

**Performance Report**

**1800 951 822**

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| Name: | Bolton Clarke Villa Serena |
| Commission ID: | 5361 |
| Address: | 2 Easthill Drive, ROBINA, Queensland, 4226 |
| Activity type: | Site Audit |
| Activity date: | 26 November 2024 to 28 November 2024 |
| Performance report date: | 20 January 2025 |
| Service included in this assessment: | Provider: 1599 RSL Care RDNS Limited  Service: 5274 Bolton Clarke Villa Serena |

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 Villa Serena (**the service**) has been prepared by V Stephens, 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 on 18 December 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 | **Compliant** |
| **Standard 4** Services and supports for daily living | **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.

* Ensure staff consistently escalate and document resident complaints;
* Ensure high impact or high prevalence risks are safely managed, specifically the administration of time sensitive medication;
* Ensure staff identify and report abuse and neglect of consumers and understand mandatory reporting requirements;
* Ensure incidents are consistently identified, escalated, reported to enable trend analysis and drive improvements to care and services.

# 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

Consumers stated they are always treated with dignity and respect and feel valued as individuals. Management and staff spoke respectfully about consumers and outlined examples of how they ensure each consumer’s dignity is respected. Documents reviewed detailed information regarding consumer backgrounds, personal preferences and cultural practices which aligned with consumer interviews.

Consumers stated the service understands their cultural needs and preferences, and service is delivered in a way that makes them feel safe and respected. Management and staff provided examples of how care and services are delivered to meet individual needs and preferences.

Consumers and their representatives said consumers are supported to make their own decisions about the care and services they receive, and the service supports consumer choice regarding who is involved with their care. Consumers stated they can speak with management at any time to make changes to care and services and these requests are acted upon promptly. Management and staff described how consumers are supported to make informed decisions and how services are provided in accordance with consumer preferences. Management demonstrated awareness and understanding of the communication needs, choices, and preferences of individual consumers.

Consumers and representatives stated the service listens to consumers, understands what is important to them, and supports and respects the choices consumers make in relation to their care. Management and staff demonstrated how they support consumers to live a life of their choosing. Management advised the service supports consumers to take risks, and that risks are discussed with the consumer to ensure their safety and wellbeing.

Consumers said they receive information in a way they can understand, in a format appropriate to their needs, which enables them to make informed choices. Consumers said they regularly receive information from the service, including but not limited to operational updates from the service, menus, activity calendars and newsletters. Staff demonstrated the approaches they use when communicating with consumers with cognitive or sensory impairments. The assessment team observed that up-to-date information is available throughout the service.

The service demonstrated each consumer’s privacy is respected and personal information remains confidential. Staff described how they maintain the privacy and confidentiality of consumer information. Access to electronic information is limited by role and is password protected.

# 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

Consumers stated consumer care is well planned, and staff take the time to understand how to support them. Staff demonstrated they understand assessment and care planning processes and validated assessment tools are consistently used by staff. Consumer care plans include input from relevant practitioners including the medical officer, allied health professionals and other health care providers. The service identifies and assesses risk and risk management strategies are included in consumer care plans.

Consumers said care and services are planned around what is important to them and includes consideration of how they want their care and services delivered. The service’s electronic care management system contained evidence demonstrating that tailored care and services plans are documented for each consumer and in relation to end of life preferences, included either an advance care directive or a statement of choice.

Consumers said staff include them and their representatives in the assessment, planning and review of their care and service needs. Consumer care planning documentation demonstrates consumer representatives and other health care services are involved in assessment, planning and review of consumer care. Clinical staff described the process of partnering with consumers, consumer representatives and other health care services to assess, plan and review consumer care and service needs.

Consumers and their representatives stated staff discuss consumer care needs and offer copies of consumer care plans. Staff advised they have access to consumer care planning documentation through the electronic system and handover records. Consumer care planning documentation demonstrates the outcomes of assessment and planning are documented. The assessment team observed that care planning documents and handover records are readily available to staff delivering care.

Consumers and representatives stated clinical staff regularly discuss care needs with them, and any requested changes are addressed in a timely manner. Consumer care planning documentation identified evidence of monthly review and when circumstances change such as consumer deterioration or incident. Staff said they are aware of incident reporting processes and how these incidents may trigger reassessment or review.

