

**Performance Report**

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| Name: | Bolton Clarke Holly |
| Commission ID: | 6042 |
| Address: | 16-24 Penneys Hill Road, HACKHAM, South Australia, 5163 |
| Activity type: | Site Audit |
| Activity date: | 14 January 2025 to 17 January 2025 |
| Performance report date: | 17 February 2025 |
| Service included in this assessment: | Provider: 1599 RSL Care RDNS Limited  Service: 4059 Bolton Clarke Holly |

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 Bolton Clarke Holly (**the service**) has been prepared by Paramdeep Singh, 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, older people/representatives and others.
* the provider’s response to the assessment team’s report received 11 February 2025.

# 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 | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Not Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Not 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 3(3)(b) – high-impact, high-prevalence risks are effectively managed including behaviour management
* Requirement 4(3)(f) - ensure food is served to consumers in an appetising manner, at the correct temperature
* Requirement 6(3)(c) – consumer and representative feedback is appropriately documented, and actions are taken to resolve complaints
* Requirement 6(3)(d) – feedback is effectively reviewed and used to identify opportunities for improvement to, and taken actions to, improve, care and services
* Requirement 8(3)(c) – effective organisation wide governance, specifically in feedback and complaints
* Requirement 8(3)(d) maintain adequate clinical oversight to support identification and management of risk in high impact high prevalence areas.

# 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 assessment team recommended requirement 1(3)(a) not met as the service does not consistently apply principles of maintaining consumers dignity in the provision of care. The assessment team’s report included the following information and evidence gathered through interview, observations or documentation review, which is relevant to my finding.

The feedback from the three consumers and/or their representatives underscored a concern regarding the promptness of incontinence care management and the delayed response times from staff. Of these 3, one consumer’s representative indicated they have found wet and soiled fabrics on the consumer’s recliner chair, which necessitated the need to take these items away to be cleaned and returned to the service. Additionally, the representative described wet and soiled continence aids contribute to consumer’s anxiety and feelings of embarrassment. While the representative has raised this with care staff, it has continued to occur.

Management responded with their commitment to enhancing staff training to reinforce the importance of always maintaining consumer dignity and privacy.

Most consumers said they are treated with kindness and respect and feel accepted and valued. Staff demonstrated an understanding of consumers’ backgrounds and individual characteristics. Care documentation reflected what is important to consumers to maintain their identity.

The provider submitted a written response, the provider stated there has been nil concerns raised by consumers to the management in relation to incontinence care and delayed response times from staff. The provider provided a copy of call bell records for last 3 months which indicates over 65% of call bells were answered by staff under 3 minutes and 20 seconds. The provider also provided a copy of the case conference conducted by medical officer in which consumer and/or their representative did not raise any concerns regarding incontinence care and consumer and/or their representatives are happy with the care provided within the service.

While I acknowledge the assessment team’s report, I find the service does maintain the dignity of all consumers. In coming to my finding, I am persuaded by the overall feedback from consumers throughout the assessment team’s report, which demonstrates consumers are treated with dignity and respect, and the intent of this requirement, which involves acknowledging and proactively valuing consumers’ unique identities, cultures and diverse backgrounds with dignity and respect. While the assessment team’s report indicated deficits in the timely management of incontinence care and the inadequate response times from staff, I have considered this information in requirement 7(3)(a), where it is more aligned.

Therefore, I find requirement 1 (3)(a) in Standard 1 Consumer dignity and choice, compliant.

**Requirements 1(3)(b), 1(3)(c), 1(3)(d), 1(3)(e) and 1(3)(f)**

Consumers and representatives confirmed staff provide care and services in a safe manner. Additionally, consumers confirmed their culture, and identity is recognised in a variety of ways by the service, including accommodating preferences of staff gender for the provision of care as well as cultural requirements, and staff demonstrated awareness of these details. The implementation of translation sheets at the entry of individual consumers' rooms indicated staff interact with consumers in their preferred languages.

Consumers confirmed they are supported to nominate who they would like involved in their care, communicate their decisions, make connections with others, and maintain relationships of choice. Staff demonstrated they respect consumer choices and how the service supports consumers to make connections and maintain relationships of choice. The service has documented policies and procedures regarding consumer choice and decision making.

Consumers and representatives confirmed consumers are supported to make choices, even if those choices pose a risk to their safety or health. Staff described supporting consumers to take risks and how strategies are implemented to mitigate risk of harm to consumers. Care documentation for consumers who are supported to take risks showed staff review risk assessments and discuss the risks with the consumer, including strategies to minimise harm. The service has policies guiding staff to enable consumers with taking risks.

Consumers confirmed they get the right information, at the right time, in a way they can understand and are encouraged to ask questions. Additionally, consumers confirmed they have the information they need to make informed choices, including food options, what activities they wish to attend, and information on any changes occurring at the service. The service records and displayed information showed, and staff described, the multiple ways and channels information is communicated to consumers to ensure it is accessible to all consumers and easy to understand.

