Performance

Report

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| Name of service: | Performance report date: |
| Bolton Clarke Talbarra | 28 September 2022 |
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| 5530 | Site audit |
| Approved provider: | Activity date: |
| RSL Care RDNS Limited | 3 August 2022 to 5 August 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 Bolton Clarke Talbarra (**the service**) has been considered by K. Spurrell, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

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

* the assessment team’s report for the Site audit, the Site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives.
* the provider’s response to the assessment team’s report received 14 September 2022.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | | Compliant |
| 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

Consumers and representatives said they are always treated with dignity and respect and feel accepted by the service and staff. A consumer with complex care needs said staff are confident and know what they are doing and don’t need to be asked for assistance as they are familiar with care routines. Staff knew how to find care information about residents and were observed accessing care plans on the electronic care management system to inform themselves regarding consumer care needs.

Consumers from culturally linguistically diverse backgrounds said the service was familiar with their culture and background which was discussed with them on entry to the service. Staff said they work with families of consumers from non-English speaking backgrounds to find ways to connect and celebrate their culture such as including significant cultural days in the lifestyle program. Staff described using cue cards for communication with consumers who may have communication barriers.

Consumers and representatives said staff understand what is important to consumers and are not judgmental about the choices they make, consumers said they feel heard when they tell staff what is important to them. Consumers and representatives said they get information from the service which is easy to understand by attending consumer and representative meetings and by talking directly to staff, consumers are encouraged to ask questions or clarify any concerns.. Care planning documentation confirmed barriers to communication such as impaired vision, hearing, speech or cognition with corresponding interventions and aids to support consumers were documented. Staff were observed discussing a consumers’ care plan during handover to identify strategies of support, changes were updated on the care plan.

Consumers said they feel that their privacy is respected, and personal information is kept confidential. A consumer reported they felt respected as staff knock on the door before entering and close the door behind them if requested. The service has a Privacy and Confidentiality policy and signed privacy agreements were observed for new staff entering the service.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

## Findings

The Assessment Team recommended the following Requirement was not met.

* 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.

The Site Audit report found the service generally demonstrated effective assessment and planning processes that included consideration of risks to consumer’s safety, health and wellbeing. However, the Assessment Team brought forward evidence of two named consumers subject to chemical restraint without risk assessment tools in place. The Assessment Team found inconsistent documentation of behavioural interventions being trialled prior to administering chemical restraint and where strategies had been documented, these were not tailored to suit each consumer’s specific circumstances.

The Approved Provider provided additional information by way of a written response on 14 September 2022. The written response included explanation of the assessment and planning processes in place within the service and evidence to demonstrate how the service manages behaviours and considers risks in relation to the named consumers.

Specifically, the Approved Provider submitted comprehensive assessment documentation, including progress notes, care and service plans, and reviews by medical officers and allied health professionals. Documentation included the, identification and impacts of risks to consumers, health goals, interventions, behaviour triggers and alternative interventions for managing behaviours prior to the use of chemical restraint. Documentation also evidenced that consumers had been effectively assessed, using a validated risk assessment tool for assessing risks to a consumer, for effectiveness, prior to the site audit.

I have considered the evidence brought forward by both the Assessment Team and the Approved Provider, based on the evidence available, I am satisfied the Approved Provider has effective assessment and planning processes in place including for the identification of risks to consumer’s health and wellbeing. I therefore, find Requirement 2(3)(a) is compliant.

I am satisfied that the remaining four Requirements of Quality Standard 2 are compliant.

Consumers confirmed they have access to advanced care planning and end of life planning and care plan documentation evidenced ongoing assessment and planning of consumer’s current needs, goals and preferences included advance care and end of life needs. Staff described how they are supported by a nurse practitioner and an external palliative provider for additional palliative care support.

