Trinity Manor

Performance Report

10-14 Pretoria Street   
DEEPDENE VIC 3103  
Phone number: 03 9091 5296

**Commission ID:** 4158

**Provider name:** Trinity Care Pty Ltd

**Site Audit date:** 15 February 2022 to 18 February 2022

**Date of Performance Report:** 20 July 2022

# Performance report prepared by

Vanessa Stephens, 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** | **Non-compliant** |
| Requirement 2(3)(a) | Non-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** | **Non-compliant** |
| Requirement 3(3)(a) | Non-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) | Non-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) | 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.
* The provider’s responses to the Site Audit report received on 21 March 2022 and 13 July 2022.

# STANDARD 1 COMPLIANT Consumer 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall, sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. For example:

* Consumers said staff understand what is important to them and described how staff make them feel respected and valued as individuals.
* Consumers expressed satisfaction with how staff value their culture and diversity and stated their individual needs and preferences are respected.
* Consumers confirmed they are encouraged and supported by the service to take risks.
* Consumers and representatives confirmed they understand information provided by the service and staff communicate information in a way that helps them make decisions.

Staff provided meaningful examples of how consumers are empowered to make choices and how they assist consumers to exercise choice. Care planning documentation reviewed identified consumer choices and preferences, including those involved in consumer care. The Assessment Team observed staff treating consumers with respect.

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

## 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 NON-COMPLIANT Ongoing 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Most sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.

Some representatives reported dissatisfaction with their involvement in assessment and care planning, particularly in relation to the use of psychotropic medication and chemical restrictive practice. Representatives said they are notified when there is a review of care needs. Feedback from sampled consumers and their representatives was positive in relation to communication regarding an incident or change in condition.

Clinical staff described how they access consumer care plans during the ‘elder of the day’ or quarterly review and can show the plan to the consumer and/or their nominated representative.

File review identified consumer needs with consideration of goals and preferences. All sampled consumers had advance care directives and end of life planning documented. Where other services, specialist providers, or individuals are involved in consumer care, this is reflected in care planning documentation.

However, the service does not recognise consumers who are chemically restrained and have not considered or assessed risks associated with chemical restraint.

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

## Assessment of Standard 2 Requirements*.*

### Requirement 2(3)(a) Non-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.*

The Assessment Team found a number of deficits in relation to this requirement, including:

* The service does not recognise consumers who are chemically restrained and has not considered or assessed risks associated with chemical restraint. For five sampled consumers the service has not obtained consent or documented authorisation from the consumer or representative for the use of psychotropic medication as a chemical restraint.
* Care planning documents did not include a behaviour support plan specific to psychotropic use and chemical restraint to assist staff to manage the challenging behaviours of four sampled consumers.

In their response to the Assessment Team report, the approved provider states they understand the concept of chemical restraint and acknowledge that there may have been occasions when care documentation did not explicitly address whether psychotropic medication was used to treat symptoms of an illness or a recognised illness. The approved provider’s response also states they have taken action to obtain consent and will complete behaviour support plans where necessary. I also note a number of other planned actions in relation to this requirement in a plan for continuous improvement submitted by the approved provider.

While I note the approved provider has made a number of improvements, at the time of the site audit, risk assessment and planning around the use of chemical restraint was not safe and effective. Therefore, I find the service is non-compliant with this requirement.

### 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 NON-COMPLIANT Personal 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

The majority of sampled consumers and representatives stated they do not always receive the care they need and some staff are not aware of consumer care needs and associated risks. However, most representative feedback expressed satisfaction with staff response to any changes in consumer condition. Consumers and representatives reported that access to external services occurs in a timely manner.

Nursing staff discussed how they access external palliative care services to assist in maintaining the comfort of consumers during end of life care.

Consumer files reviewed in relation to falls management reflected effective management and interventions tailored to consumer needs. Falls management provides a holistic approach for consumers and includes regular assessment and monitoring strategies.

For sampled consumers, care planning documents including progress notes, handover notes, communication diaries and referrals reflect appropriate information regarding a consumer’s health status. Preferences and needs are communicated to those involved in care provision and decision making.

The service has policies for infection control, outbreak management and antimicrobial stewardship. However, the service did not demonstrate satisfactory infection control measures.

Staff displayed kindness and empathy towards consumers, however the service did not demonstrate that clinical and personal care related to skin integrity and chemical restraint were consistently in line with best practice.