Most consumers and representatives confirmed consumers’ privacy is upheld and respected by all staff, specifically during provision of personal care, and expressed confidence the service protects all personal information collected. However, one representative raised concerns about staff practices, as they disclosed the name of a consumer with changed behaviours impacting on others in an open consumer forum, and their treatment to the person raising concerns. While I agree the representative's concerns highlighted issues regarding confidentiality within the service, particularly when sensitive information about a consumer was disclosed in a public forum, there was no further evidence to suggest this occurs regularly or that there have been any related incidents as a result. Staff described how they maintain consumers’ privacy and the service has policies and procedures to guide the collection, use, and storage of confidential information. Observation of staff practices showed delivery of care and services is respectful of consumer privacy and keeping personal information confidential.

Following consideration of the above information, I find requirements 1(3)(b), 1(3)(c), 1(3)(d), 1(3)(e) and 1(3)(f) in Standard 1 Consumer dignity and choice, compliant.

# 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

**Requirements 2(3)(a) and 2(3)(e)**

The assessment team recommended requirement 2(3)(a) not met as not all risks, past history or diagnoses are identified and actioned for some consumers, and consideration to external reports, such as pre-admission aged care assessment and medical summaries, are not consistently recorded. The assessment team’s report included the following information and evidence gathered through interview, observations or documentation review, which is relevant to my finding.

Consumers and representatives confirmed care is planned well with an understanding of consumer risks and needs. Clinical staff described the initial and ongoing assessment processes using validated assessment tools to identify consumer risks and needs which are integrated into the electronic care management system (ECMS). Care documentation reflected the consumer voice within most aspects of care planning, risks are identified and appropriate strategies implemented to minimise harm.

However, one consumer’s representative indicated they have advised staff on the non-verbal cues exhibited by the consumer to inform of their hygiene requirements, which was not reflected in the care plan. Additionally, the care plan referred to no past history of recurrent urinary tract infections in contradiction to the medical summary provided to the service.

Another consumer, receiving respite care and with a documented history of wandering, absconded from the service with no interventions in place to manage these behaviours or monitor his location in relation to the main exit. Management indicated staff performed visual checks frequently, with no exit seeking behaviours observed, therefore the risk for absconding was assessed as minimal.

The provider submitted a written response, the provider provided additional information in relation to 2(3)(a), about the named consumer that clarified the issues in relation to non-verbal cues and past history of urinary tract infections were documented in the initial assessment at the time of admission. In addition to another consumer, there was no documented history of wandering according to their support plan prior to admission.

While the assessment team’s report indicated deficits with the service not capturing all information for 2 consumers to inform the delivery of safe and effective care, I have considered the evidence presented does not demonstrate systemic issues relative to the intent of this requirement, which is to ensure that assessment and planning processes are effective.

Therefore, I find requirement 2(3)(a) in Standard 2 Ongoing assessment and planning with consumers, compliant.

The assessment team recommended requirement 2(3)(e) not met as not all consumers experiencing falls or upon recovery from an injury did not always have a mobility assessment review by the physiotherapist; and the service did not demonstrate all consumers with an environmental restrictive practice authorisation form were reviewed annually. The assessment team’s report included the following information and evidence gathered through interview, observations or documentation review, which is relevant to my finding.

Most consumers and representatives confirmed they are aware of ongoing reviews, both scheduled and reactive. Clinical staff explained how consumer changes or incidents such as falls, prompt a review and how they receive alerts for regular scheduled reviews from the ECMS. Care planning documentation corroborated ongoing regular evaluations and reviews post change in circumstances, incidents and transitions.

Following a series of falls experienced by one consumer, the service conducted an investigation into each incident, reassessed the falls prevention strategies and trialled a transfer to the memory support unit (MSU) for enhanced monitoring. As the MSU trial did not yield beneficial results for the consumer, management decided to pursue a physiotherapy review after discussing the circumstances and implications of the falls during a clinical meeting, aiming to implement more effective preventive measures.

There was a disconnect between the care plan and the actual implementation of exercise and rehabilitation activities for another consumer. The physiotherapist was not aware of the electric peddle and exercise program in place, and it was not implemented regularly. The management's response to address this issue was to schedule a multidisciplinary care review and consult with an exercise physiologist to ensure the consumer receives the necessary rehabilitation.

Management acknowledged consumers did not have an environmental restrictive practice assessment in place in accordance with the service’s restraint authorisation form, which refers to the service’s restraint assessment form. The service requires the assessment form to be completed every 12 months or earlier if required. The annual assessment was not attended to for all consumers.

The provider submitted a written response, the provider provided additional information in relation to 2(3)(e), the provider acknowledged that there was outdated paper forms provided to the Assessment Team during the Site Audit, however the assessment is undertaken on admission and regularly reviews are completed annually and evidence provided in the response. In addition to the named consumer in relation to disconnect between care plan and implementation of exercise and rehabilitation, management has provided evidence electric paddle was implemented family member and mobility assessment was conducted to review the needs of consumer.

I have considered the evidence presented by the assessment team does not demonstrate systemic issues relative to the intent of this requirement, which is to ensure that assessment and planning processes are effective.

Therefore, I find requirement 2(3)(e) in Standard 2 Ongoing assessment and planning with consumers, compliant.

**Requirements 2(3)(b), 2(3)(c) and 2(3)(d)**

Consumers and representatives confirmed consumers’ current needs and preferences are recognised within assessment and planning processes. Care staff described where they access this information, inclusive of a consumer’s resuscitation directives. Clinical staff explained discussions about advanced care planning are commenced during the consumer’s entry process and end of life wishes are documented within the care plan. The consumer handbook, provided to new consumers, has information on advanced care planning, and care documentation reflected consumers’ individual goals.

