Performance

Report

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| Name: | BallyCara Aged Care |
| Commission ID: | 5463 |
| Address: | 16B Oyster Point Esplanade, SCARBOROUGH, Queensland, 4020 |
| Activity type: | Site Audit |
| Activity date: | 9 April 2024 to 11 April 2024 |
| Performance report date: | 13 May 2024 |
| Service included in this assessment: | Provider: 1136 Ballycara Limited  Service: 3753 BallyCara Aged Care |

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 BallyCara Aged Care (**the service**) has been prepared by T Wurf, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others, and
* the provider’s response to the assessment team’s report received 7 May 2024.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Not 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 8(3)(c) – ensure regulatory compliance systems make sure the organisation is complying with relevant legislation and regulatory requirements, specifically that:
  + incidents are reported, where required, to the Serious Incident Response Scheme (SIRS), and staff are trained and have knowledge SIRS reporting, particularly incidents of abuse and neglect; and
  + environmental restraint is identified and managed in accordance with legislative requirements for the use of restrictive practices.
* Requirement 8(3)(d) - ensure risk management systems are effective in:
  + managing and monitoring clinical risks to consumers, including (but not limited to) those associated with time sensitive medication; and
  + ensuring incidents of abuse and neglect are reported to the SIRS.

# 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 Site Audit Report included evidence (summarised below) that the service is compliant with this Quality Standard and associated requirements.

Consumers said staff treat them with dignity and respect and they feel accepted and valued. They said staff know their backgrounds and preferences for their daily routine. Consumers said staff address them by their preferred name and protect their privacy by knocking before entering their room and seeking permission before providing care.

Staff interviewed by the Assessment Team knew consumers’ backgrounds and individual preferences. They said interactions between staff and consumers are guided by the service’s code of conduct. Staff identified consumers from culturally diverse backgrounds and described how each consumer receives care aligned with their cultural needs. Staff receive training in cultural safety and code of conduct.

Consumers’ documentation was individualised and included information about their backgrounds, personal preferences, identity and cultural practices.

The service has a framework to support consumer choice and decision-making. Consumers said they are recognised as the experts in their own experiences, and said staff support them to make decisions, including about their care and services. They said they are also supported to maintain relationships of importance, including by sitting in their preferred friendship circles during meals and activities. Staff described how they support consumers to make informed decisions about care and services.

Consumers said the service supports them to make choices and take risks. The service has relevant risk management policies and procedures and staff described how they support individual consumers to take risks. Care documentation evidenced risk assessments, discussions about risks with the consumer and their representatives, and strategies to minimise risk of harm.

Consumers said they get the right information, at the right time, in a way they can understand, and they are encouraged to ask questions. The service has multiple mechanisms to communicate information to consumers. Staff said, where required, they provide one-on-one support to consumers to understand information and make informed decisions. The service has a consumer advisory group that, among other things, reviews the service information, communication and resources to ensure information is appropriate.

Consumers were satisfied that care and services are delivered in a way that maintains their privacy and they were confident the service keeps personal information private. Staff described how they maintain a consumer’s privacy, particularly when providing care. The service has policies and procedures that guide the collection, use, sharing and storage of confidential information.

The Assessment Team observed:

* Staff being patient with consumers during a meal service and when assisting consumers to move to and from activities.
* Lifestyle and care staff supporting consumers to attend the live streaming of catholic mass.
* Staff talking in a private space when discussing consumer information, locking computer screens when not in use, and knocking on doors and seeking consent prior to entering rooms.

# 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

The Site Audit Report included evidence (summarised below) that the service is compliant with this Quality Standard and associated requirements. Whilst the Site Audit Report referenced some deficiencies in assessment and care planning documentation related to environmental restraint, behaviour support and diabetes management, these matters have been considered under requirements 8(3)(c) and 8(3)(d).

Consumers reported they are involved in assessment and planning processes and satisfied with their care plan. They said:

* They can choose to have their representatives and others participate in these processes.
* The care and services they receive meet their needs, goals, and preferences.
* Allied health professionals are involved in care planning and delivery.
* Staff talk to them about their care and the information in their care plan.
* They are regularly involved in case conferences to review care and staff are responsive when there is a change.

