Performance

Report

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| Name of service: | Whitehall Nursing Home |
| Service address: | 27 Tryon Road LINDFIELD NSW 2070 |
| Commission ID: | 2339 |
| Approved provider: | Quinvil Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 2 August 2023 to 4 August 2023 |
| Performance report date: | 15 September 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 Whitehall Nursing Home (**the service**) has been prepared by K. Richards, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

The following information has been considered in preparing the performance report:

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management, and others; and
* the provider’s response to the assessment team’s report received 7 September 2023, with subsequent clarifying emails sent 12 September 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 | **Non-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 | **Non-compliant** |

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

# Areas for improvement

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

* **Requirement 3(3)(b):** The service ensures high impact and high prevalence risks associated with the care of consumers, including in relation to skin integrity, wound care, diabetes management and restrictive practices are effectively managed.
* **Requirement 8(3)(e):** The service ensures there is an effective Clinical Governance Framework in place which encompasses up-to-date and best practice policies relating to the use and minimisation of restrictive practices. The service ensures staff receive education and training on these topics.

# Standard 1

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

Findings

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

Consumers and representatives said consumers are treated with dignity and respect in a way that demonstrates value of identity, culture, and diversity. Staff were familiar with cultural backgrounds of consumers and influences on care needs, and this information was reflected in care planning documentation. Policies and procedures demonstrated a commitment to supporting a diverse and inclusive consumer cohort.

Consumers and representatives said cultural and religious backgrounds are known and understood. Staff described processes to identify and understand consumers’ cultural needs, capturing this information in care planning documentation. Management described supports for consumers to maintain connections to religion and culture, including volunteer visits.

Consumers described being supported to make and communicate decisions about care and important relationships. Staff explained methods to understand preferences and described offering choices and respecting consumer decisions. Care planning documentation captured preferences and important relationships and include supportive actions to guide staff.

Staff and management could describe actions to support consumers to take risks, including development of mitigating strategies. Consumers explained going through a dignity of risk assessment process and agreed strategies for safety. The service’s policies incorporate supporting consumer’s choices, including risk taking activities.

Consumers and representatives were satisfied information was timely, accurate, and clear. Management and staff described written and verbal methods of communicating information to aid consumer decision making, including for consumers with specific communication needs due to language barrier or cognitive changes. Information was observed to be displayed throughout the service, and the monthly newsletter included information in English and Mandarin to meet consumer needs.

Consumers and representatives said the service respects consumer privacy, and ensures personal information is kept confidential. Management and staff described privacy practices in line with policies and procedures. Staff were observed taking measures to maintain consumer privacy, and consumer information was secured when unattended.

# 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.

Requirement (3)(a)

The Assessment Team brought forward evidence within Standard 3 Requirement (3)(a) relating to the service not identifying use of restrictive practice for two consumers. Consumer A had not been identified as using chemical restraint, Consumer B not identified as being subject to environmental restraint. I have considered this evidence is related to assessment and planning processes and have therefore considered it here.

The provider has offered the following response in relation to the Assessment Team’s report:

* Whilst Consumer A was not identified as being prescribed chemical restraint during the entry meeting or on the psychotropic register, assessment and planning had been undertaken, demonstrated through availability of informed consent and a behaviour support plan. An error of omission was made when the service moved documentation to the new electronic medication system, and this has subsequently been remedied.
* Consumer B’s strategies were to provide a safe and secure environment, neither the service nor family consider the current interventions to be environmental restraint. The current strategy was to alert staff the consumer wished to go out and would be facilitated and accompanied to do so.

I find the service demonstrated effective assessment and planning in relation to Consumer A and an error was made on the psychotropic register. As identified and verified by the Assessment Team, informed consent and a behaviour support plan were available within care planning documentation, meeting requirements for use of chemical restraint.

In relation to the environmental restraint practices for Consumer B, I the assessment and planning processes stem from organisational deficiencies within the understanding of environmental restraint and have reflected this within my finding for Standard 8 Requirement (3)(e).

I find the service compliant with Requirement (3)(a). Consumers were satisfied assessment and planning identified key risks and management pathways for their care. Assessment and planning demonstrated consideration of risks, and staff described the process in detail, explaining how this is used to inform the safe delivery of care and services. Care planning documentation demonstrated consideration of risk and management strategies.