Staff described how consumers are assessed upon entry to the service and re-assessed four weeks after. Representatives confirmed their participation in care assessment and planning and said they were always involved if the consumer wanted them to be, the service contacted them promptly when changes occurred. Care planning documentation demonstrated input and review by registered staff, allied health professionals and providers of other care and services are involved in the care of the consumer.

Consumers said staff explained information about their care and services and said they could access information when they wished. Staff confirmed consumers are involved with assessment and review processes and said they would notify representatives where changes in care needs were identified. A staff member was observed phoning a representative to discuss changes in the consumers’ care plan.

Consumers said their care and services are reviewed regularly for effectiveness and when circumstances change or when incidents occur which impact on a consumer’s wellbeing and health; a consumer who had recently returned from hospital confirmed they were referred to a nurse practitioner for management of their catheter on return to the service. Care plans were showed that a physiotherapist sees all consumers if they have a fall to develop an individualised falls prevention strategy.

# Standard 3

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| Personal care and clinical care | | Compliant |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission-based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

## Findings

The Assessment Team recommended the following Requirements were not met:

* Each consumer gets safe and effective personal and clinical care that is; best practice, tailored to their needs, and optimises their health and well-being.
* Effective management of high impact or high prevalence risks associated with the care of each consumer.
* 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.

The Site Audit report found that while most consumers and representatives felt consumers received personal and clinical care which is safe and right for them, the Assessment Team identified two named consumers with documentation deficiencies and impacts to clinical care as a result. The Assessment Team relied on documentation for two named consumers they found did not reflect that the use of chemical restraint was the least preferred strategy to manage the consumer’s behaviours and care documentation did not provide strategies or direction to guide staff in communication or calming techniques to use while providing care to the two named consumers.

The Approved Provider provided additional information on 14 September 2022. In relation to the two named consumers, medication administration reports demonstrated non-pharmacological interventions are implemented before chemical restraint is administered and progress notes evidenced each time medication was administered, a corresponding entry was made to evaluate the effectiveness of medication and to outline if non-pharmacological interventions were effective. Additionally, behaviour care plans outlined non-pharmacological interventions were personalised to manage consumer’s behaviours and restrictive practice care and services plans reflected medical officer authorisation and representative consent for chemical restrictive practices.

I have considered the evidence brought forward by the Assessment Team and the Approved Provider’s response and overall, I am not satisfied that the evidence relied upon in the Site Audit report demonstrates deficits in the provision of personal or clinical care. I find Requirement 3(3)(a) is compliant.

The Site Audit report reflected effective management of high impact and high prevalence risks for consumers through behaviour support plans and progress notes which included the identification of alternative interventions to successfully manage risks associated with behaviours. However, the Assessment Team brought forward evidence relating to inconsistencies in care planning documentation for two named consumers subject to chemical restraint, reflecting the service did not always identify and respond to risks related to instances of consumer aggression.

The Approved Providers’ written response of 14 September 2022 included an explanation of the risk management processes in place within the service. Risk management strategies include the involvement of behaviour specialists in tailoring support for each consumer subject to chemical restrictive practices, particularly for the management of difficult behaviours.

I have considered the evidence brought forward by both the Assessment Team and the Approved Provider, and I am not satisfied that the evidence relied upon in the Site Audit report demonstrates deficits in effective management of risk including for those risks associated with consumer behaviours. I therefore find Requirement 3(3)(b) is compliant.

Consumers and representatives said information about the consumer’s condition, needs and preferences are documented within care plans, however, accurate information for the effective management of behaviour was not consistently recorded to ensure staff knew which interventions to apply interventions including communicating with a consumer in their native tongue to de-escalate aggression and as a result, staff were not aware to apply tailored strategies.

The Approved Providers’ written response of 14 September 2022 demonstrates that culturally appropriate communication strategies had been developed in consultation with the consumer’s representative such as calling the representative to assist with speaking to the consumer in their native language, however, this strategy was no longer effective in managing escalating behaviours, the representative confirmed their involvement in the development of management strategies.