Consumers confirmed they could involve representatives and other care providers in care and service planning. Staff described integrating information from other health services in collaboration with the consumer and representatives in care planning. Care documentation reflected where consumers have ongoing professional health supports or community supports. The organisation’s care planning guideline includes using a range of sources and care providers to access advice or information when developing a care plan in collaboration with the consumer.

Consumers and representatives confirmed the outcomes of assessments and care planning are communicated to them and a copy of the care plan is offered for review and further input. Additionally, representatives indicated they receive weekly phone calls to keep them informed as well as notification if an incident has occurred in a timely manner. Staff described accessing consumer care plans electronically and how they use this information specifically to their roles.

Following consideration of the above information, I find requirements 2(3)(b), 2(3)(c) and 2(3)(d) in Standard 2 Ongoing assessment and planning with consumers, compliant.

# 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. | Not 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 assessment team recommended requirement 3(3)(b) not met as the service did not demonstrate effective monitoring, review and oversight of strategies being implemented to minimise all consumers’ high-impact or high-prevalence risks. The assessment team’s report included the following information and evidence gathered through interview, observations or documentation review, which is relevant to my finding.

The assessment team indicated the service’s approach to behavioural management was not effective in meeting one care recipient’s needs. Three consumers described the negative impact of incidents, such as intrusiveness, interrupted sleep and loud disturbances, as a result of one consumer’s changed behaviours. A representative explained incidents of the consumer’s behaviour affecting the consumer several times a day, causing other consumer to become tense or flinch during intrusions or outbursts. The service’s incident and complaints registers reflected multiple occasions in which the consumer was disruptive and involved in altercations with other consumers. Staff did not consistently demonstrate an understanding of the behaviour support strategies in place for the consumer.

Management acknowledged the limited effectiveness of previous interventions from external specialists and medication reviews, indicating they are actively seeking solutions and have initiated another review by an external dementia support service and made a referral to the organisation's expert resources to enhance their approach.

The assessment team was satisfied the service manages effectively consumer falls and weight loss as some of the common high prevalence or high impact risks in the service. Staff described, and care records demonstrated, early identification and preventative, or harm minimisation interventions are used as well as timely referrals for allied health involvement. Consumers and representatives expressed satisfaction that dietary considerations, supplements, and allied health input is actioned where unplanned weight loss is identified. Consumers and their representatives expressed an interest in accessing increased physiotherapy hours.

The service implemented a ‘What’s up with Graham?’ campaign to focus staff on consumers identified to be most at risk. The consumers listed in the campaign are discussed at staff huddles and each level of the service has a notice board in the nurse’s station containing specific risks, needs, and interventions for each of these vulnerable consumers, as observed by the assessment team.

The provider has submitted a written response and has outlined the actions which are taken to manage the behaviour of named consumer in the Assessment Team report. These actions include reviews by dementia support Australia, person centre practice specialist and providing education to staff. Despite all the actions implemented to manage named consumer changed behaviours, consumer continues displaying behaviours which are impacting on other consumers care needs in the form of intrusiveness, interrupted sleep and loud disturbances.

I have considered the evidence presented by the Assessment Team and response submitted by the provider. I find the available evidence including negative consumer’s feedback. I consider further actions to be implemented to manage changed behaviours of named consumer and to improve care needs of other consumers within the service. As a result, I find this Requirement is not complaint.

**Requirements 3(3)(a), 3(3)(c), 3(3)(d), 3(3)(e) and 3(3)(f)**

Consumers and representatives confirmed they mostly receive personal care and clinical care tailored to their needs and preferences. Clinical staff described how care plans identify consumers’ personal care and clinical care needs and preferences, which are used as a basis for individualised nursing interventions as well as specialised or complex care needs. Staff demonstrated familiarity with the personal care and clinical care needs of sampled consumers. Care records demonstrated consideration to provision of appropriate care in relation to medication management, pain assessment and monitoring, and effective wound management.

However, some feedback and documentation reflected inconsistencies in providing safe and effective personal care and identified areas for service improvement related to personal care and restrictive practices.

Three anonymous consumers or their representatives said personal care was not always delivered in line with their stated preferences. Each described occasions where consumers had been found heavily soiled or waiting for long periods of time to have their personal care attended to. One example was provided where a consumer’s privacy and dignity were impacted by the delay in care delivery.

The service generally demonstrated an awareness of best practice guidelines for managing chemical restrictive practices. Where consumers demonstrated positive behavioural improvements from non-pharmacological interventions, the service trialled deprescribing, in line with their comprehensive and tailored behaviour support plan. Care staff and registered staff demonstrated they refer to behaviour support plans, interventions, behaviour and pain charting, to inform of the need to escalate to clinical staff before administering any as required chemical restrictive practice. However, in one case, the omission of classifying benzodiazepine medication as a behaviour-modifying medication and failing to document it in the chemical restraint consent process or behaviour support plan raises does not align with best practices in managing the consumer's care.

The service has recognised several consumers with life-limiting illnesses as being on a palliative trajectory. The service demonstrated they have taken proactive steps by referring these consumers to an external specialist palliative care team and providing necessary medications for symptom relief. In one particular case, the end-of-life wishes of a consumer were honoured following a deterioration episode, during which palliative care protocols focused on maximising comfort and monitoring symptoms effectively. Management described how they facilitate consultations when a consumer is for active palliation, using a designated form that guides these conversations, with emphasis on quality and comfort care.

