Performance

Report

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| Name of service: | Autumn Lodge Hostel |
| Service address: | 1-3 Short Street MACKSVILLE NSW 2447 |
| Commission ID: | 0105 |
| Approved provider: | NVC Group Limited |
| Activity type: | Site Audit |
| Activity date: | 14 February 2023 to 16 February 2023 |
| Performance report date: | 21 March 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 Autumn Lodge Hostel (**the service**) has been prepared by E Woodley, 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 staff, consumers, representatives and others.
* the provider’s response to the assessment team’s report received 13 March 2023.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-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 2(3)(a) – The approved provider must demonstrate assessment and planning considers risks to the consumer’s health and well-being on an ongoing basis to inform the delivery of safe and effective care and services and risk mitigation strategies.
* Requirement 2(3)(b) – The approved provider must demonstrate assessment and planning consistently addresses the needs, goals and preferences of consumers. This includes in relation to behaviour management, wound care, medication management, and pain assessment and management. Assessment and planning is reviewed and updated to ensure it addresses consumer’s current needs and preferences.
* Requirement 2(3)(e) – The approved provider must demonstrate care and services are reviewed for effectiveness when circumstances change or incidents impact on the needs, goals or preferences of the consumer. Incidents are investigated to assist in identifying interventions to minimise risk of reoccurrence and to support safe care of consumers.
* Requirement 3(3)(a) – The approved provider must demonstrate consumer clinical and personal care is best practice, tailored to the consumer’s needs and optimises their health and well-being. Consumer pain, skin integrity and wounds are appropriately assessed, managed and monitored to optimise their health and well-being.
* Requirement 3(3)(b) – The approved provider must demonstrate the high impact or high prevalence risks associated with the care of consumers are effectively identified, assessed, and managed. This includes risks associated with consumer wounds and skin integrity, behaviours requiring support, medication administration, mental health concerns, and activities of choice. Interventions to minimise and mitigate high impact and high prevalence risks are reviewed for effectiveness.
* Requirement 8(3)(d) – The approved provider must demonstrate the risk management systems and practices implemented at the service are consistently effective in the management of high impact or high prevalence risks associated with the care or activities of choice of consumers, and the investigation, management, prevention, and consideration of reporting of incidents.
* The service has implemented all continuous improvement actions identified in their response to the Site Audit report.

# 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

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

Consumers and representatives interviewed said they can make decisions about how their care is delivered and who is involved in their care. The Assessment Team found consumers are supported to make connections and maintain relationships of choice, including intimate relationships while living in the service. The service tries to ensure the safety of all consumers participating in intimate relationships. However, for one consumer implemented strategies to support and manage risks associated with the maintenance of their intimate relationship have not always been effective in protecting their well-being.

The approved provider’s response to the Site Audit report includes additional information about strategies undertaken prior to and following the Site Audit to support these consumers, their needs, and their relationship. While action has not consistently been demonstrated to be effective in managing associated risks, I have considered this in my assessment of Requirement 3(3)(b).

Feedback from interviews with consumers and representatives reflected that consumers generally feel supported to take risks that enable them to live the best life they can, and consumers and representatives are involved in discussions about their choices to support them to live their best life. However, the Assessment Team found the service was unable to consistently demonstrate for each consumer who have chosen to undertake activities that may involve risks, they have identified, assessed, or discussed what strategies or interventions may need to be implemented to manage the risks. For three consumers who undertaken activities of choice, while this is supported by the service, potentially high impact risks associated with these activities have not been considered, with identified strategies to mitigate or manage the risks.

The approved provider’s response includes additional information about consumer choice and the discussions had with consumers regarding risk while undertaking activities of choice. The service’s risk assessment form for outings has since been updated to include a section for risk mitigation. I am satisfied that consumers are supported to take risks to enable them to live the best life they can, however the service did not demonstrate these associated risks are effectively assessed and mitigated for the sampled consumers.

While gaps were identified in the service supporting intimate relationships and consumers undertaking activities of choice, I consider that the overall deficiencies relate to ineffective risk assessment and risk management practices, rather than consumer choice. Therefore, I have considered this evidence in my assessment of overall risk management in Requirement 3(3)(b) and Requirement 8(3)(d).

Consumers and representatives interviewed by the Assessment Team confirmed they felt consumers are respected and valued as individuals by staff. Documentation reviewed reflected cultural needs and preferences of consumers sampled, and staff were observed interacting with consumers respectfully. Information was observed by the Assessment Team to be available to consumers and representatives in a clear, easy to understand way to support consumer decision making. Staff were able to describe the different ways in which information is provided to consumers, including consumers with a cognitive deficit or if English was a second language.