Other Requirements

Consumers and representatives said preferences, including end of life wishes, were included within assessment and planning. Staff explained how they ensure care planning captured consumer preferences and how they approached conversations about advance care directives and end of life wishes. Care planning documentation included needs, goals, and preferences in line with consumer and/or representative feedback.

Consumers and staff described involvement of consumers, representatives, and other providers in care planning processes. Care planning documentation included summaries of case conferences which captured engagement of representatives and medical and allied health professionals. The service’s policies and procedures identify a collaborative approach to assessment and planning.

Consumers and representatives said they can access their care plan and were familiar with information within it. Staff said they updated families during visits or by telephone and consumers and/or representatives are provided and asked to sign a summary care plan during care plan consultations. Care planning documentation captured summarised updates provided to consumers and/or representatives.

Consumers and representatives were satisfied care and services were reviewed regularly and following incident or change. Staff described the 3-monthly scheduled review process in line with the service’s policies and procedures, with interim reviews including following incident or change to consumer’s circumstances or preferences. Documentation demonstrated review of strategies within care planning for effectiveness following incident.

# 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. | Non-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

The Quality Standard is assessed as non-compliant as one of the 7 specific Requirements has been assessed as non-compliant.

Requirements (3)(a) and (3)(b)

The Assessment Team recommended Requirement (3)(a) not met for the following reasons:

* The service did not identify use of restrictive practices for all consumers. Consumer A had not been identified as using chemical restraint, Consumer B not identified as being subject to environmental restraint.
* The service did not provide safe and effective care for Consumer C in relation to prevention, timely identification, monitoring and management of a wound in line with the service’s procedures. Directions within Consumer C’s diabetes management plan had also not always been followed for high readings.

In relation to use of restrictive practice for Consumer A and Consumer B, I have considered the evidence relates to assessment and planning and clinical governance, and accordingly have addressed it within my decision for Standard 2 Requirement (3)(a) and Standard 8 Requirement (3)(e).

I find the evidence related to Consumer C aligns better with Requirement (3)(b), relating to management of risks associated with the care of the consumer, and have considered it within my decision for this Requirement.

The provider has offered the following response in relation to Consumer C:

* The provider acknowledges deficiencies in following of the diabetes management plan, have undertaken investigation, and taken responsive action, meeting with staff involved. All Registered nurses have undertaken training on diabetes management. Inconsistencies in documentation of the management plan in the medication chart have been addressed to ensure reportable parameters are known and actioned by staff.
* The provider does not agree with the Assessment Team’s findings that staff were not applying wound care in line with best practice, resulting in late detection and rapid deterioration.
  + They acknowledge staff did not follow the service’s processes after identifying Consumer C’s wound, in that the wound was identified and treatment commenced, however, a wound chart was not commenced. The staff member advised a photograph was taken, but failed upload.
  + It is acknowledged one of the weekly photographs for wound monitoring had not been taken. Education has been provided to all staff on wound management and pressure injury prevention and management.
  + There were other factors impacting identification and healing of the wound detailed within the response, including but not limited to Consumer C’s refusal of care, and delays in referral to a wound specialist whilst seeking the representative’s consent.

I have come to a finding of non-compliance for Requirement (3)(b) for the following reasons.

* A wound chart was not commenced for 6 days after the progress note identifying the wound. An incident report was not completed until 7 days after the initial identification of the wound as a ‘blister’. Processes, including review of progress notes or during provision of consumer care did not identify the presence of the wound and trigger monitoring, which is reflective of a significant risk to the consumer.
* The Assessment Team’s report identified deterioration of the wound is not clear within documentation and photographs were not taken in line with directives.
  + I further note there to be inconsistencies within the wound photographs, including placement of the tape measure, angle of the picture, and visibility of the wound. This has resulted in errors in measurement within the first 48 hours of wound charting, and staff not recording deterioration.
  + The depth of the wound is not recorded for the first 5 weeks of wound charting, and then records ‘superficial’ with ‘unstageable’ recorded as the depth 4 days later.
  + The wound stage is not identified within documentation, and signs of deterioration and infection are not clearly captured other than recording sending of a wound swab for testing.
* When an infection was identified through pathology, the consumer experienced a delay in commencing antibiotics, despite the representative’s expressed concerns and documented associated risks, including diabetes and poor nutrition.
* The consumer’s refusal of care, including recommended preventative strategies, was not considered as a risk to wound management within care planning documentation and strategies.