# Standard 3

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

Findings

Consumers and representatives said they are satisfied care meets consumer needs and optimises consumer health and well-being. Staff demonstrated they understood the personal and clinical needs of individual consumers. Care plans contain effective information that is customised to each consumer. The service uses an assessment tool to monitor the use of all psychotropic medications, antimicrobials and polypharmacy across the service. The service has policies and procedures in place to support the delivery of care provided.

Consumers and their representatives were satisfied that risks are effectively managed. Care planning documentation demonstrated effective strategies were in place to manage identified risks and risks are recorded in care plans and progress notes. The organisation trends and analyses clinical data each month to inform care needs. Further investigation is conducted for all incidents including falls, skin injury, challenging behaviours, and infections to identify contributing factors so that appropriate interventions and action can be implemented to prevent recurrence.

Consumers and representatives stated they feel confident staff would provide end of life care in line with consumer preferences to maximise dignity and comfort. Consumer care and end of life preferences are documented in a care and services plan.

Consumers said staff respond to their needs quickly and documentation demonstrates staff recognise clinical deterioration in consumers. Staff described a range of signs related to deterioration, including changes in mobility, appetite and behaviour. Clinical and care staff described how they discuss consumer changes including mental health and physical function at handover.

Consumers and representatives said consumer care needs and preferences are effectively communicated between staff and other health care providers. Health professionals visiting the service have access to information to support effective and safe sharing of consumer condition, preferences and care needs. Documentation demonstrated consumer condition, needs and preferences are communicated to other services and the consumer’s representative.

Consumers said that the service has referred them to appropriate providers, or organisations to meet their changing personal or clinical care needs, and they are satisfied with the referral processes.

Progress notes contain input from other providers such as podiatrists, physiotherapists, speech pathologists and dieticians. The service provided a list of referral agencies it has links with which included clinical, medical, social and pathology services.

Consumers and representatives stated they are satisfied the service implements strategies to minimise infections. Consumer care planning documentation demonstrates consumer infections and staff infection control practices are monitored. The service has policies to manage infectious outbreaks and staff receive training on infection prevention and control.

# Standard 4

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

Findings

Consumers and representatives described how consumers are supported to participate in activities they enjoy. Lifestyle staff described how upon admission they partner with the consumer and their representatives to conduct a lifestyle assessment. Sampled care documentation was individualised and outlined the preferences, interests, likes and dislikes of consumers.

Consumers are satisfied their emotional, spiritual, and psychological wellbeing is promoted through services and interaction with staff. Staff demonstrated an understanding of what is important to each consumer and provided examples of how they support the wellbeing of consumers. Care planning documentation included information on the wellbeing needs, goals and preferences of consumers.

Consumers and representatives said consumers are supported to participate in the community within and outside the service environment, keep in touch with people they choose, and do things that are of interest to them. Staff provided examples of consumers who are supported to maintain important relationships and do things they enjoy. Consumer care planning documentation included consumer interests, important relationships, and activities of interest. The assessment team reviewed monthly activities calendars noting a variety of activities, including bus trips, bingo, arts and craft, physical exercise and religious services.

Consumers and representatives stated information about consumer condition, needs, and preferences are communicated within the service, and with others where responsibility for care is shared. Staff interviewed described ways in which information is shared between individuals involved in a consumer’s care and how timely updates are given following changes to a consumer’s condition, needs or preferences. Care planning documentation for sampled consumers contained information to support effective and safe care.

Consumers said they are supported by providers of other care and services and referred to individuals and other organisations when needed. Care planning documentation identified referrals to other organisations and services such as volunteers, language services and community services. Lifestyle staff said the service has engaged other organisations, entertainers, volunteers and providers of care to supplement the lifestyle program. The assessment team observed consumers attending hairdressing and nail appointments during the audit.

While some consumers raised concerns regarding a recently introduced menu, overall consumers stated they were satisfied with the variety, quality and quantity of meals provided at the service, and that meals met their needs and preferences. Consumers at the service with dietary needs said their needs are accommodated and staff understand their individual needs.