Registered staff described the service’s assessment and planning processes and said these are conducted in partnership with the consumer, their representatives, and other health professionals such as geriatricians, medical officers, allied health, palliative care teams and specialist dementia services. Staff said they discuss end of life wishes with a consumer when they enter the service, at care plan review and if a consumer's condition deteriorates.

Care planning documentation reflected the use of validated assessment tools upon a consumer’s entry to the service and following a change. These included, for example, assessment of skin integrity, pain, mobility, nutrition and hydration, falls, behaviour, medication, wounds and diabetes. Care documentation included advance care directives and/or evidence of a discussion with consumers regarding end of life wishes. Documentation also reflected involvement of other health professionals in assessment and planning, including medical officers, physiotherapists, occupational therapists, dietitians, and podiatrists.

Staff have access to consumer information and care plans via the electronic care management system, shift handover and care conferences with the consumer, their representative, staff and health professionals.

Care plans are systematically reviewed every three months by a registered nurse, when circumstances change, or following an 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. | 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 Site Audit Report included evidence (summarised below) that the service is compliant with this Quality Standard and associated requirements. Whilst the Site Audit Report referenced deficiencies in care documentation related to the administration of time sensitive medication for two consumers, diabetes management for one consumer and catheter care for one consumer, these matters have been considered under requirement 8(3)(d).

Consumers were satisfied with the personal and clinical care they receive and how the service manages risks associated with their care.

The service has a suite of best practice guidance, policies and procedures that are utilised by staff to guide the delivery of personal and clinical care.

Consumers’ care documentation reflected safe and effective care and management of risks, including in relation to complex care needs, continence, wounds, pain, skin integrity and falls, and risks to consumers were identified and managed. For example, wounds were attended to regularly and as per medical directives, falls were managed in accordance with the service’s policy, and restrictive practices were managed in accordance with legislative requirements (except for environmental restraint that is addressed under requirement 8(3)(c) below). Documentation also evidenced the involvement of other health professionals where required, such as wound specialists, geriatrician, aged care consultants, and allied health professionals.

Staff demonstrated knowledge of individual consumers’ personal and clinical care needs. Registered and care staff described individualised strategies to prevent and manage falls, pressure injuries, and unplanned weight loss.

Consumers and their representatives, medical officers, palliative care teams and anyone else the consumer wishes are involved in a consumer’s end of life care. Registered staff described the palliative care pathway, resources available to them, and ways they support consumers nearing their end of life. Care documentation included advanced care directives and a palliative care plan where required.

Consumers and representatives said the service identifies changes in a consumer’s health and wellbeing and responds in a timely way. Care documentation evidenced that staff recognise, report and respond to changes in a consumers’ condition. Registered staff described the actions taken following a change or deterioration, include assessments, discussion with the consumer/representative, referral to the medical officer or other health professionals, and transfer to hospital if necessary. Care staff knew consumers’ usual physical, psychological, mental and emotional health and said they report any unusual signs or symptoms to registered staff.

Consumers were satisfied their needs and preferences are effectively communicated between staff. Information about consumers is documented and accessible via the electronic care management system and shift handover. Management advised that, where requested, consumers are shown information about them such as pathology results, medication charts, medical history and consultation notes.

The service makes timely referrals to other health providers and organisations. Management and staff had a consistent understanding of how and when to make a referral. The service is supported by a dietitian, medical officers, physiotherapist, and other health professionals who attend for clinics such as an optometrist, dietitian, and podiatrist. Referrals are made to external health professionals including, but not limited to, a geriatrician, dementia support service, palliative care consultancy service, residential aged care assessment and mental health services.

The service has an outbreak management plan, policies and procedures to guide staff in prevention and control of infection and antibiotic management. Infections and outbreaks are analysed and reviewed monthly. The service has entry screening requirements and a vaccination program for staff and consumers. The service has an infection and prevention and control lead. During the site audit, the service had activated its outbreak management plan for COVID-19. The Assessment Team observed a personal protective equipment station and directives for staff, and staff using hand sanitiser regularly and wearing personal protective equipment.

# 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 Site Audit Report included evidence (summarised below) that the service is compliant with this Quality Standard and associated requirements.

Consumers said staff assist them to maintain their independence and participate in activities of interest to them. Staff knew individual consumer’s needs and preferences and what they enjoy. They described activities designed to support consumers as their needs change, including in-house church services, sing-a-longs, pet therapy, and craft activities.