The Assessment Team’s report includes sufficient evidence in relation to Requirement (3)(a) regarding provision of tailored safe and effective personal and clinical care that is of best practice. Consumers and representatives were otherwise satisfied with the provision of care, including management of pain. Staff were knowledgeable about the needs and preferences of consumers and described tailoring care to ensure it was safe and right for each person and describe management strategies in line with best care processes. Monitoring processes, including following incidents, were undertaken in line with best practice policies and procedures. Accordingly, I find Requirement (3)(a) compliant.

In relation to the other Requirements within Standard 3

Staff were able to describe how end of life care addressed pain and comfort, included emotional support for family and involved palliative care specialists to ensure consumer needs were met. Care planning documentation for a late consumer demonstrated priority of management of pain, comfort and measures to preserve consumer dignity.

Most consumers and representatives were satisfied with identification and management of change of consumer health. Staff described how deterioration of consumer condition was identified and related management pathways, including monitoring, communication, and escalation. Policies and procedures inform staff of responsive actions.

Consumers said staff communicate needs and preferences, and they do not have to repeat information. Staff described verbal and written communication processes to share consumer information, including with visiting providers. Care planning documentation included sufficient consumer information to guide staff in delivery of care.

Consumers and representatives said they can access a range of health professionals to meet their needs and receive fast referrals to the right providers. Staff described consultation and referral processes for internal and external providers. Care planning documentation demonstrated timely involvement of specialist providers.

Consumers and representatives were satisfied with precautions to prevent infection, describing staff hand hygiene and use of personal protective equipment. Care planning documentation demonstrated processes followed to avoid unnecessary antibiotic use. Staff were familiar with their roles and responsibilities to prevent and manage an outbreak. Staff were observed to have some lapses with use of personal protective equipment, with management detailing investigation and management pathways to ensure compliance.

# 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 said they receive appropriate support to optimise their independence and quality of life through available activities. Staff said they identify consumer preferences through assessment processes and ongoing feedback and adapt programs accordingly. Staff advised they understand consumer ability levels and can adapt activities or provide assistance to meet varying consumer participation needs.

Consumers explained how the service meets their emotional, spiritual, and psychological needs. Staff said they knew consumers sufficiently to recognise when consumers were feeling low and could provide additional time and support where needed. The service offers access to online religious services, supported by visiting volunteers from local parishes.

Consumers said they were supported to participate in activities within the service and external community and described relationships of importance. Staff described how they supported consumers to keep in touch with people of importance through recent outbreaks, including arranging phone and video calls, or supporting visitors attend wearing personal protective equipment.

Consumers and representatives were satisfied information about consumers’ needs and preferences was known by staff. Care planning documentation was updated following change, included information specific to services and supports for daily living, and communicated to staff. Staff, including hospitality staff, said they were informed of changes to consumers’ condition or needs, for example, dietary changes are communicated to the kitchen by clinical staff.

Consumers described involvement of external organisations in their care and services, including volunteers. Staff described available external services providing volunteers to meet consumer cultural and spiritual needs.

Consumers expressed satisfaction with the variety, quality, and quantity of provided food, describing options and available alternatives. Staff described seeking consumer input into menu planning, incorporating dietary needs and preferences, and making adjustments following feedback about unpopular meals. The service provides menu options to meet the needs and preferences of consumers originally from China. Posters listed snacks available between meals, including sandwiches, biscuits, fruit, and beverages.

Consumers said personal equipment, such as wheelchairs and walking frames, is cleaned and maintained. Staff said they have access to suitable and clean equipment when required. Maintenance staff described the process for servicing and repairing equipment.

# Standard 5

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

Findings

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

Consumers were satisfied the service’s environment was welcoming, easy to understand, and as close to home as it could be. Staff described the design principles to facilitate independence, such as handrails, and the dementia-friendly principles, such as use of artwork to provide orientation. Management explained consumers were encouraged to personalise their environment.