Consumers and representatives expressed satisfaction in staff ability to recognise and report changes or deterioration in a consumer’s health promptly and respond appropriately. Care staff and clinical staff described, within their scope, the different situations how they identify signs of deterioration and respond to changes with prompt assessments and escalation when appropriate. Care records demonstrated recognising and responding to deterioration as well as the escalation process is led by consumer goals and policy guidelines. Nurses’ stations were observed to have quick reference guides in the case of emergency.

Consumers and representatives indicated staff know them well and are aware of their preferences and needs during care provision. Care staff described how they access current information about delivering safe and effective personal and clinical care and understanding the consumer’s condition, needs, goals and preferences. Management demonstrated with examples how the service makes information easily available to relevant agency staff, general practitioners and other health professionals. Noticeboards in nurses’ stations were observed to have lists of consumers requiring specialist care as well as preferences and alerts.

Consumers and their representatives appreciated the referrals to external services for assessments and care interventions but emphasised that increased access to physiotherapy for exercise sessions could enhance the consumers’ overall outcomes. Clinical staff described the referral process, both within the organisation and externally to other health service providers, and care documentation showed consumers are routinely referred to other health professionals as appropriate. A visiting health care professional was observed within the service conducting a mobile ultrasound for a consumer.

Consumers and representatives indicated staff practise appropriate hand hygiene, infection control and antibiotic use. Care staff demonstrated awareness of infection prevention and control measures, and clinical staff described monitoring consumers health, behaviours and wounds for signs of infection. Care records for two consumers demonstrated pathology screening was undertaken to ensure appropriate antibiotic prescribing with stop dates and sensitivities documented. The service has a number of dedicated infection prevention and control leads to instruct staff and guide the service in managing infections and in an outbreak of a communicable infectious disease. Observations of infectious outbreak resources in use along with the inclusion of discussions about isolated consumers and those requiring pathology during staff huddles reflected specifics for outbreak prevention and management are followed.

Following consideration of the above information, I find requirements 3(3)(b) in Standard 3 Personal care and clinical care, not compliant.

# 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. | Not Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

**Requirement 4(3)(f)**

The assessment team recommended requirement 4(3)(f) not met as the service did not demonstrate effective monitoring, review and oversight of strategies being implemented in relation to an external food safety authority audit, meal temperatures and protected mealtimes in the dining areas. The assessment team’s report included the following information and evidence gathered through interview, observations or documentation review, which is relevant to my finding.

There were outstanding non-conformances following an external food safety authority audit.

Most consumers expressed satisfaction with the meals served. However, some consumers expressed dissatisfaction with the quality of vegetables served and the temperature of meals delivered to rooms or served in the dining rooms. One consumer expressed dissatisfaction with the evening meal that was served late and burnt on several occasions in the preceding two weeks before the site audit. Management acknowledged the food temperature had been raised at consumer and food focus group meetings, and the service is trialling a meal heating system.

The Assessment Team observed consumers enjoying meals in relaxed and comfortable environments, including the dining rooms and their rooms. Where consumers required assistance with meals, staff were observed offering meal choices, providing alternatives in accordance with consumer preferences and sitting and chatting with consumers while supporting them to eat their meal. Hospitality staff described the process of changing the menu seasonally, which includes feedback gathered from consumers and recommendations from a dietician.

The provider in its response acknowledged the service missed informing the food safety authority findings at entry meeting, however all actions were undertaken to address non-conformances. In addition, management has acknowledged concerns of named consumers in the report and raised an internal complaints mechanism to resolve their concerns. Management has implemented a new folder to monitor the temperature check records to be easily accessed by staff.

According to Assessment Team report, trial of new pellet system has been completed with a view to implement by 28 March 2025.

I find the available evidence including negative consumer feedback and food has been an ongoing concern at the service. Although the service is trying to ensure food is served to consumers in an appetising manner and at correct temperature and the use of microwave to reheat the food loses quality thus impacting the consumer enjoyment of the food.

As a result, I find this Requirement 4(3)(f) is not complaint.

**Requirements 4(3)(a), 4(3)(b), 4(3)(c), 4(3)(d), 4(3)(e) and 4(3)(g)**

Consumers and representatives confirmed staff assist actively support consumers in achieving independence by facilitating participation in activities that align with their individual needs, goals and preferences, reinforcing a personalised approach to care that enhances overall quality of life. Staff demonstrated an understanding of individual consumer needs and strategies used to enhance consumers’ independence and quality of life. Care documentation demonstrated consumers independently enjoy gardening, participate in social and craft activities, and personal reflection time for reading, meditation, or prayer.

Consumers and representatives described the services and activities provided by the service to support consumers’ spiritual, emotional, and psychological well-being. Staff and consumers provided examples of how the service supports consumers spiritually and psychologically. Care documentation demonstrated services and supports for daily living promote consumers’ emotional, spiritual and psychological well-being.