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

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-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.*

The Assessment Team undertook a file review for sampled consumers and found that the service was unable to demonstrate clinical care related to skin integrity and chemical restraint were consistently in line with best practice. Risk identification of deteriorating wounds and management of wounds was not consistent and did not prompt early interventions.

One consumer who is a high risk of developing pressure injuries is receiving wound care which is different to care which is specified in their wound care plan. Another consumer who has refused wound care as specified in their care plan, has not had this refusal documented, nor has ongoing monitoring of the wound occurred.

Management and clinical staff did not demonstrate an understanding of psychotropic medication, including the identification of chemical restraint and the requirement to obtain informed consent for the use of chemical restraint. In addition, behaviour support plans were not evident for two consumers.

In their response to the Assessment Team report, the approved provider states a wound consultant attended the service on 16 March 2022 to provide wound management training to all registered nurses, and an internal checklist was updated on 16 February 2022 to reflect the requirement for wound photographs to include wound measurements. I also note a number of other planned actions in relation to this requirement in a plan for continuous improvement submitted by the approved provider including psychotropic medication training in April 2022.

While I note the approved provider has taken remedial action to address deficits identified by the Assessment Team, at the time of the site audit, the service did not demonstrate clinical care related to skin integrity, chemical restraint and behaviour support planning were consistently managed in line with best practice. Therefore, I find the service is non‑compliant with this requirement.

### 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) Non-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.*

The service has an infection control policy, antimicrobial stewardship plan and an outbreak management plan. However, the service did not demonstrate that staff always follow infection control practices in line with policy. For example:

* High touch areas including computer keyboards, desk phones, communal microwaves and shared lifting equipment did not have signage to remind staff to clean after use. The Assessment Team did not observe staff consistently wiping down keyboards or desk phones following their use.
* Staff were observed on several occasions touching their mask without using hand sanitiser after doing so.
* A care staff member was observed using their fingers to serve biscuits from a container to multiple consumers.

In their response to the Assessment Team report, the approved provider states personal protective equipment training has been completed, all staff have been sent a reminder about cleaning shared equipment after use and using tongs to serve biscuits.

While I note the approved provider has taken remedial action to address infection control deficits identified by the Assessment Team, at the time of the site audit, the service did not demonstrate it minimised infection related risks. Therefore, I find the service is non‑compliant with this requirement.

# STANDARD 4 COMPLIANT Services 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

Overall, sampled consumers considered that they receive the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. For example:

* Consumers and representatives provided examples of how the service supports consumers to maintain their emotional, spiritual and psychological well-being.
* Consumers and representatives explained how consumers can participate in activities at the service or within the local community.
* Consumers expressed satisfaction with the flavour, quantity, and variety of meals.

Staff demonstrated knowledge of consumer backgrounds, understood what is important to consumers and knew of supports and services used by consumers.

Clinical staff, care staff and allied health personnel explained how they are informed of the changing needs and preferences of each consumer through handover meetings, progress notes and changes to care plans.

Overall, care documentation included information about consumer interests, including spiritual needs, hobbies and significant relationships. Care planning documentation reflected the service is responsive to the needs and preferences of consumers, with appropriate referrals and the involvement of others in the provision of lifestyle supports.

The Assessment Team observed a range of equipment and resources used to support lifestyle services. Equipment appeared clean and was securely stored.

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

## 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 COMPLIANT Organisation’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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

Overall, sampled consumers considered that they belong in the service, and feel safe and comfortable in the service environment. For example:

* Consumers and representatives said the service environment is welcoming, easy to understand and has a homely feel.
* Consumers and representatives indicated the furniture, fittings and equipment are clean and well maintained.
* Consumers and representatives spoke highly of the service environment. Most consumers said they could move freely about the service, both inside and outside.

Care staff said they felt confident using lifting equipment and are provided with annual training in manual handling techniques. Care staff confirmed shared equipment is cleaned after each use and before the equipment is used for other consumers.

Maintenance system records show regular maintenance and servicing occurs for equipment and furniture as required.

The Assessment Team observed the service environment to be safe, clean and well maintained. The maintenance officer was seen attending to maintenance requests and a cleaner was observed cleaning common areas and consumer rooms throughout the audit.

