Performance

Report

**1800 951 822**

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| Name of service: | Bexley Care Centre |
| Service address: | 82-84 Connemarra Street BEXLEY NSW 2207 |
| Commission ID: | 2541 |
| Approved provider: | Fresh Fields Management (NSW) No 2 Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 17 November 2022 to 18 November 2022 |
| Performance report date: | 15 December 2022 |

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 Bexley Care Centre (**the service**) has been prepared by M Buhagiar, 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 Assessment Contact - Site; the Assessment Contact - Site 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 12 December 2022
* the following information given to the Commission, or to the Assessment Team for the Assessment Contact - Site of the service: Performance Report dated 29 July 2021 following Site Audit 22-24 June 2021, Notice of Non-Compliance 13 September 2021.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **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

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 4(3)(a) The approved provider must demonstrate that all consumers ware provided with meaningful activities including those at risk of social isolation and that staff are trained to provide them with this interaction.

# Other relevant matters:

The service underwent a Site Audit from 22 to 24 June 2022 and was found non-compliant with 17 requirements. The purpose of this Assessment Contact is to re-assess the 17 non-compliant requirements.

All 17 previous non-compliant requirements were reassessed to determine the compliance of the service.

Where the Quality Standard is non-compliant, one or more requirements of that Quality Standard has been assessed as non-compliant. Note that this does not mean that all requirements were assessed.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

This requirement was found non-compliant following a Site Audit from 22 to 24 June 2021. Interviews with consumers, representatives, staff and the Assessment Team's observations showed consumers with a cognitive impairment were wandering into other consumer rooms, touching other consumer belongings, and invading their space. The service was unable to demonstrate it was being proactive in identifying these behaviours and implementing strategies to manage them behaviours.

In response to the findings of non-compliance identified at the Site Audit, the service has implemented a number of actions, with three consumers with behaviours of concern moving to another service, training for staff in dignity and respect has been completed, the organisation has engaged a cognitive behavioural specialist to assess the service environment. They have implemented way-finding cues such as signage to key areas of the service and a sensory room. They have also created lounge rooms for quiet reflection for the consumers.

At the Assessment Contact conducted on 17 to 18 November 2022, consumers and representatives interviewed said they were satisfied the service has made improvements to reduce other consumers entering their rooms. Consumers and representatives both said the staff respect their privacy and encourages other consumers to respect consumer's privacy.

The Assessment Team did not observe any consumers wandering into other consumers' rooms during the 2-day Assessment Contact. Staff were observed to be respectful of the consumer's privacy during personal care and when the consumer requested time alone.

Consumer information was kept at the nurse's station, which has a half door to restrict access. All consumer information was kept in folders discreetly or on the service's password-protected electronic care management system.

I find that the approved provider is Compliant with this requirement due to the actions and initiatives that they have implemented.

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# 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)(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

These requirements were non-compliant following a Site Audit from 22 to 24 June 2021. The service was unable to demonstrate they identified the triggers for the consumer's behaviour or the planning of interventions for the management of the consumer. The service was unable to demonstrate individual goals for the consumers were consistently identified, nor do they demonstrate the goals are driven by the consumer. The service was unable to demonstrate the consumer's care plan review is consistently conducted when the consumer's condition or needs change.

The service implemented several actions in response to the findings of non-compliance identified at the Site Audit.

This has included education for all registered nurses for effective assessment care planning and clinical documentation, consultation with consumers/representatives and establishing consumer goal focussed individualised care plans.

Management completed a study workbook on effective incident management and open disclosure, the director of nursing and clinical nurse manager participated in guided learning on effective incident management. Management staff participated in guided learning on open disclosure and education was provided to registered nurses on the importance of reviewing and updating the care and service plans when incidents occur and in a timely manner.

The organisation has developed a clinical risk register that identifies each consumer's high-risk/high-prevalence areas.

During the Assessment Contact held on 17 to 18 November 2022, consumers and representatives said they have been involved in and consumers were assessed for their care needs on entry to the service and regularly on a timely basis. Most consumers' care and service records sampled show they are assessed on entry to the service, and an interim plan of care is developed to inform care. The deputy director of nursing said all consumer documents are pre-assessed for risk before admission. On admission, the service has an admission checklist that the registered nurses use to complete comprehensive assessments to develop the consumer's individualised care plan. When risk has been identified during comprehensive reviews, strategies are developed and implemented to mitigate the risks. On entry to the service, consumers are assessed by doctors who provide information on the consumer's medical history and medications.