Consumers and representatives confirmed consumers are supported to participate in activities of interest to them within the service and in their community. Care staff described how they encourage consumers to participate in activities to overcome boredom. Lifestyle staff described how the service engages with external service providers to provide activities in which consumers are interested including ecumenical services, musicians and entertainers, petting zoos, pet therapy, chicken hatchling incubators and butterfly hatching. The assessment team observed activities in progress including a consumer being visited by a friend and playing snooker together, and a modified tenpin bowling event with a large participation rate.

Consumers and representatives confirmed services and supports are consistent and staff know consumers’ individual preferences. Consumers and representatives indicated they are confident information is recorded and shared with others as needed to inform care and services. Staff confirmed they have access to consumer records and relevant information, which supports personalised care and effective communication. Care documentation and dietary profiles demonstrated up-to-date information to support safe and effective care in accordance with consumers’ personal preferences.

The service demonstrated appropriate and timely referrals to other individuals, organisations, or providers and how they collaborate to meet the diverse needs of consumers. Consumers confirmed they have access to a chaplain to provide private prayer in consumer room as requested. Management demonstrated how they refer consumers needing additional emotional support to external relationship support services. The service has other advocacy providers available for consumers to access by referral.

Consumers and representatives confirmed consumers have access to equipment that is suitable to their needs, is clean and well maintained. Staff described how consumer equipment needed in delivery of services and support is proactively inspected for preventative maintenance on a regular basis. Maintenance records demonstrated maintenance requests are actioned efficiently. The assessment team observed a wide range of mobility equipment and lifestyle activities for consumer use, all of which were clean and well maintained.

Following consideration of the above information, I find requirements 4(3)(a), 4(3)(b), 4(3)(c), 4(3)(d), 4(3)(e) and 4(3)(g) in Standard 4 Services and supports for daily living, compliant.

# 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

Consumers and representatives confirmed consumers feel welcome at the service and they can bring personal effects from home to decorate their room. Observations of the service environment indicated it is welcoming and user-friendly, with consumers' rooms having a personal character and feel. The service has multiple common areas throughout for consumers to interact with others and spaces for quiet reflection. There is an on-site café that consumers can attend in person with family and friends and consumers can also order snacks from the café to be delivered to their room.

Consumers confirmed, and observations of a range of furniture, fittings and equipment, showed these are kept clean, fit for purpose and maintained. Additionally, consumers confirmed they feel safe and reassured that staff would know what to do in the event of an emergency. Service records showed scheduled and routine maintenance is attended to on-site and external contractors are available as scheduled and when needed for both preventative and reactive maintenance, including the repair or servicing of equipment, fittings and furniture.

Following consideration of the above information, I find requirements 5(3)(a), and 5(3)(c) in Standard 5 Organisation’s service environment, compliant.

The assessment team recommend requirement 5(3)(b) not met as the service did not demonstrate effective monitoring, review and oversight of strategies being implemented in relation to cleaning and laundry services, and consumers’ freedom to move externally. The assessment team’s report included the following information and evidence gathered through interview, observations, or documentation review, which is relevant to my finding.

One consumer expressed concerns regarding room cleanliness and the frequency of the cleaning. Cleaning records for the rooms in one consumer’s wing showed gaps in the cleaning process that did not align with the service’s weekly cleaning schedule.

Four consumers and representatives expressed concerns regarding laundry services, specifically mentioning issues with lost and damaged clothing items; they had raised the matters previously with staff and management. Management initiated an action plan in relation to the laundry services following feedback from the Assessment Team.

The Assessment Team expressed concerns about the management's approach to consumer access in a secure service environment, particularly regarding the lack of an evaluation of consumers' ability to recall access codes when needed. Additionally, feedback from a consumer highlighted a recurring issue of delays during operational hours, where they were left waiting at the entrance for reception staff who were occupied with phone calls, indicating a gap in service accessibility and responsiveness. Management indicated all consumers will be assessed for the ability to read, understand and use the keypad system to enter the service.

The service did not have documentation for each consumer that evidences compliance with the environmental restraint requirements.

The service demonstrated protocols for ensuring both internal and external environments are well-maintained. Consumers and representatives confirmed they are happy with the environment at the service and said the cleaners, care and maintenance staff ensure all common areas and equipment are clean and well-maintained.

In response to the Assessment Team’s findings, management described the remedial actions taken in relation to recurring issues or delays during operational hours, where consumers and visitors were left waiting. New keypad has now been installed at the entrance and keypad code has been shared with consumer and their representatives. The service has undertaken a full review of all consumers to ensure they are able to use the keypad at the entrance and have been provided with the code. For consumers who ae unable to use the keypad, correct authorizations are in place for restrictive practices.

While I acknowledge the assessment team’s report, I find the service environment is safe, clean, well maintained and comfortable and enables consumers to move freely both indoors and outdoors.

Therefore, I find requirement 5(3)(b) in Standard 5 Organisation’s service environment, compliant.

# 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. | Not Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Not Compliant |

Findings

**Requirement 6(3)(b)**

Consumers and representatives indicated they are not aware of the Commission’s complaints contact information; however, they raise issues directly with staff at the service. The service has the capability to provide interpreters as needed. The assessment team observed brochures on advocacy services and posters promoting the Commission’s complaints contact information displayed in the service.

Following consideration of the above information, I find requirement 6(3)(b) in Standard 6 Feedback and complaints, compliant.