The service demonstrated equipment provided to consumers is safe, suitable, clean, and well maintained. Consumers stated they had access to equipment, including mobility aids and shower chairs, to assist them with activities of daily living. Care staff stated there is always equipment available to provide to consumers and support lifestyle services when required. The assessment team observed personal mobility aids that were clean and well maintained.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers and representatives are satisfied the service environment is easy to navigate and promotes consumer independence and sense of belonging. Staff described how they make consumers feel comfortable and welcome by always greeting consumers and their visitors and encouraging consumers to decorate their rooms. The assessment team observed numerous consumer rooms were personalised and contained items of meaning for each consumer. The assessment team also observed information such as menu and activity calendars are displayed throughout the service.

Consumers and representatives expressed satisfaction that the service environment is clean and well-maintained and consumers can move freely within the service, accessing both indoor and outdoor areas. Staff described maintenance and cleaning schedules, including the use of maintenance logs and the process for monitoring cleaning. Documentation demonstrated regular preventative maintenance checks occur and regular cleaning rosters are in place. The assessment team observed a clean and well-maintained service environment and consumers moving freely in both indoor and outdoor areas.

The service demonstrated furniture, fittings, and equipment are safe and well-maintained. The assessment team observed, and consumers confirmed, that their equipment is checked, cleaned, and maintained regularly.

# 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. | Compliant |

Findings

The assessment team recommended Requirement 6(3)(c) was not met as while most consumers and representatives are confident action will be taken when complaints are raised, two sampled consumers stated that although issues raised had been resolved, no apology was received and information was not provided on what actions were taken. The assessment team also found these complaints were not escalated or reported as required. Following feedback from the assessment team during the audit, management met with the two consumers and commenced action to train staff on escalating complaints. The assessment team also found consumers are not satisfied with action taken by the service in relation to food-related complaints.

The approved provider’s response to the assessment team report provides additional information in relation to the two consumers named in the assessment team report. In relation to one of these consumers, whose representative complained had not had a shower for four days contrary to recorded care notes, an apology was offered, and a formal investigation was completed. The investigation identified that concerns had been addressed at the time the complaint was made, and steps have been taken to ensure the situation is not repeated. Several documents are provided to support these claims including an incident report, progress notes and evidence the complaint was reported as neglect to comply with mandatory reporting obligations.

The approved provider submits a similar response in relation to the second named consumer, who reported feeling pain after a staff member assisted them with showering. The incident has now been reported as required, staff have been reminded of this consumer’s care needs, and the consumer and their representative have expressed satisfaction with the care being received.

In relation to inadequate follow-up action arising from complaints regarding recent menu changes, the approved provider responded that a food focus meeting which was postponed due to the audit, has now occurred, feedback from this meeting has been entered into the service’s feedback register and staff have been provided with training regarding the requirement to escalate and document resident complaints.

While I note the approved provider has comprehensively addressed the deficits identified by the assessment team, if not for the intervention of the assessment team during the audit, complaints relating to neglect of two consumers would not have otherwise been recorded in the service’s incident register, escalated to service management for appropriate response or reported as required under mandatory reporting obligations. Given the serious nature of the harm posed to consumers from missed or poorly delivered personal care and that the service is yet to demonstrate improved complaint escalation has been embedded into staff practice, I find Requirement 6(3)(c) is not compliant.

I am satisfied the remaining requirements of Standard 6 are compliant.

Consumers and representatives said they feel comfortable providing feedback and complaints. Staff described how they assist consumers to provide feedback when providing care and at mealtimes. A review of consumer/representative meeting minutes for the past 3 months recorded discussions encouraging consumers to provide feedback and the avenues to do so. The assessment team observed feedback forms in multiple locations throughout the service, feedback information is contained in the consumer handbook and a quick response code to provide feedback is available in the consumer newsletter.

Consumers and representatives said the service has provided information on advocacy services and raising complaints externally. Staff demonstrated awareness of advocacy services and how to provide information to consumers if they are seeking assistance from external complaint services. The assessment team observed information relating to language and advocacy services in various locations throughout the service.