I have considered the evidence brought forward by both the Assessment Team and the Approved Provider, and I am not satisfied that the evidence relied upon in the Site Audit report demonstrates deficits in documenting and communicating about the consumer’s condition, needs and preferences to those involved in providing consumer care. I therefore find Requirement 3(3)(e) is compliant.

I am satisfied that the remaining four Requirements of Quality Standard 3 are compliant.

Consumers and representatives who wished to discuss end of life preferences, care planning documentation detailed advanced care planning information including an advance health directive, statement of choices and end of life preferences. Representatives confirmed they had participated in end of life planning discussions and were confident the service would support this care to consumers when the time came. Staff indicated they commenced palliative care discussions when the consumer joined the service and they could access specialist palliative support from nurse practitioners externally.

Consumers and representatives said the service recognised and responded to changes in their health and condition in a suitable and timely manner. Clinical staff described how they monitored signs, changes or deterioration of consumers and responded to such changes by escalating concerns to senior staff, arranging transfer to hospital, and referrals to specialists once the consumer returned to the service.

Consumers said they received timely and appropriate referrals to individuals, other organisations and other providers of care and services including for palliative care. A wide range of referrals were observed in care planning documentation such as the specialist nurse practitioner for catheter management. Staff demonstrated use of a referral form when referring consumers and described how referrals are made in consultation with consumers, representatives, health professionals and the medical officer.

The service demonstrated how they minimised infection related risks through infection control practices and antimicrobial stewardship. Staff detailed strategies to ensure appropriate use of antibiotic prescriptions and to prevent and control infections for consumers. The Assessment Team observed staff using hand washing stations and correctly applying and wearing personal protective equipment.

Staff demonstrated knowledge of infection control practices relevant to their duties and felt the training they’d received equipped them in infection control, donning and doffing of personal protective equipment and handwashing competencies.

# Standard 4

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| Services and supports for daily living | | Compliant |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

## Findings

Consumers and representatives said they receive supports for daily living which enables them to do things they want to do including assistance to mobilise to activities such as attending religious services if they want to. Care plans demonstrated consumers goals and preferences were identified and reflected in consultation with consumers and their representatives. Staff were observed assisting consumers to attend activities, meet with visitors and mobilise around the service.

Consumers felt they are supported to observe their spiritual and religious practices and their emotional and psychological wellbeing is supported. Staff were familiar with cultural and religious preferences of consumers and knew this information is accessible in care plans.

Consumers and representatives said consumers are supported to participate in activities of interest to them and maintain their social and personal relationships both within and outside the service environment. The lifestyle team described how the volunteer and student program helps to support consumer’s social needs and students were observed assisting consumers to attend activities and to go for walks outside.

Consumers and representatives said the service communicates within and outside the service to ensure the consumer receives continued service and support. Care planning documentation evidenced care plans are reviewed when information is received from other service providers, relevant information is documented and included into care reviews and communicated to staff as required. Staff described how information is shared between care providers as the consumer moves between care settings such as returning from hospital.

Most consumers are satisfied with the quantity and quality of food provided and say they usually receive their meal and drink preferences and menu selections. The service provides equipment for consumers as per the assessed need and in accordance with their procurement guidelines for the provision of safe equipment. Staff and consumers are trained in the use of equipment according to its purpose and equipment is maintained through a proactive and reactive maintenance program.**Standard 5**

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| Organisation’s service environment | | Compliant |
| 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 said the service environment is welcoming with signage and colour coding throughout which is easy to understand. Information about the lifestyle activities and events was observed on display in communal areas and families were observed visiting consumers spending time either in the consumer’s room or enjoying indoor and outdoor communal areas together and reported the living environment was homely and they enjoy visiting.

Consumers and representatives felt the environment is safe, clean, well maintained and comfortable. Cleaning schedules are documented to guide cleaning staff on what areas to clean and when. The service environment was observed to be clean, odour-free and furnishings were in good repair as the service had recently upgraded furniture throughout with repainting and reflooring completed in some areas.