**Requirements 6(3)(a), 6(3)(c) and 6(3)(d)**

The assessment team recommended requirement 6(3)(a) not met as the service did not demonstrate it consistently encourage consumers and representatives to provide feedback and make complaints. The assessment team’s report included the following information and evidence gathered through interview, observations, or documentation review, which is relevant to my finding.

While consumers and representatives described various mechanisms available to provide feedback and make complaints, several consumers and representatives described negative experiences making complaints previously and are not comfortable raising further complaints. Management advised consumers and representatives are encouraged to provide feedback through various methods, including a satisfaction survey and food focus meetings to seek feedback on the meals and dining experience at the service.

The Assessment Team observed information on providing feedback and making complaints in consumer newsletters, booklets and within consumer meeting minutes.

The provider in its response described the home surveys 100% of consumers each month to support ongoing improvements and results from survey undertaken in January 2025 noted feedback to be at 97% satisfaction. Alternative contact information has been provided to consumer and/or their representatives who do not feel comfortable in raising their concerns with management within the home.

While I acknowledge the assessment team’s report, I find the service encouraging consumer and their families to provide feedback and complaints in various manners.

Therefore, I find requirement 6(3)(a), compliant.

The assessment team recommended requirement 6(3)(c) not met as the service did not demonstrate it is consistently taking actions to respond to complaints in a timely manner or practice open disclosure. The assessment team’s report included the following information and evidence gathered through interview, observations, or documentation review, which is relevant to my finding.

Two consumers indicated they enjoyed good food, but nothing seems to change following their feedback although they are hopeful it will with the introduction of food focus group meetings. A representative expressed concerns about the meal temperature which were not adequately addressed by management. One consumer has raised repeated concerns on a number of occasions with meal temperature and is still seeking a resolution yet has not received an apology or any feedback from the provider. One consumer and one representative expressed concern about the resolution process after they formally complained about the disruptive behaviour of another consumer that was negatively affecting them. One other representative indicated there is an ongoing issue with the missing clothing that has not been unresolved despite management’s attempts to rectify it. One representative described a persistent issue of wet and soiled fabrics on the consumer's recliner chair, despite being raised with care staff.

Management advised complaints and feedback are recorded in the complaints and feedback register and referred to staff for investigation and action.

The complaints and feedback register documented some actions taken to resolve complaints and open disclosure was demonstrated.

The provider submitted a response to the deficits identified by the Assessment Team indicating the chef met with two named consumers on day of Site Audit to discuss the feedback regarding food and requested to continue provide feedback to the service as needed. Further complaints about food, management said in their response, staff will continue to heat any meals in the microwave whilst awaiting new pellet heating system.

Regarding the complaint about disruptive behaviour of another consumer, management met with the complainant to discuss concerns, however consumer continues to display disruptive behaviour during the Site Audit as observed by the Assessment Team.

I acknowledge the actions and improvements implemented by the Provider in response to 4 complaints, following feedback and the Assessment Team’s recommendations following the Site Audit. In making my decision I continue to place weight on consumer and representative experience. While the identified complaints have been addressed, the service has not demonstrated that effective systems are in place to ensure appropriate actions are taken after a complaint is raised by a consumer or representative. Therefore, I find Requirement 6(3)(c) non-compliant.

The assessment team recommended requirement 6(3)(d) not met as the service did not demonstrate it is consistently reviewing and analysing all feedback to identify areas for improvement. The assessment team’s report included the following information and evidence gathered through interview, observations, or documentation review, which is relevant to my finding.

The feedback register identified consumer feedback in relation to dissatisfaction with elements of service delivery including meals, were categorised as general feedback, and therefore, not considered in the service’s complaints trend analysis. Management committed to plan education on using correct categorisation when recording complaints, feedback and compliments to improve trend analysis.

In response to previous consumer feedback regarding dissatisfaction with food and dining experiences, the service scheduled food focus group meetings to commence, aiming to engage consumers directly in developing improved meal services.

The provider submitted a response and acknowledged the Assessment Team’s findings that some feedback was incorrectly categorized as general feedback rather than complaints. The provider also described further education will be provided to the home leadership team.

I have considered the evidence and acknowledge the actions taken to date by the provider, however improvements must be further embedded and sustained. I find Requirement 6(3)(d) Not Compliant.

# 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

**Requirement 7(3)(a)**

The assessment team recommended requirement 7(3)(a) not met as the service did not demonstrate there is always sufficient staff to meet the care delivery needs for consumers. The assessment team’s report included the following information and evidence gathered through interview, observations, or documentation review, which is relevant to my finding.

Consumers and representatives indicated staffing levels are not always sufficient to meet the care delivery needs of consumers, especially on weekends, as they are always rushed.

One representative said they keep reminding staff to ensure the call bell is within reach of the consumer. Two consumers indicated high usage of agency staff usage on the weekends, and they do not seem to know their preferences. One consumer indicated they have to wait 20 minutes for assistance to go to the bathroom especially on the weekends. One representative indicated carers never seem to have time to help her go for a walk as per the exercise program. Another representative indicated having difficulty to find staff to help their mother mobilise and, every time they visit on weekends, the consumer is in bed.

One representative expressed they often find their loved one sitting in soiled continence aids when they visit.

Three consumers and their representatives highlighted issues in the timely management of incontinence care and the inadequate response times from staff.