The service demonstrated systems for recording, reviewing, trending and analysing consumer feedback to identify areas for improvement. Consumers and representatives said the service makes improvements and identified areas where improvements have been made. Management said they complete regular analysis and trending of complaints to identify areas for improvement which is then reported to the operations manager.

# 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

All sampled consumers and representatives said they were satisfied with the timeliness of staff response to call bells, delivery of scheduled care provision and overall availability. Staff interviewed said they have sufficient time to complete their tasks and unplanned leave is generally covered. Management described how the service determines the sufficiency and mix of staff to deliver effective care and services to consumers while also considering the varying levels of consumer acuity.

Consumers and representatives said staff treat consumers with respect and are kind and caring. Staff described how they ensure their interactions with consumers are kind, caring and respectful by treating consumers as though they are family. Management said they monitor staff interactions through surveys, feedback, consumer meetings and observations. The Assessment team reviewed the most recent survey results which identified positive results from consumers in relation to staff interactions.

Consumers and representatives said staff are competent and know what they are doing. Care staff said their roles are clear and they understand the tasks to be completed each day. Care staff said care responsibilities and allocations are discussed at handover. Clinical staff described how tasks are outlined and they provide oversight and direction to care staff. The service has systems in place to ensure staff competencies are completed and up to date.

Consumers and representatives were satisfied staff were sufficiently equipped to fulfil their roles. Staff described the recruitment process, and the mandatory and ongoing training they have completed. Management described the recruitment process, how they ensure mandatory training is completed and how additional training is identified and delivered. A buddy system is also in place for new and developing staff.

Consumers and representatives said they can provide feedback relating to staff performance through surveys, discussions with staff and management and at consumer/representative meetings. Management described the process for completing performance appraisals for new staff and annually thereafter.

# Standard 8

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

The assessment team found the service demonstrated they support consumers to live the best life they can through taking risks of the consumer’s choosing and identifying ways to mitigate those risks. However, the assessment team recommended Requirement 8(3)(d) was not met as the service did not demonstrate effective risk management systems for:

* managing high impact or high prevalence risks associated with consumer care, specifically the administration of time sensitive medication;
* ensuring staff identify and report abuse and neglect of consumers and understand mandatory reporting obligations;
* managing and preventing incidents.

I have considered evidence against each of these areas below.

Administration of time sensitive medication

At the audit, the assessment team reviewed clinical incidents for the previous 3 months and noted that no medication incidents had been identified or included in the service’s incident management system. Clinical staff stated they were certain no medication incidents had occurred during that period. The assessment team requested medication administration documentation for 6 consumers who require time sensitive medication. This review identified 97 occasions where medication was administered outside the recommended 30- minute window. At the audit, management stated that for some of the identified occasions, staff had recorded that medication was administered on time in progress notes, however administration of the medication was not properly recorded in the medication management system. Management also stated regular audits are completed and suggested these oversights were an anomaly due to staff leave. However, a review of an additional 2 weeks of medication administration times by the assessment team identified similar findings. In response to feedback from the assessment team during the site audit, the service sent communication to all staff administering medication regarding the importance of timely administration and included guidance on which medications were time sensitive.

The approved provider’s response to the assessment team report challenges the team’s findings. The approved provider submits that of the 97 incidents presented as late medication administration, 55 of these incidents did not relate to time sensitive medication or do not need to be given within a required 30-minute window as they are considered daily doses. Following the site audit, the service has individually investigated each instance, and the approved provider’s response highlights 5 specific consumer examples where medications were incorrectly identified as time sensitive, and in one example, not administered due to active end of life care. Numerous documents including medication charts are provided to support the approved provider’s response. The approved provider acknowledges one consumer was administered time sensitive medication outside the prescribed timeframe. The service consulted the consumer’s representative and general practitioner, and nil adverse effects were noted for this consumer.

The approved provider also states that the service has consulted all residents with time sensitive medication and scheduled medication administration times have been adjusted where necessary. Additional checks are now completed to enhance visibility of time sensitive medication, including a daily review performed by a registered nurse. Staff have been counselled and received further education regarding medication management timing and strategies to improve monitoring thereof. Future training is also planned, and an additional registered nurse is rostered on morning shifts. Enhanced processes for oversight of medication administration times have been added to the service’s plan for continuous improvement.