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

## 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 COMPLIANT Feedback 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Overall, sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. For example:

* All sampled consumers considered that they are encouraged and supported to give feedback and make complaints and are confident their feedback will be actioned.
* Consumers and representatives said management respond quickly to feedback and their concerns are addressed promptly.

Management and staff demonstrated knowledge of advocacy services and stated that if required they would assist consumers to access these services. Staff understood open disclosure and described how it is relevant to their work.

The Assessment Team observed information relating to internal and external complaint mechanisms are provided in resident handbooks and displayed on notice boards. The Assessment Team reviewed continuous improvement logs relating to feedback and complaints. The logs include information on the improvements implemented.

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

## 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 COMPLIANT Human 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

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Overall, sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. For example:

* All consumers and representatives interviewed said staff were kind and caring.
* All consumers interviewed considered that staffing levels are adequate for their clinical and personal care needs.
* All sampled consumers and representatives believe the workforce is capable of delivering safe and quality care and services and that staff responded to care needs in a timely manner.
* Consumers and representatives reported that care provided is safe and effective and that staff are competent and qualified to perform their roles.

Feedback from staff indicated that there were sufficient staff to provide consumer care. Staff identified that most unplanned leave is replaced. Care and clinical staff said the range of training they receive is beneficial and management are responsive to requests for additional training.

Management stated they use a range of processes to monitor staff performance including observation, audits, consumer feedback and monitoring incidents.

The service engages in regular performance monitoring of staff and maintains training records. Examples of staff appraisals were reviewed by the Assessment Team.

The Assessment Team observed staff being kind and caring towards consumers.

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

## 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-COMPLIANT Organisational 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

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Overall, most sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. For example:

* Consumers and representatives interviewed were able to describe how they can provide feedback to the organisation, expressed confidence that they would be listened to and that actions would be taken.
* Consumers and representatives are involved in the development and delivery of service improvements via the ‘elders meeting’, surveys and the complaints and feedback system.
* Consumers and representatives said the service is well run, commenting positively on how executive management are involved at a service level and are responsive to their individual needs.

Staff demonstrated knowledge of processes relating to incident reporting, high impact and high prevalence risks, consumer neglect and/or abuse and dignity of risk. Management and staff could describe their obligations in relation to regulatory compliance such as the requirement to report and evaluate allegations of consumer abuse and neglect. The service demonstrated effective organisation-wide governance systems.

Management demonstrated the service has a clinical governance framework which includes policies and procedures in relation to antimicrobial stewardship and open disclosure. Management and clinical staff demonstrated an understanding of antimicrobial stewardship and provided examples of how the service’s practice seeks to reduce the use of antibiotics.

Board members described how they monitor risks and review information including clinical incidents, falls, wounds, staff performance, feedback and occupational health and safety.

However, the service’s processes for monitoring and minimising the use of restrictive practices, particularly chemical restraint, is not effective. A number of consumers living with dementia are prescribed medication which is considered restraint. However, the service has not identified the medication as restraint. Further, management were not able to demonstrate how the service has sought informed consent from representatives for the use of chemical restraint.

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

## 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) 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.*

### 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 Assessment Team found that the service does not minimise the use of chemical restraint, nor identify when it is occurring, or ensure consultation and informed consent has been obtained.

The Assessment Team noted consumers with a diagnosis of dementia are currently prescribed and administered regular and as needed psychotropic medication to manage behaviours. Management could not demonstrate how the service has assessed and documented that this is not considered chemical restraint.

The Assessment Team discussed examples of consumers being administered psychotropic medication with management. During the meeting management acknowledged these were examples of chemical restraint and this was an area of deficit.

In their response to the Assessment Team report, the approved provider states that at all times they have been aware of their obligations regarding chemical restraint and acknowledged they can improve in this area and have commenced action to rectify the deficits identified by the Assessment Team.

While I note the approved provider has made a number of improvements, at the time of the site audit, the use of chemical restraint was not minimised at the service. Therefore, I find the service is 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.

* Conduct staff training on chemical restraint, wound management, PPE use and hand hygiene practices.
* Review the psychotropic medication register to ensure all consumers subject to chemical restrain are identified.
* Complete risk assessments for all consumers subject to chemical restraint.
* Obtain consent for all consumers subject to chemical restraint.
* Complete behaviour support plans for all consumers with challenging behaviours.
* Ensure wound care complies with consumer care plans and that wound measurements are taken.
* Review governance systems to ensure the use of restraint is minimised.