Assessment and care planning documentation for the consumers sampled generally reflect consideration of individual risks, choices, and preferences; and review when consumer health and wellbeing changes occur.

The Assessment Team found that consumers and representatives sampled could describe what was important to them regarding how their care is delivered. Most staff could identify and assess their individual needs and preferences. Sampled consumers' files had evidence of an advanced care plan or a discussion about it in their care plan. Some staff were able to describe what was important for consumers in terms of personal and clinical care.

The care and services records for the consumers sampled generally detail their needs, goals, and preferences. Most consumers sampled had a current advanced care directive or evidence that this had been discussed with them. Where there was no advanced care directive, the consumer preferred not to commence one at that time.

The Assessment Team found that representatives for consumers confirmed they are usually contacted when there is a change in the consumer's condition. Care plans and documents show care and services are being reviewed every 4 months. When the consumer's condition changes or an incident occur, the registered nurses use a resident of the day process to regularly review consumers and their care and consult and update the representatives. Consumers who have had falls are reviewed by an RN and the physiotherapist; their medical officer and representative are notified. If necessary, they are transferred to the hospital for further assessment and treatment.

I find that the approved provider is Compliant with these requirements due to the actions and initiatives that they have implemented.

# 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 |

Findings

These requirements were non-compliant following a Site Audit from 22 to 24 June 2021. The service was unable to demonstrate clinical care to consumers is best practice and does not optimise consumer's health and wellbeing. The service was unable to demonstrate high prevalence risk or high impact risks to consumers are being identified in relation to behaviour incidents, and the time of incidents.

The service implemented several actions in response to the findings of non-compliance identified at the Site Audit: This included weekly behaviours management meetings led by the behaviour and cognition clinical nurse specialist and included management and staff in the home. Development and implementation of a guide for all staff regarding behaviour with education for all staff on behavioural management incorporating understanding responsive behaviours in dementia, anxiety, and depression, delirium, pain in dementia, and assessment, the importance of personal hygiene and grooming for consumers and what to do if consumers refuse. Education was also provided to staff on person centred care, de-escalation of behaviours, wandering behaviours, cognition changes, managing aggression and documentation and identifying risk and evaluation of strategies.

During the Assessment Contact held on 17 to 18 November 2022, it was demonstrated that consumers received safe and effective personal and clinical care that is best practice, tailored to meet the individual consumer's needs, and optimises their health and wellbeing. Most sampled consumer files, including care assessments, care and service plans, progress notes, medication charts, and monitoring charts, reflect individualised care that is safe, effective, and tailored to the specific needs and preferences of the consumer. The registered nurses and deputy director of nursing said they review fall incident reports, identify frequent fallers, and ensure they are regularly reviewed, and strategies are consulted during the clinical risk meetings.

The Assessment Team identified that consumers receive complex pain management such as massage therapy and heat pack therapy as per allied health recommendations and care plans. Registered nurses and staff gave examples of how pain is monitored, reviewed, and actioned for all consumers. Registered nurses and care staff are aware of consumers who require behaviour management techniques, wound dressings, and current infections. They were able to describe which consumers had restrictive practices and how often the consumers were checked.

The Assessment Team identified that high-impact and high-prevalence risks are effectively managed through regular clinical data monitoring, trending and implementation of suitable risk mitigation strategies for individual consumers. The service has a clinical risk register in place that identifies individual risks to each consumer and the risk level. Each risk has strategies documented in the care plan to direct staff practices. Management and staff described the high-impact and high prevalence risks for consumers at the service. Consumers and representatives said they felt that the service adequately manages risks to consumer's health, particularly for falls and behaviour management.

The high-risk high-prevalence report from October 2022 showed falls, pressure injuries, challenging behaviour and restrictive practice data. Falls, behaviours and pressure injuries were the most prevalent risks. The deputy director of nursing said the service uses clinical risk meetings to discuss these risks and strategies further and continue monitoring consumers discussed during clinical risk meetings.

A review of the psychotropic medication register shows that the service's self-assessment matches the pharmacy report with details about psychotropic medications. The review of the psychotropic medication registers and sampled consumers' files confirms that psychotropic medications are being ceased, with consultation about this occurring.