I have considered the approved provider’s response and find that extensive remedial action has been taken in relation to the administration of time sensitive medication. I accept the findings of the post-audit review undertaken by the service which determined that 55 incidents had been incorrectly characterised by the assessment team as late administration of medication. However, this leaves approximately 40 incidents of late time sensitive medication administration which the approved provider has not challenged. On this basis I find the service has not effectively managed high impact or high prevalence risks associated with consumer care, specifically the administration of time sensitive medication.

Identifying and reporting abuse and neglect of consumers and understanding mandatory reporting obligations

Staff interviewed by the assessment team did not demonstrate they understood mandatory reporting obligations, or the service’s escalation process. Incidents which are classified as neglect – a consumer who did not shower for four days and another consumer who experienced pain while being showered – were not escalated to management or formally reported as required.

The approved provider’s response to the assessment team report states that all staff have received training in relation to mandatory reporting and further training is scheduled in early 2025. I acknowledge the service has taken remedial action to address deficits in staff identifying, escalating and reporting incidents, however there is no evidence before me which suggests improved staff practices are now reliably embedded at the service.

Managing and preventing incidents

The assessment team reviewed clinical incidents for August, September and October 2024 and identified no medication incidents had been identified and included in the incident management system as the service did not detect and report late administration of time sensitive medication. Following feedback from the assessment team, the service stated these incidents would be recorded and reported as required by mandatory reporting requirements. In addition, the assessment team also found that in relation to skin tears and falls, incorrect data was collected for trending purposes and limited investigation was completed to identify contributing factors.

The approved provider’s response to the assessment team report states the service provided staff training and toolbox education on incident management and have included actions in the service’s plan for continuous improvement to enhance incident reporting and investigation. I am mindful that managing and reporting incidents enables providers to trend information to drive improvements in quality and safety, and while I am satisfied the service has implemented appropriate remedial action, these improvements are very recent and are yet to be embedded or reviewed for effectiveness.

For the reasons outline above, I find Requirement 8(3)(d) is not compliant.

I am satisfied the remaining requirements of Standard 8 are compliant.

Consumers and representatives said they are engaged in the development and evaluation of care and services through surveys and consumer meetings. Management described how consumers and their representatives are supported to engage in evaluating current, planned and newly implemented care and services. A review of consumer advisory body meeting minutes from April 2024 and September 2024 record input and follow up regarding recommendations and evaluations from consumer/representative meetings.

The service has a governance structure to ensure the service is accountable for the delivery of safe and quality care which is demonstrated through various reporting structures and committees which ultimately report to the board. Management described the accountability and reporting structures the service must adhere to, and the organisational performance measures used to ensure quality care and services are delivered. A review of meeting minutes from the quality and care advisory body committee meetings from July to September 2024 record input from the board, discussion of clinical incidents, mandatory reporting, survey results, complaints and the service’s plan for continuous improvement.

The service has demonstrated effective organisational governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. A review of systems and care delivery identified that information management systems are effectively used by the service to oversee and manage consumer care and services. Management said areas for improvement are recorded on the service’s plan for continuous improvement, and areas are identified through complaints, internal audits and incidents. The board oversees financial governance via reporting requirements completed by the facility manager and operations manager. Management stated and review of meeting minutes confirmed complaints are overseen at an executive and board level. The service demonstrated systems are in place to ensure the workforce has a clear understanding of their roles and responsibilities through role descriptions and task-oriented processes such as duty lists. The service demonstrated systems for ensuring compliance with legislative responsibilities. The service did not identify some incidents which met mandatory reporting criteria. However, the failure to identify these incidents was not due to a lack of systems for monitoring regulatory compliance but due to a lack of compliant escalation by staff which is addressed in Requirement 6(3)(c) and Requirement 8(3)(d).

The service demonstrated there is an established clinical governance

framework in place which outlines staff roles and responsibilities. The service has policies which incorporate the principals of antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated an understanding of these principals and their role in clinical governance. The service’s clinical governance framework outlines the accountability and reporting structure of the organisation, and management demonstrated understanding of their role within this structure.

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)