Consumers interviewed confirmed their privacy is always respected. Staff were able to describe the practical ways they respect consumer’s personal privacy, including knocking and waiting for a response before entering their rooms, or not talking about consumer’s health, care or service needs in communal areas. When delivering care and services to consumers staff were observed to respect consumer’s privacy and dignity.

# 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. | Non-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. | Non-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. | Non-compliant |

Findings

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

A review of sampled consumer’s care planning documents by the Assessment Team show they do not always consider specific risks to the consumer’s health and well-being or reflect comprehensive assessment and planning for each consumer. For example, for one consumer who had absconded from the service and has medical conditions with associated risk, assessment of these risks including mitigation strategies were not completed to guide staff in monitoring and management of this consumer. For another consumer, risks associated with their bed placement, allergies, and wound were not comprehensively assessed to inform safe and effective care delivery.

The Assessment Team found care assessment and planning did not consistently identify and address consumer’s needs goals and preferences. This includes in relation to behaviour management, wound care, medication management, and pain assessment and management. For example, for one consumer, assessment and planning did not identify the consumer had moved to a different section of the service, their current mobility and transfer requirements, and the consumer’s current pain management interventions.

The Assessment Team found the service was not able to demonstrate that care and services are reviewed regularly for consumers, or when circumstances change. The Assessment Team found that pressure injuries for consumers were identified at later stages. While these are reported, review of care and services including identification of strategies to minimise further reoccurrence have not occurred. Care and services were not reviewed for consumers following incidents including absconding, and changes in behaviour.

The approved provider’s response includes some additional information about the assessment and planning for consumers at the time of the Site Audit, and updates that have occurred following the Site Audit. The approved provider’s response identifies planned continuous improvement actions to improve the assessment and planning of consumer care. This includes a new clinical education role commencing late March 2023, staff education and training, and the implementation of a new pain assessment tool. The approved provider’s response identifies that care plans and assessments for consumers named in the Site Audit report have been updated to reflect current risks, needs, goals and preferences associated with the consumer’s care and services.

While the service has identified improvements to assessment and planning, these have not yet been demonstrated to be effective in ensuring assessment and planning considers risks to consumer’s health and well-being, informs the delivery of safe and effective care and services, and identifies and addresses the consumer’s current needs, goals and preferences. I am not satisfied the service’s processes are consistently effective to ensure care and services are reviewed regularly, when circumstances change, or following incidents.

I find the following Requirements are non-compliant:

* Requirement 2(3)(a)
* Requirement 2(3)(b)
* Requirement 2(3)(e)

The service demonstrated they have a partnership with consumers and their representatives in the care assessment and planning for the consumer. Consumers and representatives said they felt partnered in care, they had participated in assessments on their arrival and in regular intervals with staff, felt involved in their care, and felt their choices were respected. Consumers said they had seen their care plan, discussed it, and been offered a copy. The service demonstrated updates in relation to assessment and care planning are communicated with consumers and their representatives. It was evident that assessment and planning included other organisations, individuals and providers of care and services involved in the consumer's care.

I find the following Requirements are compliant:

* Requirement 2(3)(c)
* Requirement 2(3)(d)

# 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. | Non-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 two of the seven specific requirements have been assessed as non-compliant.

The Assessment Team found sampled consumers did not consistently receive best practice care that is tailored to their needs and optimising their health and well-being. The service did not demonstrate regular monitoring of psychotropic medications for consumers. The Assessment Team identified gaps in the maintenance of skin integrity and management of wounds. For example, one consumer was applied dressings that they are allergic to and the same dressings continued to be applied despite delayed wound healing. This consumer has several wounds and assessment, dressing regimes, and monitoring were inconsistently completed or ineffective. The Assessment Team found deficiencies in pain management including limited assessment, review, and interventions conducted, including for severe pain and where pain is identified as a trigger for behaviours.

The Assessment Team found the service did not demonstrate the effective management of high impact or high prevalence risks associated with the care of each consumer. This included gaps in the assessment and management of risks associated with consumer wounds and skin integrity, behaviours requiring support, medication administration, a consumer absconding from the service, and significant mental health concerns for a consumer. For three consumers who undertaken activities of choice, while this is supported by the service, potentially high impact risks associated with these activities have not been considered, with identified strategies to mitigate or manage the risks. For another consumer, risks associated with their relationships had not been effectively managed to mitigate negative impact on their health and well-being.

The approved provider’s response acknowledges some of the gaps in the clinical care of consumers identified in the Site Audit report, and provides some additional information for these consumers. Since the Site Audit, the service has commenced the implementation of a new psychotropic register to monitor and review these medications. The service has implemented continuous improvement including a new clinical education role, staff education and training, and the implementation of a new pain assessment tool.