Staff indicated concerns about the staffing ratio, particularly during one hour in the afternoon when there's only one carer per wing to 21 consumers, considering several consumers require high-level care or have changed behaviours. Assurances from management the issue would be addressed once bed occupancy increased were highlighted in a care meeting late last year.

The service demonstrated it implements a systematic approach to manage staffing as evidenced by the fortnightly roster that accommodates unplanned leave by ensuring shifts are covered, as shown through the review of roster and allocation sheets from the past two weeks.

The response and the Assessment Team report findings demonstrate that the roster did not have unfilled shifts and agency staff was used to provide appropriate care to consumers and agency induction includes use of clinical information system access where all consumer information is stored including their preferences.

In addition, regarding call bell response times, the provider provided a copy of call bell records for last 3 months which indicates over 65% of call bells were answered by staff under 3 minutes and 20 seconds.

While I acknowledge the assessment team’s report, I find the service 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.

Therefore, I find requirement 7(3)(a) in Standard 7 Human resources, compliant.

**Requirements 7(3)(b), 7(3)(c), 7(3)(d) and 7(3)(e)**

Observations of staff practices showed consumers are assisted with their meals with patience and in a kind and caring manner. Consumers and representatives confirmed consumers are treated kindly and with respect. Staff described how consider the individual identity of consumers and backgrounds when providing care, including behaviour management. Management uses consumer and representative feedback through complaints and surveys to monitor staff behaviour and to ensure interactions between staff and consumers meet the organisation’s expectations.

Consumers and representatives indicated the workforce is competent and staff have the knowledge to deliver care and services that meet the needs and preferences of consumers. Management described how staff competency is determined through line manager feedback, performance assessments, consumer and representative feedback, surveys and reviews of clinical records and care delivery. Training records demonstrated staff complete annual competency-based training.

Consumers and representatives expressed satisfaction with how staff are trained to provide safe and effective care to consumers. Staff considered they are recruited, trained, equipped and supported to deliver the outcomes required by these standards. Service documentation demonstrated new staff complete an orientation program and training modules on commencement with specific modules, and management mandates a number of support shifts with experienced colleagues. Management described the recruitment and selection processes and appropriate checks being undertaken for the workforce to ensure suitability to undertake their role with the service prior to commencement.

Management and staff demonstrated systems are in place to regularly assess, monitor and review staff performance. Management described how all new staff undergo a 6-month probationary period, and ongoing performance management is conducted between line management and their respective staff on an annual basis. Service records showed performance appraisals for staff are completed annually. Management described how the service analyses incidents and consumer feedback to track staff performance, addressing issues through additional training and performance review when necessary.

Following consideration of the above information, I find requirements 7(3)(b), 7(3)(c), 7(3)(d) and 7(3)(e) in Standard 7 Human resources, compliant.

# 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**

**Requirements 8(3)(c) and 8(3)(d)**

The assessment team recommended requirement 8(3)(c) not met as the service did not demonstrate consistent governance processes are applied for information management, workforce governance, regulatory compliance, feedback and complaints. The assessment team’s report included the following information and evidence gathered through interview, observations, or documentation review, which is relevant to my finding.

Information management

The service conducts handover meetings between changes of each shift to provide staff any updates or changes to consumer care needs. Staff have ready access to relevant documentation and information about consumers. Service documentation showed meetings provide various teams of staff access to information that guides and assists their roles.

However, the service could not provide evidence of communication with consumers and representatives in relation to the CAB. Policies and procedures to guide staff are generic and include guidance for staff to access consumer care information on a different ECMS than the one in use by the service. Signage and strategic documents such as quality indicator reports have not yet been updated to reflect the provider’s acquisition of the service.

Workforce governance

Feedback from consumers and representatives, and documentation showed, concerns in relation to the allocation of staff to ensure consistent delivery of quality care and services across the roster. Management indicated the organisation and the service monitor and report on care minutes requirement and workforce planning. However, documented concerns raised by staff and consumer and/or representatives in other requirements do not always demonstrate the organisation and the service support delivery of safe and quality care and services.

The trial of increased staff in the memory support unit showed a positive result in reducing consumer falls, but unfortunately, the benefits were short-lived as staffing allocations were not continued. Management acknowledged the success of the trial and planned future actions to tackle falls incidents, including extending lifestyle staffing hours and hiring an exercise physiologist, but these are subject to funding approval from the organisation's governing body.

Regulatory compliance

Restraint authorisation forms used to complete for environmental restraint at the service were last updated 11 June 2019 and do not align with current legislation on restrictive practices. The service did not demonstrate that a review of the form since 2019 adequately guides staff in understanding the changes in regulatory requirements to minimise restrictive practices.

There were outstanding non-conformances following an external food safety authority audit. Management were unaware as they had advised that there were no adverse findings by another regulatory body at the entry meeting for the site audit.

The organisation is piloting a program initiative from January 2025 aimed to provide regular updates to general managers on regulatory changes, with hints and tips from the Commission, and a checklist to demonstrate how management is sharing regulatory changes with staff.

Feedback and complaints

The service demonstrated deficiencies in ensuring consumers and representatives are consistently encouraged to provide feedback and complaints, actively responding and categorising to support trend identification and analysis to improve results for consumers. These had not been identified through the mechanisms the organisation utilises centrally to monitor compliance.

