Performance

Report

**1800 951 822**

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| Name: | Applecross Shore Care Community |
| Commission ID: | 7879 |
| Address: | Riverway, APPLECROSS, Western Australia, 6153 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 20 March 2024 |
| Performance report date: | 24 April 2024 |
| Service included in this assessment: | Provider: 3061 DPG Services Pty Ltd  Service: 4886 Applecross Shore Care Community |

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 Applecross Shore Care Community (**the service**) has been prepared by M Glenn, 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.

# Material relied on

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

* the assessment team’s report for the assessment contact (performance assessment) – site; the report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management and others; and
* a performance report dated 21 September 2023 for a site audit undertaken from 1 August 2023 to 3 August 2023.

The provider did not submit a response to the assessment team’s report.

# Assessment summary

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| Standard 8 Organisational governance | Not applicable as not all requirements have been assessed. |

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 8

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| Organisational governance | |  |
| 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 |

Findings

Requirement (3)(d) was found non-compliant following a site audit undertaken in August 2023 as while there were policies and procedures to manage risks consumers wished to take, strategies to manage risks were not always documented and the policy did not instruct staff to record these mitigating strategies. The assessment team’s report for the assessment contact undertaken in March 2024 outlines a range of actions the service has undertaken to address the non-compliance, including, but not limited to, updating policies and procedures to guide staff on supporting consumers to live the best life they can and to reduce the possibility of risk for consumers who wish to take risks; reviewing and updating dignity of risk forms to include strategies to mitigate risks; and providing education to staff on dignity of risk and risk mitigation strategies.

At the assessment contact, the organisation was found to have effective risk management systems and practices. A range of processes ensure consumes’ high impact or high prevalence risks are identified, managed, escalated and mitigated. Risks are reported, discussed and monitored through a range of service level and organisational meetings. There are systems to provide appropriate protections and safeguards relating to delivery of care and services, to respond effectively to incidents of abuse, to report incidents in line with legislation, and to raise awareness in the organisation to lower risk of elder abuse. The organisation initiates effective investigation as soon as it is aware of any allegation or evidence of harm, abuse, or neglect. Consumers’ emotional response to incidents is also considered and ongoing monitoring and support is provided and referrals to external services initiated for emotional support as deemed necessary. Training on elder abuse, and incident reporting, including the Serious Incident Response Scheme (SIRS) is conducted at induction and is mandatory for all staff on an annual basis.

Consumers are supported to live the best life they can and are supported to take risks if they wish to. Policy and procedure documents guide staff in the assessment of consumer risks, with risks mitigating strategies discussed with consumers and/or representatives to ensure consumers can make informed decisions. Risks are regularly reviewed and where changes in consumers’ condition and/or preference impacts on their care needs. Incidents are discussed at daily head of department meetings, ensuring the department head responsible for the area the incident relates to can take carriage of the incident. Incidents are also discussed at morning huddles and afternoon handovers with staff. Management reviews incidents and, if required, reports through to the SIRS and to the general manager. Emerging incident trends are discussed at monthly and quarterly meetings to identify continuous improvement opportunities.

Based on the assessment team’s report, I find requirement (3)(d) in Standard 8 Organisational governance compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)