Consumers said they have access to activities and support networks that meet their emotional, spiritual, and psychological needs. Staff explained how they support consumers when they are feeling low and how and when a referral to external services is made. All consumers who identified as having religious beliefs said they are invited to attend a weekly live streaming of Catholic mass and confirmed the local community ministry group attend the service regularly to deliver emotional and spiritual support.

Consumers said they are supported to participate in their community and social activities as they want and as often as they wish. Staff described the external activities consumers attend and relationships of importance to consumers, which was consistent with care plan information.

Consumer documentation was individualised and included information about their life events, background and history, people of importance, spiritual preferences, cultural values and beliefs, lifestyle and activity preferences, and social and emotional needs and preferences. Consumers said staff know their needs, preferences and other providers involved in delivering services. Staff said they access consumer information via the electronic care management system, shift handovers, and staff meetings.

The service makes referrals to, and collaborates with, other organisation and providers. The service engages external organisations to supplement the services provided by the service, including support services, religious supports, a men’s shed and the national disability insurance scheme. Consumers provided positive feedback about the services they have been referred to, including hairdressing and spiritual services.

Consumers said they enjoy the service’s meals and snacks. They said they have choice of meals and can access a variety of snacks between mealtimes if they are hungry. Staff knew consumers’ dietary requirements and preferences, which was consistent with information documented in their care plan.

Consumers said they have access to equipment to assist them with their daily living activities, the service cleans and maintains the equipment, and they are aware of how to report a maintenance issue. Staff interviewed said they have access to the equipment they need when they need it and had a common understanding of how to report maintenance requests.

The Assessment Team observed:

* Consumers enjoying their lunch meal in a relaxed and comfortable environment, and staff offering more food, drinks, and alternate options.
* A wide range of lifestyle activity products available for consumer use including, music, books, puzzles, colouring artwork, pencils and games.
* Mobility aids, such as walking devices and wheelchairs, were clean and well maintained.
* Consumers utilising the hairdressing service on site and volunteers supporting consumers in lifestyle activities including quizzes, music sing-a-longs and craft.
* Consumers completing their football tips with lifestyle staff, enjoying the company of visitors, and engaging in positive interactions with staff.

# 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 Site Audit Report included evidence (summarised below) that the service is compliant with this Quality Standard and associated requirements.

Consumers said they and their family and friends are made to feel welcome at the service and they decorated their rooms with personal effects from home. Consumers feel safe and comfortable at the service and gave positive feedback regarding cleaning and maintenance.

Consumers provide feedback and suggestions for service environment improvements, artwork, photos displayed, and music played.

The service had processes and schedules for cleaning and preventative and reactive maintenance. Staff were familiar with these processes. Specialist maintenance staff are contracted to clean and maintain critical equipment and conduct tasks such as fire safety equipment testing and pest management. The service conducts audits to ensure tasks are completed to time and legislative requirements.

The Assessment Team observed:

* The service environment to be welcoming, easy to navigate with clear signage, open, clean and well-maintained.
* Consumers moving freely between areas of the service, including those with varied levels of mobility.
* Consumers and their visitors sharing time together at the service and at the onsite café.

Whilst consumers could move freely within the service environment, the Assessment Team observed that some consumers were restricted from freely leaving the service and were redirected if they attempted to leave the immediate area. I have considered this under Requirement 8(3)(c).

# 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 Site Audit Report included evidence (summarised below) that the service is compliant with this Quality Standard and associated requirements.

Consumers and representatives reported:

* They are supported and feel comfortable to give feedback and make complaints, including directly with staff.
* They are aware of advocacy and language services available to them and referred to the complaints-related material displayed at the service.
* Confidence that management would address complaints and attempt to resolve any concerns promptly.
* They are kept informed about the resolution of a complaint and receive an apology.

The service had policies, procedures and educational material relevant to feedback and complaint management. The policy and procedure included guidance for staff to document, investigate, resolve, and evaluate feedback and complaints and use open disclosure. The service’s feedback and complaints register recorded complaints, actions taken to resolve them, and where open disclosure was used.

Management and staff had a clear understanding of the service’s complaints management procedures and described how they openly encourage and support feedback and complaints.