I find that the approved provider is Compliant with these requirements due to the actions and initiatives that they have implemented.

# 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. | Non-compliant |

Findings

This requirement was found non-compliant following a Site Audit from 22 to 24 June 2021. The service was unable to demonstrate it supports the daily living of consumers who wander, have behaviours of concern and are unable to initiate activities for their wellbeing and quality of life.

In response to the findings of non-compliance identified at the Site-Audit, the service has implemented a number of actions, which include additional hours to the lifestyle activities to better cater for the diverse needs of consumers. A review and update were conducted of all lifestyle plans.

At the Assessment Contact conducted on 17 to 18 November 2022 the Assessment Team observed the lifestyle plans are detailed and provides staff an in depth understanding of how a consumer would like to be best supported in their daily living. Group activities are varied and developed based on feedback provided by the consumers. Community bus outings are occurring on a regular basis for those consumers who wish to participate.

The Assessment Team found that staff know the consumers history and their preferences as it relates to their day to day living. Overall, representatives gave positive feedback on how the staff support their relative's independence, wellbeing and quality of life, given many consumers live with cognitive impairment.

However, there was minimal evidence that staff were effectively engaging with consumers at risk of being socially isolated and requiring one-to-one staff to be engaged in activities of their choice.

The Assessment Team observed two consumers in comfort chairs in the ground floor lounge room with minimal engagement from staff other than to be assisted to eat. Their chairs did not move from their positions for the 2 days of the Assessment Contact. The room had relaxing music on the TV with water scenes playing continuously over the 2-day Assessment Contact.

Another three consumers were observed in the upstairs loungeroom watching television with minimal engagement from staff over the 2-day Assessment Contact. The staff that was observed to go into the lounge room assisted with meals or sat in the room to write notes on their iPad. There was no meaningful engagement with any of the consumers observed by the Assessment Team.

The Assessment Team observed another consumer stay in bed for the 2-day Assessment Contact whilst the care plan documentation confirmed this the consumer preference to stay in bed, the care plan also stated that the consumer enjoys staff reading to them and listening to audiobooks or watching favourite DVDs. The consumer was not observed to be engaged in any of these activities during the 2-day Assessment Contact.

The approved provider responded to the Assessment Team’s report and accepted the findings of the Assessment Team. A copy of the Continuous Improvement Plan was sent as part of the response with actions including education for clinical and lifestyle staff on consumer engagement and the provision of meaningful activities, an audit on all lifestyle activities to identify consumers who are at risk of being socially isolated including individualised one to one meaningful activities, review of lifestyle meetings to track progress and provide support and education as required, a review of roster to include recruitment of a lifestyle officer for additional days and review of consumers care plans with individualised planned strategies in consultation with the consumer and representatives.

I have acknowledged the providers feedback and understand that it will take some time to undertake these changes to reflect compliance.

I find that the approved provider is Non-compliant with this requirement at this time.

# 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 |

Findings

These requirements were found non-compliant following a Site Audit from 22 to 24 June 2021. The service was unable to demonstrate it provides an environment that is welcoming and easy to understand, and optimises consumers sense of belonging, independence, interaction and function. The service was unable to demonstrate that it creates an environment that encourages the consumers to move freely within the service. Consumers on level one do not have the freedom to access the outside environment of the service without staff assistance.

In response to the findings of non-compliance identified at the Site Audit, the service has implemented a number of actions, and has engaged a cognitive behavioural specialist who has implemented way finding cues such as signage to key areas of the service and a sensory room to assist consumer navigate the service environment. The service has painted and renovated some areas of the service. The renovations to the service have created spaces to interact with others and spaces for quiet reflection.

Three consumers with behaviours of concern have moved from the service changing the dynamics of the consumer cohort. Behaviours of concern have reduced since the consumers have moved and hence improved the other consumers ability to enjoy a safe environment. The service reviewed the consumers on level one’s ability to safely access the outdoor environment independently. All consumers on level one, continue to require staff assistance to access the lift and access the services outdoor environment.

At the Assessment Contact conducted on 17 to 18 November 2022 the Assessment Team observed that consumers are able to find their way around easily and find key locations, such as dining areas or a suitable bathroom. Consumers were observed utilising all areas of the service rather than congregating in the one area as per the Site Audit observations in June 2021. Consumers and representatives said they can decorate and furnish their bedrooms. This includes bringing their own furniture if they choose. The common areas had well maintained furnishings, wall art and a subtle perfume scent which all created a welcoming environment for the consumers and their families.

