriate manner and used to make 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.

Consumers felt there is adequate staffing at the service. Management described the rostering system and processes in place to enable an appropriately staffed workforce and explained shift vacancies were filled using the current workforce, with agency staff used as a last resort. Documentation demonstrated shifts were appropriately staffed. Call bell data evidenced consumers calls for assistance were responded to in a timely manner.

Consumers advised staff interacted with them in a respectful, kind and caring manner. Staff were observed calling consumers by their preferred name and using respectful language when talking to and assisting consumers.

Management explained recruitment and onboarding processes ensured staff had the right qualifications and knowledge to effectively perform their roles. Human resource documentation demonstrated staff had the appropriate checks, registrations, experience, and qualifications required for their respective role, consistent with position descriptions. Management advised staff were monitored and assisted to be competent in their roles.

Consumers said staff are competent in their roles and have appropriate training. Management and staff described the training processes and programs in place to support staff in their roles covering topics relevant to the Quality Standards. Documentation confirmed staff training was up to date.

Management explained the processes and systems in place to undertake regular assessment, monitoring, and review of each staff members performance. Management advised performance appraisals were up to date for most staff, and actions were in place prior to the site audit to address outstanding appraisals.

# 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) not met. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report, and the provider’s response and my findings are:

Regarding Requirement 8(3)(c), the Site Audit report brought forward the following deficiencies:

* As discussed under Requirement 3(3)(a), the service did not identify consumers subject to environmental restraint as they reside in a secured area of the service that requires a keypad code to enter and leave, The service also did not have evidence of informed consent for consumers subject to restrictive practices.
* Two consumers using low-low beds were incorrectly classified as being subject to physical restraint as opposed to mechanical restraint.

Both deficiencies were considered and addressed under Requirement 3(3)(a). The providers response evidenced all environmental restraint was appropriately reviewed and managed in line with best practices and regulatory requirements, informed consent is in place for all restrictive practices, and all restrictive practices are correctly identified in consumers’ care planning documents.

The Site Audit report outlined the service had appropriate governance systems in place, covering information management, continuous improvement, financial governance, workforce governance and feedback and complaints.

I consider the evidence presented under this Requirement is insufficient to support non-complaint. Therefore, on the balance of evidence before me, I find Requirement 8(3)(c) compliant.

I am satisfied the remaining 4 requirements in Quality Standard 8 are compliant.

Consumers said they were engaged in the development, delivery, and evaluation of care and services. Management described ways consumers were engaged and involved in improvement processes, such as through surveys, meetings, focus groups, and informal discussions. Documentation demonstrated consumers were involved in feedback and evaluation processes.

Management explained how the governing body was involved in, and accountable for, the delivery of care and services, such as through clear lines of organisational reporting, open communication, reviewing and discussing monthly quality reports. Documentation demonstrated topics relevant to the delivery of care and services were discussed by the governing body, with actions recorded in a transparent, accountable manner.

The service had a risk management framework that was supported by policies and systems which identified current and emerging risks, potential consequences, and risk mitigation strategies. Management and staff described the processes of identifying and managing high impact, high prevalence risks, managing and preventing incidents, and reporting procedures. Consumers were supported to live their best lives through risk assessments relating to care and services, policies and procedures. Documentation demonstrated incidents were reported and action taken to prevent reoccurrence.

The service had a clinical governance framework which consisted of policies, procedures, practices, and training relevant to clinical care, such as antimicrobial stewardship, restrictive practices, and open disclosure. Management explained antimicrobial stewardship was discussed at clinical meetings with clinical data reviewed by management and the board. Overall, staff were able to explain what restrictive was. Staff feedback and documentation confirmed open disclosure was applied by staff in responding to complaints, feedback, and incidents.

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-2)