The approved provider’s response includes some evidence of action taken to manage the risks associated with the care of consumers identified in the Site Audit report, particularly the consumer with mental health concerns. The approved provider’s response includes a corrective action plan that aims to address the deficiencies identified in the Site Audit report and improve the clinical care and outcomes for named consumers.

While the approved provider is working towards delivering best practice clinical and personal care, and effectively managing the high impact and high prevalence risks associated with the care of consumers, I am not satisfied at this time this is consistently occurring or effective for all consumers.

I find the following Requirements are non-compliant:

Requirement 3(3)(a)

Requirement 3(3)(b)

Care documentation reviewed by the Assessment Team reflected the needs and wishes of consumers nearing the end of life, including the circumstances in which consumers want to be transferred to hospital. The service has policies and procedures in place regarding palliative care and advanced care planning that guide staff, emphasising comfort and preserving dignity. Reviewed care documents for a consumer who had recently passed away at the service demonstrated regular involvement and review by the medical officer. The consumer’s end of life needs were managed by the service including pain management, oral care, and pressure area care.

For the consumers sampled, care documentation reviewed generally showed timely identification of deterioration or change in their physical, mental and/or cognitive health. Representatives interviewed said deterioration in consumer condition is identified promptly, acted on and communicated to the representatives. For most consumers sampled, care planning documents show timely and appropriate referrals to allied health professionals, medical specialists, and others when required.

The service demonstrated that information about the consumer's condition, needs and preferences are documented and communicated with those involved in the care of consumers. Consumers and representatives sampled said the consumer's care needs and preferences are effectively communicated between staff and this is reflected in the care they receive. While for two consumers, sufficient information about their behaviours or interventions to manage their behaviours was not included in their care plan, I have considered this in my assessment of Requirement 3(3)(b) in the overall management of high impact risks for these consumers.

The service demonstrated effective infection control policies, procedures and monitoring to ensure the minimisation of infection related risks. Staff were able to provide examples of appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. The Assessment Team observed staff utilising standard and transmission based precautions to prevent and control infection.

I find the following Requirements are compliant:

* Requirement 3(3)(c)
* Requirement 3(3)(d)
* Requirement 3(3)(e)
* Requirement 3(3)(f)
* Requirement 3(3)(g)

# 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

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

Consumers and representatives interviewed said consumers are supported with their needs, goals and preferences through safe and effective services and supports for daily living. Consumers and representatives confirmed consumers are supported to participate in the community within and outside the service, have social and personal relationships and do things of interest to them. Consumers and their representatives said they can choose to attend group activities or are supported to pursue their own individual interests. Consumers and representatives interviewed confirmed consumers receive the support they need for their emotional, spiritual and psychological well-being. Consumer’s goals and preferences are assessed, and a lifestyle care plan is developed for each consumer.

The service communicates effectively with other organisations where responsibility for care is shared. While there were some gaps in communication within the service of consumer’s required services and supports, overall, consumers were receiving services and supports for daily living to optimise their well-being.

Timely and appropriate referrals for consumers to other organisations and providers of care and services are completed by the service to supplement the lifestyle supports at the service. This includes referrals to community volunteers, the local library, and mental health organisations.

Consumers and representatives interviewed said the service provides a wide variety of meals which are of suitable quality and quantity. Consumers are involved in the development of the menu and can provide feedback on the quality of the food provided.

Consumers confirmed they are provided with equipment by the service that cater to their lifestyle needs. The service has a process in place to ensure equipment is safe, suitable, clean and well maintained.

# 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

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

The Assessment Team found the service has an inviting and clean appearance and wide corridors for easy movement. The dining areas were large and spacious and comfortably accommodated consumers in motorised wheelchairs. The presentation of the service was observed to be functional, including various social and private spaces and courtyards for the enjoyment of consumers and visitors. The overall service environment was observed to be safe, clean and well maintained with comfortable furnishings. The layout of the service environment, and the availability of easy access to the outdoors, promotes the free movement of consumers throughout the service.

All consumers sampled said they felt at home, and the service was very welcoming. Consumers interviewed confirmed their satisfaction with the environment, saying that it is safe, clean and well maintained.

The service has systems in place to ensure fittings and equipment are well maintained and are safe for consumers. Documentation reviewed verified that all maintenance is completed in a timely manner. Consumers said all furniture and equipment they needed was available to them, and was kept clean and well maintained.

# 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

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

Consumers and representatives interviewed confirmed they are encouraged and supported to provide feedback and make complaints. They described the different ways they can provide feedback and said they feel comfortable raising matters with staff and management. Consumers and representatives interviewed said management are responsive to any matters they raise, and confirmed feedback and complaints are used to improve the quality of care and services.