The Assessment Team observed consumers were observed getting on well together with one consumer going outside independently and picked some flowers from the services garden to bring them back to give to another consumer. The outdoor area was clean and tidy. The fence height had been increased and the garden looked well maintained. There was an undercover smoking area for consumers with fire equipment nearby.

All consumers and representatives interviewed spoke positively about the service environment being clean and well maintained. The Assessment Team did not observe any malodour in the service environment. The cleaning is contracted to an external organisation who said they are responsive to any requests from the service for cleaning and provide a monthly audit report to the service. All consumers interviewed raised no concerns about the external run laundry service. The Assessment Team reviewed the maintenance log. All responsive maintenance is responded to in a timely manner.

I find that the approved provider is Compliant with these requirements due to the actions and initiatives that they have implemented. **Standard 6**

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| Feedback and complaints | |  |
| 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

These requirements were found non-compliant following a Site Audit from 22 to 24 June 2021. The service was unable to demonstrate how it takes appropriate action when things went wrong, and an open disclosure process was not always used. Staff did not have a good understanding of open disclosure processes and consumers and representatives were not satisfied with the lack of follow up and actions regarding concerns raised at the service. The service was unable to demonstrate how it uses feedback and complaints to improve the quality of care and services for consumers and some representatives were dissatisfied with the service's response to their comments and complaints.

In response, to the findings of non-compliance identified at the Site Audit, the service has implemented a number of actions, with all complaint’s registers being brought up to date, staff training has been conducted on open disclosure and the recording of complaints completed. The service's current continuous improvement plan identifies the source, planned action, evaluation and close date. Areas for improvement are identified from a variety of sources. This includes feedback from internal audits, consumer experience surveys, and complaints from consumers and representatives.

At the Assessment Contact conducted on 17 to 18 November 2022, consumers and representatives interviewed confirmed they were satisfied management is responsive to matters they raise. The service demonstrated it takes appropriate action in accordance with open disclosure principles in response to complaints.

The Assessment Team interviewed staff who were able to explain the open disclosure process as it relates to their role. The Assessment Team interviewed consumers and representatives and found that when they had made complaints, the service manager was responsive to the complaints and had apologised if there was a misunderstanding. Consumers and representatives said that they feel listened to by management and were satisfied with improvements made in response to complaint and feedback.

I find that the approved provider is Compliant with these requirements due to the actions and initiatives that they have implemented.

# 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)(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 |

Findings

These requirements were found non-compliant following a Site Audit from 22 June 2021 to 24 June 2021. The service was unable to demonstrate that the workforce is planned to enable sufficiency, and the number and mix of deployed members enable the delivery and management of safe and quality care and services. Most consumers and representatives interviewed during the Site Audit were not satisfied with the staffing levels and response times to care needs. The service was unable to sufficiently demonstrate that the workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles. Consumers and representatives interviewed during the Site Audit expressed that they did not feel confident that all staff have the knowledge and skills to perform their roles. The service was unable to sufficiently demonstrate that the workforce is recruited, trained, equipped and supported to deliver the outcomes required under the Quality Standards. It was identified that training sessions were not well attended by staff. In particular it was identified that staff were unable to provide effective strategies for managing behaviours associated with dementia.

The organisation has implemented actions in response to the non-compliance identified at the Assessment Contact on 17 to 18 November 2022, which include a roster review with additional hours added to the roster for care staff and lifestyle staff in August 2021. A call bell report is generated and reviewed once a week. Call bell response is a standing agenda item at staff meetings. As a result of the improvements made to staffing at the service, there have been no complaints in the last six months in regard to staffing at the service.

The Assessment Team found that the service was able to demonstrate staffing allocations that adequately meet consumer needs and ensure the delivery of safe and quality care and services. Consumers felt they were very well cared for by the staff and had no complaints about the care they received. Management has contingency plans to replace staff when required, and rosters are reviewed on an ongoing basis to ensure staff allocations are adequately meeting changing consumer needs and preferences. Consumers/representatives interviewed confirmed that staff attend to consumer needs in a timely manner.