The Assessment Team observed various noticeboard throughout the service displaying information about advocacy and interpreter services, and the Commission’s posters and complaint brochures.

Consumers and representatives were confident the service uses feedback and complaints to improve the quality of care and services. The service trends and analyses feedback and complaints and uses this information to inform continuous improvement activities, which are documented in the service’s plan for continuous improvement.

# 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 Site Audit Report included evidence (summarised below) that the service is compliant with this Quality Standard and associated requirements.

Consumers were satisfied with the availability of staff and said staff respond promptly to their needs. Staff felt there are sufficient staff to provide care and services in accordance with consumers’ needs and preferences and reported that they take extra time to spend one-on-one time with consumers as required.

The service manages a base roster that considers service occupancy levels, consumer needs, and staff skills. The service has a proactive approach to planned and unplanned leave to avoid staff shortages and has ongoing recruitment processes.

Consumers provided positive feedback about staff and described them as kind and respectful. The service has processes to monitor staff behaviour and interactions and address any issues using performance management and staff re-training.

Consumers felt staff are competent, knowledgeable and well trained. The service has a digital system to ensure staff have relevant qualifications, clearance checks and registrations. Staff competency is determined through supervisor feedback, probation and performance reviews, consumer/representative feedback, surveys, and reviews of care records. Staff considered they are trained, supported, and equipped to perform their roles. Staff compliance with mandatory training is monitored through an electronic learning management system and provide staff with additional training if/when the need is identified.

The service has systems to regularly assess, monitor and review staff performance. New staff undergo a 6-month probationary period, there is an annual performance management process, and regular performance conversations occur with staff. Any issues in performance identified through monitoring mechanisms are addressed and trigger a performance review.

The Assessment Team observed staff responding promptly to requests for assistance from consumers and staff interactions with consumers were positive, kind, caring and respectful.

# 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. | Not 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. | Not 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

Having considered the Site Audit Report and the approved provider’s response, I have decided Standard 8 is non-compliant as I am satisfied requirements 8(3)(c) and 8(3)(d) are non-compliant. Non-compliance is based on:

* Organisational governance systems for regulatory compliance were not effective, specifically related to legislative requirements for reporting to the Serious Incident Response Scheme (SIRS) and managing restrictive practices (environmental restraint).
* Risk management systems were not effective in managing clinical risks to consumers or ensuring serious incidents were reported to the SIRS.

In coming to this decision, I have considered information in the Site Audit Report under these requirements and other requirements in Standards 2, 3, and 5.

I am satisfied other requirements in this Quality Standard are compliant, based on evidence in the Site Audit Report.

I have based my decision on the following analysis.

*Requirement 8(3)(c)*

The Site Audit Report included evidence of effective organisational governance systems related to information management, continuous improvement, financial governance, workforce governance and feedback and complaints.

However, whilst there were mechanisms in place to track, monitor and report on regulatory compliance matters, these were not effective in ensuring consistent understanding and compliance with legislative requirements for SIRS reporting and managing restrictive practices (environmental restraint).

The Assessment Team identified several incidents of alleged neglect and abuse between January and March 2024 that had not been reported to the SIRS in accordance with legislative requirements. Management did not have a clear understanding about the requirement to report these incidents to SIRS.

The approved provider’s response acknowledged these findings and identified actions completed to update its SIRS practices and improve regulatory compliance in this area. Actions included:

* Retrospectively reported incidents identified by the Assessment Team to the SIRS.
* Updated the service’s feedback form to include a SIRS screening section for completion by the service’s quality assurance team.
* At the April 2024 clinical team meeting, delivered information about what constitutes ‘neglect’ to management and clinical staff.
* Updated information and annual training requirements for staff on the SIRS.

The Site Audit Report identified that some consumers, who were otherwise physically capable, were redirected and/or not permitted to leave the service environment independently. This had not been identified as a form of environmental restraint, and therefore not managed in line with legislative requirements for the use of restrictive practices.