Continuous improvement and financial governance

The assessment team was satisfied there are organisational processes for clinical data comparisons that supports improvements in clinical care and the plan for continuous improvement (PCI) was reflective of these. Management indicated the organisation is transitioning the PCI for each service to a single and consistent system to provide greater oversight.

The assessment team was satisfied there are organisational processes for the service to provide capital expenditure submissions for consideration in the budget development. Additionally, management described how the organisation provides an annual budget for the service including budget allocations for clinical care, maintenance, and hospitality services. The organisation has contracts in place for approved suppliers of equipment for services to directly order equipment to support consumer care.

The provider submitted a response with further clarifying information and supporting documentation.

Regarding information management, the provider explained QCAB and CAB information has been added as standing agenda item for ‘Resident/Representative’ meetings. Expression of interest for CAB is distributed to all homes in February 2025 in preparation for next meeting in May 2025. The provider explained in the response that service is working through having all documents converted to Bolton Clarke templates and removed previous name from circulation.

Regarding feedback and complaints, the provider acknowledges the Assessment Team findings and agreed improvements are required.

In making my decision, I have also considered the feedback and complaints information under Requirements 6(3)(c) and 6(3)(d) and have placed weight on the feedback received from consumer and representatives along with the Assessment Team’s findings.

Therefore, I find Requirements 8(3)(c) non-complaint.

The assessment team recommended requirement 8(3)(d) not met as the service did not demonstrate it was consistently monitoring and responding to high-impact and high-prevalence risks in relation to behaviour management and incident management. The assessment team’s report included the following information and evidence gathered through interview, observations, or documentation review, which is relevant to my finding.

Consumers and representatives consistently expressed concerns in relation to a changed behaviours continually impacting on other consumers residing in different wings at the service. This was demonstrated through SIRS reports, complaints and observations with one consumer.

Management demonstrated the organisation has taken proactive steps to address the needs of vulnerable consumers, including those experiencing changed behaviours. A specialist team's upcoming visit is aimed to enable staff to enhance their skills and knowledge in identifying and supporting consumers who impact others,

There were inconsistencies noted in recording reportable incidents between the ECMS and SIRS register in relation to the priority level . Management provided toolbox talks to staff during the site audit on SIRS and reportable incidents. The organisation has recently introduced a SIRS analysis dashboard to increase oversight on priority one SIRS reporting. An email alerts quality and clinical governance to review SIRS reports for discussion at leadership team meetings and QCAB meetings.

Proactive care meetings monitor clinical indicators, with frequency adjusted based on risk levels - fortnightly or monthly for general cases, and twice weekly for high-risk situations - aim to pinpoint areas for improvement.

Management described how they investigate, trend and analyse data post incidents to refine and improve effectiveness of mitigation strategies in place. Quality indicator reports demonstrated the service recognises consumers who are most vulnerable to high-impact and high-prevalence risks.

In the response the provider described actions and provided evidence to educate staff on SIRS reporting and identification of SIRS priorities. Management acknowledges mentioned 2 SIRS incidents in the Assessment Team report were reported within legislative timeframe, however, was lodged as priority 2 instead of priority 1.

Regarding high-impact or high-prevalence risks associated with the care of consumers, the provider has submitted a written response and has outlined the actions which are taken to manage the behaviour of named consumer in the Assessment Team report. These actions include reviews by dementia support Australia, person centre practice specialist and providing education to staff. Despite all the actions implemented to manage named consumer changed behaviours, consumer continues displaying behaviours which are impacting on other consumers care needs in the form of intrusiveness, interrupted sleep and loud disturbances.

I consider additional time is required to sustain actions in practice. As a result, I consider this Requirement non-compliant.

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

Management indicated consumers and representatives have opportunities to provide feedback on care and services including consumer meetings, feedback and complaints mechanisms and surveys. The organisation’s leadership team monitors the service’s update reports and minutes of consumer meetings for each residential facility to provide an update on consumer concerns to the advisory group meetings. Last year minutes of a consumer advisory body (CAB) meeting which showed a discussion on organisational care delivery initiatives and suggestions from consumer representatives.

The organisation has an established quality of care advisory body (QCAB), which meets twice a year and provides a report to the governing body. Meeting minutes showed topics discussed included complaints and SIRS trends, clinical indicators, improvements and a proposal to have revised emergency management plans. Residential committee leadership meetings are held regularly to review service update reports and discuss key operational and strategic matters.

Management described the clinical governance framework in place to ensure safe and quality care to consumers including daily schedules, reporting processes, monitoring systems, analysis of clinical indicator data and clinical training provided to staff. Clinical indicator data is reported to QCAB and governing body as evidenced in QCAB meeting minutes. A medication advisory committee meets to discuss medication incidents, emergency supplies of medication, medication errors, antimicrobial stewardship and polypharmacy. Additionally, the committee monitors the ongoing use of chemical restraint which noted to be below industry standards. Management indicated the service is beginning a trial to open the memory support unit to minimise restrictive practices.

The assessment team’s report did not include sufficient evidence for me to form an opinion on the organisation’s wide systems to support communication with consumers about incidents that have caused harm. As such, in the absence of information indicating deficiencies with this aspect of the requirement, I have considered incident management information in requirement 8(3)(d) overall.

Following consideration of the above information, I find requirements 8(3)(a), 8(3)(b) and 8(3)(e) in Standard 8 Organisational governance, compliant.

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