Consumers and representatives stated that they felt the workforce is competent and that staff have the knowledge and skills to deliver care and services that met the needs and preferences of consumers. Management said staff competencies are monitored on an ongoing basis and determined depending on the staff member's role. All consumers sampled expressed satisfaction with the skills of the staff. No concerns were raised during interviews with consumers and representatives in relation to the competency or knowledge of staff to effectively perform their role and meet consumers' needs.

An extensive staff education program has been developed to address all areas of concern identified during the Site Audit. Participation at the training sessions is almost 100% of staff rostered. Staff confirmed that they have received extensive training and feel that their skills and knowledge have improved to a high standard.

The mandatory education program training and competency assessments have been completed with 100% compliance for all rostered staff and newly recruited staff.

A clinical nurse educator for the South region of Hall and Prior has been appointed to Bexley Care Centre to further support the team with their ongoing training.

I find that the approved provider is Compliant with these requirements following the initiatives they have implemented.

# 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)(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 |

Findings

This requirement was found non-compliant following a Site Audit from 22 June 2021 to 24 June 2021. The service was unable to sufficiently demonstrate that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. The service was unable to sufficiently demonstrate that it has effective organisation wide governance systems relating to information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints. The service was unable to sufficiently demonstrate that there are effective risk management systems and practices in place.

The organisation has implemented actions in response to the non-compliance identified at the Assessment Contact on 17 to 18 November 2022, which have been effective. Management explained how they work with consumers and representatives to encourage a partnership in care. A food focus group meets monthly at the service. Menus are tested on consumers prior to them been provided at the service. Consumers choose which menu items they would prefer. Renovations have been conducted in the outdoor courtyard area to create a dementia therapeutic garden which consumers were involved in decision making to promote an enabled environment and prevent behaviours of concern. Consumers were involved in decision making on the garden renovations. Consumers have also supported staff to make purchases for the renovations. Consumers and representatives are actively encouraged to provide feedback and are informed of improvements being made at the service. Consumers are engaged to participate in advanced care planning, and various aspects of how their care and services are delivered.

The Assessment Team reviewed documentation which demonstrated improvements in the information management, noting that the layout of documentation was to a high standard. Documents are reviewed by the quality management team, and it was easy to read and navigate information. The team reviewed the services continuous improvement plan and affiliated documentation and found it to be current, informative and action has taken place within an appropriate timeframe. Dates of when improvements are scheduled to be closed off are incorporated into the plan. The organisation's financial governance systems have been effective in approving funding for household renovations and for consumers who required equipment. The Assessment Team noted that recruitment of new staff and improved management of the roster has reduced the need to use agency staff. There had been no use of agency staff during the fortnight prior to the Assessment Contact. Mandatory incident management and SIRS education has been provided to all staff. It is part of the orientation program and is a mandatory annual education session. Information on SIRS is included in each monthly newsletter which is distributed to all consumers and their representatives. Information is also displayed in the reception area. Staff demonstrated a sound understanding of incident management and their responsibilities under the legislation. The Assessment Team identified that the service demonstrated feedback and complaints inform continuous improvement, and complaint trends are monitored at the regional quality level with relevant information provided to the governing body.

The Assessment Team found that a clinical risk register has been implemented, and clinical risk criteria has been developed. The criterions include general risk, falls risk, responsive behaviours, mental health, sensory loss, medication management, nutrition, complex heath management. This is a live document that is updated as consumers care needs change. The risk register is complementary to the psychotropic register. The organisations cognition and behaviour clinical nurse specialist has oversight of the registers. A clinical risk meeting has been established with management and the quality team at the service. This meeting includes data analysis and review of incidents.

The incident review report has been amended to provided more detailed information to present to the general manager and CEO of the organisation. The report includes critical incident review of SIRS reportable including aggression, unexplained absence or repeated exit seeking.

The service has effectively implemented the organisation's risk management systems and practices. The organisation has oversight of the risk management at the service through monthly quality monitoring reports. These reports include information on high impact/high prevalence risks such as falls, behavioural incidents, restrictive practices, pressure injuries, and SIRS reports. These risks are monitored with issues identified and action taken in response, such as education provided.

Review of documentation demonstrated risks and incidents are identified through various avenues by the service and actioned appropriately and used to inform continuous improvement.

I find that the approved provider is Compliant with these requirements following the actions that have been implemented.

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