The approved provider’s response acknowledged these findings and identified actions completed and planned to manage environmental restraint. For example:

* Restrictive practices education and information for senior clinical staff was delivered and is planned for all staff in May 2024.
* Utilised the Commission’s *perimeter restraint self-assessment tool* to identify current consumers subject to environmental restraint. This tool will also be utilised for new admissions and when consumers’ health status changes.
* For those consumers identified as environmentally restrained, commenced processes to manage the restraint in line with legislative requirements.
* Developed an audit tool and program to audit behaviour support plans.

*Requirement 8(3)(d)*

The Site Audit Report identified that whilst the service had policies and processes related to risk, clinical oversight and risk management systems did not effectively manage risks to consumers or ensure serious incidents were reported to the SIRS. Examples included:

* Time sensitive medications were not administered within best practice guidelines for two consumers on more than 60 occasions collectively. The service did not have a process to administer or monitor administration of time sensitive medication.
* The service’s incident management system had not ensured incidents of neglect and abuse were reported to the SIRS, and management did not have a clear understanding about neglect and the requirement to report these incidents to SIRS.
* Whilst areas of care including behaviour support, diabetes, and catheter care were generally well managed, the Assessment Team identified instances of risks to consumers that the service’s systems had not identified:
  + A consumer’s indwelling catheter was not changed as required and there was no expiry date evident for staff to follow.
  + Behaviour charting for a consumer did not demonstrate alternate strategies trialled prior to the use of restraint.
  + Blood glucose readings, and directions and medical intervention for readings outside of acceptable parameters were not recorded for a consumer.

The approved provider’s response described the governance structures for monitoring and reporting clinical information and risks. In response to the Site Audit Report findings, the service has completed or planned the following improvement actions:

* Time-sensitive medication.
  + Implemented additional mobile devices/tablets for clinical staff to manage medication administration.
  + Discussed directions for time sensitive medication administration at the clinical meeting in April 2024, and included the topic on the agenda for future meetings.
  + Established processes to monitor administration of time sensitive medication, including monthly audits, ‘spot checks’, daily medication tracking report, and audit of packaging (to ensure medications and times are clearly labelled).
  + Engaged with pharmacy provider in a best practice approach for medication dispensing and administration, and an IT system provider to ensure the system identifies consumers that receive time sensitive medication.
* Improved systems to report serious incidents to the SIRS (refer to requirement 8(3)(c)).
* Reviewed relevant consumers and updated their care documentation and improved systems to manage and monitor clinical risk to consumers. For example:
  + Established audit processes and programs for diabetic management plans, behaviour support plans and catheter care.
  + Planned staff education on these topics.
  + Implemented a tool to support clinical decision making and clinical handover, to be used at clinical meetings and handover.
  + Commenced engagement with an IT system provider to develop an application on staff mobile phones to improve access to contemporaneous documentation.

Requirements 8(3)(a), 8(3)(b), and 8(3)(e)

The Site Audit Report included evidence (summarised below) that the service is compliant with the other requirements under this Quality Standard.

Consumers said they are confident in the way the service is run. Consumers are engaged through the feedback and complaints process, consumer meetings, a consumer advisory meeting and surveys. Management gave examples of changes made at the service and organisational level which involved the input of consumer and representative feedback.

The service is led by a Board which includes members with experience in various areas including health and aged care, business, human resources, governance, accounting and property. The service has a governance framework which outlines roles and responsibilities. Management and executive teams meet regularly to review the service’s performance.

The service has a clinical governance framework and associated policies and processes to guide the delivery of clinical care. Clinical care is delivered by registered and enrolled nurses and overseen by the clinical management team. Clinical care and governance are discussed at a variety of executive, clinical, and staff meetings. The service ensures clinical and care staff are trained in topics that fall under the clinical governance framework.

Based on the Site Audit Report and the approved provider’s response, I am satisfied that:

* Requirements 8(3)(a), 8(3)(b) and 8(3)(e) are compliant.
* At the time of the site audit, the service did not have effective governance systems for regulatory compliance, or risk management systems for managing risks to consumers and reporting incidents of neglect and abuse.
* The approved provider has identified actions taken, in progress and planned to address deficiencies identified in the Site Audit Report and improve governance systems related to regulatory compliance and risk management. However, some actions are yet to be completed and others are in their infancy. These will take some time to embed in practice and be tested for effectiveness and sustainability.

For these reasons, I have decided requirements 8(3)(c) and 8(3)(d) and the overall Quality Standard are non-compliant.

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)