Furnishings, fittings, and equipment were observed to be safe, clean, well maintained and suitable. Call bells and points were available for consumers throughout the service. Planned and reactive maintenance processes are maintained, including emergency and fire safety protocols.

# Standard 6

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| Feedback and complaints | | Compliant |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

## Findings

Consumers and representatives accurately described the process of giving feedback or making a complaint and said they felt comfortable and safe to raise a complaint and would not be treated in a negative way. Staff were familiar with the complaints process and described how they assisted consumers to complete feedback forms if they requested help. Complaints and feedback boxes with feedback forms available were observed located throughout the service.

Consumers and representatives confirmed they were aware of the organisation’s on-line website feedback process including how to access and lodge external complaints through an advocacy service however they preferred to discuss their concerns directly with staff because they were treated with dignity and respect. Consumers who had difficulty communicating said they could request assistance of staff or family members to provide feedback or make a complaint. The language services policy supports consumers from culturally and linguistically diverse backgrounds to access interpreter services.

Consumers and representatives said management quickly addresses and resolves their concerns once a complaint is made, or when an incident has occurred. Staff described how feedback and complaints are used to inform the continuous improvement system. The complaints register confirmed all complaints lodged in past 6 months were resolved.

# Standard 7

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| Human resources | | Compliant |
| 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

Consumers said staff provided quality care despite being busy and felt there is sufficient staff to attend to their needs and preferences, consumers confirmed call bell responses were timely. Staff said they are busy and occasionally are short staffed due to staff illness, but they always work together to meet consumer needs. Management explained how unplanned leave is managed where possible however overtime is implemented as required.

Consumers and representatives said staff were kind, caring and gentle when providing care, staff were observed greeting consumers by their preferred name and were familiar with each consumer's individual needs and identity. Staff were observed interacting respectfully with a consumer who has a cognitive impairment and does not understand English, staff used non-verbal cues, gestures and welcoming facial expressions to interact with and comfort the consumer.

Consumers and representatives said the workforce is competent and have the appropriate qualifications and knowledge. Staff records include position descriptions, qualifications, reference checks and performance reviews in accordance with the review schedule. Ongoing training is provided according to a mandatory training

Consumers said staff are trained and equipped to deliver care. Staff said they felt supported and equipped to do their roles effectively, staff are orientated to the roles through buddy shifts with experienced staff for guidance and support whilst new in the role. Training records showed all staff had attended mandatory training for elder abuse, infection control and personal protective equipment.

Management described how staff performance was regularly reviewed and monitored in accordance with organisational goals and individual position descriptions. A schedule of performance reviews is maintained by management, staff performance review and goal setting are completed within the probation period and then annually or more frequently if required. Staff are aware of the performance review process and reviews were up to date. Consumers and representatives were satisfied with the performance of the workforce.

# Standard 8

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| Organisational governance | | Compliant |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided - a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

## Findings

The Assessment Team recommended the following Requirements were not met;

* Effective organisation wide governance systems relating to the following: information management; continuous improvement; financial governance; workforce governance, including the assignment of clear responsibilities and accountabilities; regulatory compliance; feedback and complaints.
* Effective risk management systems and practices, including but not limited to the following: managing high impact or high prevalence risks associated with the care of consumers; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can: managing and preventing incidents, including the use of an incident management system.
* Where clinical care is provided - a clinical governance framework, including but not limited to the following: antimicrobial stewardship; minimising the use of restraint; open disclosure.

The Site Audit Report demonstrated the organisation had effective governance systems in place for information management, continuous improvement, financial and workforce governance and feedback and complaints, however, the Assessment Team reported regulatory non-compliance as two incidents involving consumer aggression had not been reported to authorities as monitoring systems failed to identify some consumers on chemical restraint and some episodes of risk related consumer aggression.