Consumers and representatives described the service as clean and well-maintained, and consumers were observed moving through other areas, including gardens. Staff described scheduled cleaning and maintenance processes, and processes for repairs.

Equipment, fittings and furniture were observed to be cleaned regularly, in good condition, and suitable for consumers. Staff demonstrated awareness of monitoring, cleaning and maintenance schedules for equipment.

# Standard 6

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

Findings

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

Consumers and representatives said they felt comfortable to inform the service of concerns, complaints, or feedback. Management described feedback mechanisms available for consumers, including formal and informal processes. Documentation, including meeting minutes and consumer handbook information, demonstrated consumers were informed and supported to provide feedback and complaints.

Consumers and representatives said they were aware of external advocacy and language services but had not required them. Staff demonstrated familiarity with available services and how to access them if required, however, generally family members or staff provided translation if required. Information about advocacy services and complaints pathways, including the Commission, was displayed in multiple languages at reception and referenced within the consumer handbook.

Most consumers and representatives were satisfied with the service’s response to concerns, saying management was responsive to feedback. One representative said the service did not use open disclosure following an incident, with management describing efforts made to communicate and apologise, including with alternate representatives. Staff described the steps within the open disclosure process in line with the policy. Documentation within the feedback and complaints register demonstrated timely and appropriate responsive actions using open disclosure principles.

Consumers and representatives described improvements to care and services made in response to feedback. Management described monitoring and trending of complaints and identifying improvement actions to include within the continuous improvement plan. Consumer meeting minutes included updates on complaints and responsive actions.

# 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.

Whilst some consumers felt the service could use some more staff, all interviewed consumers and representatives were satisfied there are sufficient staff to meet consumer needs. Management described they use consumer needs and preferences to identify the number and mix of staff to provide safe and quality care and services and have processes for rostering and ensuring unplanned absences are covered.

Consumers and representatives said staff are kind, caring, and respectful. Staff demonstrated understanding of consumer identity and cultural needs. Policies and procedures included guidance on cultural diversity, consumer dignity, wellbeing, and encourage kind and respectful interactions between staff and consumers, with management ensuring all staff received training and information on expectations.

Consumers and representatives said staff are knowledgeable and competent when meeting care needs. Staff could describe necessary qualifications and training for their position, in line with position descriptions. Management described staff induction and orientation, incorporating mandatory training and competency assessments. Documentation demonstrated all staff have satisfied regulatory and legislative requirements for their positions.

Consumers said staff are well trained and capable of meeting consumer needs. Management descried supports for staff to ensure they receive sufficient training to safely perform their roles and meet the Quality Standards, including arranging training to meet staff knowledge gaps or areas for improvement. Processes for monitoring staff compliance with training were demonstrated, with all staff completing mandatory training as scheduled.

The service has processes to monitor staff performance, including formal performance appraisals and informal monitoring and discussions. Staff described the steps involved within the performance appraisals. Management described processes for managing under performance or staff errors.

# 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. | Non-compliant |

Findings

The Quality Standard is assessed as non-compliant as one of the 5 specific Requirements has been assessed as non-compliant.

Requirement (3)(c) and (3)(e)

The Assessment Team recommended Requirement (3)(c) not met, finding the service did not have effective governance systems in relation to regulatory compliance. The Assessment Team provided the following evidence to support their finding:

* The service did not identify Consumer A and Consumer B being subject to restrictive practice, and did not have required assessments and consent.
* The service did not report Consumer C’s pressure injury to the Serious Incident Response Scheme (SIRS).

The Provider’s response indicates they do not accept the Assessment Team’s findings reflect non-compliance, providing the following information relevant to my decision:

* All consumers prescribed chemical restraint had consent for use and behaviour support plans, with one consumer, Consumer A, not identified in the psychotropic register. This was identified as an error on the new electronic medication chart which was subsequently rectified.
* They acknowledge staff did not follow expected practices in response to wound management, with further education undertaken and a SIRS response lodged
* They do not agree with the Assessment Team’s assessment of Consumer B being subject to environmental restraint, and do not consider security measures to be environmental restraint.