The Assessment Team reviewed minutes of consumer meetings, and the complaints register which capture compliments and complaints demonstrating consumers are encouraged and supported to provide feedback and raise any issues or concerns.

While most consumers and representatives interviewed said they were not aware of how to make complaints to external organisations, they advised they did not need to as they preferred to raise their concerns directly with staff and management. External complaints mechanisms and advocacy brochures and posters were observed on display around the service, and information was available in the resident handbook.

The Assessment Team found that all complaints were responded to within a timely manner, and communication was open and transparent throughout the process. Where needed the complaints were investigated and the service apologised. Before the complaint is closed out the service discusses whether the implemented strategies or solutions have been successful. While the complaints register reviewed by the Assessment Team had some gaps in the documentation of complaints action and closure, a new system was being implemented during the Site Audit which will enable easier monitoring, reviewing and the identification of trends in complaints.

# 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

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

Consumers interviewed by the Assessment Team said they feel there are sufficient numbers of staff to provide their personal and clinical care and services. Consumers said staff attend call bells in a timely manner and staff are not rushed when providing care. Service management provided information showing strategies to manage staff shortages through a combination of staff working longer or double shifts and using agency staff. Documentation reviewed demonstrated all shifts were filled in the four weeks prior to the Site Audit.

Consumers interviewed said they are treated with kindness and care and with respect for their identity, culture, and diversity. The Assessment Team observed staff interacting with consumers in a caring and respectful manner and demonstrated they have developed positive and friendly relationships with consumers.

Consumers interviewed said they feel staff are competent and have the skills and training to effectively provide quality care and services. Staff interviewed demonstrate a good understanding of service policies and processes and are familiar with consumer’s needs and preferences in line with details contained in consumer’s care plans. Staff had appropriate qualifications, experience, and skills to perform the roles they were recruited for. The organisation has processes to ensure staff complete mandatory training and additional training on a range of other topics.

The service demonstrated systems in place to monitor, measure and review staff performance. Most staff interviewed confirmed they have received regular performance reviews, and documentation sighted confirmed performance reviews contain feedback from consumers, and show progress of reviews and staff development plans.

# 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. | Non-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

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

The Assessment Team found the organisation has processes to identify, assess, monitor, and implement improvements to manage consumer risks and safety. However, these processes were not demonstrated to be effective at the service to ensure the management of high impact or high prevalence risks associated with the care of consumers, and the investigation, management and prevention of incidents. The organisation did not demonstrate effective systems and practices to ensure that risks associated with activities of choice for consumers have been considered, with identified strategies to mitigate or manage the risks. For one consumer, risks associated with their relationships had not been effectively managed to mitigate negative impact on their health and well-being. The Assessment Team did not find sufficient evidence that this negative impact was considered as reportable under the serious incident response scheme (SIRS).

The approved provider’s response includes additional information regarding the oversight of high impact or high prevalence risks and incidents, and the care assessment and planning processes to support consumers to live their best life. The approved provider’s response also includes additional information about one of the consumers involved in the incident referenced in the Site Audit report. However, did not include evidence of assessment and management, including consideration of reporting to the SIRS, for the consumer who potentially had a negative impact on their health and well-being as a result of the incident.

The service did not demonstrate the organisation’s risk management systems and practices implemented are consistently effective in the management of high impact or high prevalence risks associated with the care or activities of choice of consumers, and the investigation, management, prevention, and consideration of reporting of incidents.

I find the following Requirement is non-compliant:

Requirement 8(3)(d)

Feedback and engagement from consumers is provided to the organisation through consumer groups such as the residents and relatives meetings, food focus group meetings, activity meetings, consumers involvement in audits, case conferences, and consumers providing environmental feedback. All feedback from consumer groups is analysed by service management who provide feedback to the executive and the board. The board utilises information from the organisation’s various governance and risk committees to evaluate risks and actions required to ensure the Quality Standards and Charter of Aged Care Rights are being met at the service. Staff interviewed said they regularly receive communication from management about the values, aims and vision of the service, and have training and education in how to apply these principles to promote quality outcomes for consumers. Board members have regular engagement with consumers including to support their lifestyle and well-being.

The service demonstrated effective organisation wide governance systems including information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. The service has a clinical governance framework in place that is underpinned by policies and procedures to guide staff, including on antimicrobial stewardship, minimising the use of restrictive practices, and open disclosure. The organisation’s quality and clinical governance committee, and medication advisory committee meet regularly and inform the board through the service management about activities, issues, and concerns within their respective areas.

I find the following Requirements are compliant:

Requirement 8(3)(a)

Requirement 8(3)(b)

Requirement 8(3)(c)

Requirement 8(3)(e)

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)