Evidence relied upon by the Assessment Team included staff statements and clinical documentation including reports and committee meetings which did not consistently reflect the correct number of consumers receiving chemical restraint and some gaps in serious incident reporting documentation were observed for two incidents of consumer aggression, as not being compliant with legislation.

The Approved Provider’s response of 14 September 2022 addresses the deficits relating to chemical restraint. The service had conducted an audit on day one of the site audit in response to discussions held with the Assessment Team and provided evidence to the Assessment Team to demonstrate all consumers on chemical restraint were accounted for or received medications for the purposes of an alternate diagnosis and were therefore not considered to be in receipt of chemical restraints. The Approved Provider submitted further evidence to demonstrate that the incidents of aggression had not been reported, acknowledging that one was retrospectively reported during the Site Audit.

I have considered the evidence brought forward by the Assessment Team and the Approved Provider’s response and overall, I am not satisfied that the evidence relied upon in the Site Audit report demonstrates deficits in organisation wide governance systems relating to regulatory compliance. I find Requirement 8(3)(c) is compliant.

The Site Audit report demonstrated effective management systems and practices of high impact and high prevalence risks for consumers, identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can. However, the Assessment Team reported the organisation wide governance system is not effective in identifying and responding to risks related to consumer chemical restraint and episodes of consumer aggression, and not meeting regulatory obligations in relation to these. Deficits related to one consumer subject to chemical restraint who had experienced two episodes of aggression which were not accurately reflected in the consumer’s care planning documentation.

The Approved Providers’ written response of 14 September 2022 included an explanation of risk management processes in place including the involvement of behaviour specialists in the identification of tailored behaviour strategies for each consumer subject to chemical restrictive practices including for the named consumer with two episodes of aggression. Additional evidence in support of effective risk management systems was reflected in behaviour support plans and progress notes including alternative non-pharmacological interventions to demonstrate effective management of risks associated with behaviours.

In relation to failing to report two incidents of consumer aggression to authorities, the Approved Provider submitted documentation to demonstrate the incidents were managed appropriately at the time and within legislated time frames including the use of an incident management system.

I have considered the evidence brought forward by both the Assessment Team and the Approved Provider, and I am not satisfied that the evidence relied upon in the Site Audit report demonstrates deficits in an effective risk management system and practices including for the managing and preventing of incidents, and the use of an incident management system. I therefore find Requirement 3(3)(d) is compliant.

The Site Audit Report demonstrated the organisation has effective a clinical governance framework is in place to ensure compliance relating to antimicrobial stewardship and open disclosure, however, deficits were brought forward relating to the service’s management of chemical restrictive practices, as the Assessment Team found the service has inadequate systems to accurately identify consumers subject to chemical restraint. The Assessment Team relied on this evidence as a demonstration of non-compliance.

The Approved Provider submitted evidence in its written response of 14 September 2022 to demonstrate an effective clinical governance framework is in place via audit reports and clinical indicator reports which show even minor documentation anomalies could be identified by the service’s governance framework. The Approved Provider provided additional explanation and evidence regarding the management of restrictive practices under Requirements 3(3)(a). Based on evidence submitted by the provider I am satisfied the service has a clinical governance framework in place to effectively minimise the use of restraint. I therefore find Requirement 8(3)(e) is compliant.

I am satisfied that the remaining two Requirements of Quality Standard 8 are compliant.

The service had established processes to support consumers to engage in the development, delivery and evaluation of care and services including through consumer surveys and regular consumer meetings, consumers and representatives confirmed their participation in evaluation processes. Staff described how consumer feedback is captured and followed up by registered staff and management as needed, this was evidenced in service and organisational records reflecting monitoring and reporting of feedback to senior and executive management.

The service maintains a committee risk-based communication structure which reports to the board ultimately. Staff records showed the staff orientation program includes the organisational vision and values and organisational structure and staff confirmed received this training when commencing employment with the service.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)