I have considered the information in the Assessment Team’s report and the provider’s response, and do not consider the evidence demonstrates non-compliance within Requirement (3)(c). The provider has demonstrated understanding of legislative requirements relating to use of chemical restraint, with assessment and planning including consent for use of chemical restraint and behaviour support plan with non-pharmacological strategies. The Assessment Team’s report includes sufficient evidence in Requirement (3)(d) to demonstrate the service’s understanding and reporting of incidents, including escalation to SIRS where required. The service has governance systems in place relating to key areas of accountability, including information management, continuous improvement, financial governance, workforce governance, and feedback and complaints, and the Assessment Team has provided examples of understanding and compliance with each area.

However, I have considered the evidence in relation to use of environmental restraint in coming to a decision on non-compliance for Requirement (3)(e). I find the service did not demonstrate an effective clinical governance to recognise and minimise the use of environmental restraint applicable to most consumers.

In relation to Consumer B, the service likened the alarming bracelet to a monitoring process to alert staff when the consumer is nearing the front door so they may be escorted out. Whilst I understand the provider’s perspective of it being a risk mitigating strategy, and the consumer was not safe to leave the service without being escorted, I find the bracelet has been used as a strategy for application of environmental restraint. The consumer’s care plan identifies staff are to take them for a walk outside and ‘if staff cannot take (the consumer) out, then contact the family to inform them’, which reflects the consumer does not have independent and free access to the greater environment outside the service.

Within the response, the provider states security keypads have been installed on the front and back doors for safety and security. The provider likens these to locks securing a house, to avoid strangers entering and exiting. However, I find this analogy fails to distinguish the occupiers of a home are also keyholders, and can open, close, and pass through the door whenever they choose without requiring someone else to unlock it first.

The provider was asked to clarify how they communicated the keypad code to all consumers. They advised they shared it with regular visitors and with the 2 consumers who had risk assessments to leave the service independently, however, all other consumers and visitors required staff to open the external doors to grant entry and exit.

The provider submitted an extract from the service’s handbook stating environmental restraint is not practiced at the service, and whilst the doors are secured, this is not to restrain consumer movement. The handbook acknowledges consumers who may not be able to operate the keypad mechanism may be perceived as subject to environmental restraint, so an Environmental Restrictive Practice Consent Form will be completed for all consumers on admission. The sampled copy of this consent form submitted by the provider, completed for Consumer B, states the consumer cannot independently leave the environment due to not being able to operate the coded doors, with reasoning for the coded doors including to minimise the risk of consumers who may be in danger if they leave the home without support of staff or representatives. This represents environmental restraint, as the consumer does not have free movement outside the service environment.

Whilst I accept the intention of the provider to secure external doors for safety and for COVID-19 pandemic screening needs, I find their response does not demonstrate an understanding of the application of environmental restraint as including perimeter restraint. The provider maintains no consumers are subject to environmental restraint, with reporting published in Quality Measures reflects there is no use of environmental, mechanical, or physical restraint or seclusion within the service. However, of 68 consumers present during the Site Audit, only 2 were given the keycode to open the doors. The service’s explanation is not in line with their Restrictive Practice Management Policy and Procedures, defining restrictive practice as ‘any practice or intervention that has the effect of restricting the rights or freedom of movement of the care recipient’. I find most consumers are unable to exit the facility independently and are therefore subject to environmental restraint.

I find the provider did not demonstrate the clinical governance framework was effective in identifying, reporting, and minimising the use of environmental restraint, and the service is Non-compliant with Requirement (3)(e).

Requirements (3)(a), (3)(b), and (3)(d)

Consumers and representatives were satisfied they were engaged in the delivery of care and services through meetings, including committee meetings, and feedback mechanisms. Management described seeking input from consumers and representatives through written, verbal, and informal methods. Meeting minutes demonstrated encouragement of feedback and discussion of service updates.

Management described the organisation’s governing structure, with reporting processes to provide Board oversight of care and services delivery. Board meeting minutes demonstrated monitoring processes for the performance of the service, and management described improvements to care and services driven by the Board.

Staff were familiar with processes and responsibilities to report incidents, including oversight by management who also identify when a SIRS report should be made. Management described monitoring processes, including reviewing progress notes to identify incidents, inform risks and update staff. Policies and procedures inform identification and management of risks, identifying elder abuse and neglect, and use of the incident management system.

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