Performance

Report

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| Name of service: | Performance report date: |
| Bossley Parkside Care Community | 16 September 2022 |
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| Approved provider: | Activity date: |
| DPG Services Pty Ltd | 26 July 2022 to 28 July 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 Bossley Parkside Care Community (**the service**) has been considered by Kathryn 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, and others.
* the provider’s response to the assessment team’s report received 7 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 | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Non-compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **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)(g)** – The service ensures the minimisation of infection related risks through implementing standard and transmission-based precautions to prevent and control infection; and practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.
* **Requirement 5(3)(b)** – The service ensures the service environment is safe, clean, well maintained, and comfortable; and enables consumers to move freely, both indoors and outdoors.
* **Requirement 7(3)(a)** – The service ensures 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.
* **Requirement 7(3)(d)** – The service ensures the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these 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

Staff described the ways they enable and support consumers’ lifestyle choices and preferences on a day-to-day basis, whilst respecting and understanding consumers’ personal circumstances and life journeys. Consumers confirmed they are treated with respect and dignity by staff and care plans contained the cultural, religious, and personal preferences of consumers.

Consumers said they had independence and could make choices about their life including maintaining relationships with people important to them. Staff described how they support consumers to make choices and maintain independence.

Staff supported consumers to take risks enabling them to live their best life possible, by undertaking risk assessments and putting risk mitigating strategies in place in line with the service’s policies regarding dignity of risk.

Consumers and representatives confirmed that staff provide timely, accurate and easily understood information to them through posters around the service, meetings, and discussions with staff. Consumers confirmed staff protected their privacy and staff were seen to be closing doors, knocking before entering and securing consumer information appropriately. The service has a privacy policy stating they are committed to privacy as per the privacy principles and details how consumer information will be managed.

# 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

Consumers and representatives described their involvement in care planning and assessments and confirmed they are regularly updated by the service of any changes to care needs. Staff described the assessment process for consumers’ needs and the consultation process was evident in care planning documents.

Staff described how they use assessment and planning processes to inform safe care delivery, through identifying consumers’ needs, goals, and applicable risks. Care plans note consumers’ preferences, including for advance care and end of life care.

The service demonstrated outcomes of assessments and care planning are clearly communicated to and are available to consumers and representatives.

Consumers and representatives confirmed care and services are reviewed regularly or when there was a change in their condition, or an incident had occurred. Staff provided confirmation of three-monthly reviews or when the consumer’s circumstances have changed and explained reporting and documenting incidents and change in the condition of consumers correctly.

# Standard 3

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| Personal care and clinical care | | Non-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. | Non-compliant |

## Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirement is non-compliant:

* Minimisation of infection related risks through implementing: standard and transmission-based precautions to prevent and control infection; and practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

The Assessment Team identified deficiencies in the management and monitoring of infection related risks. The service was unable to identify risk of harm to consumers or demonstrate precautions for infection control were carried out in a timely manner to prevent infection spreading. The Assessment Team observed the inconsistent use of Personal Protective Equipment and good hand hygiene practice and identified multiple symptomatic consumers, which was brought to the attention of management during the Site Audit.

The Approved Provider’s written response of 7 September 2022 acknowledged the information brought forward by the Assessment Team and advised; the service also identified the symptomatic consumers and commenced steps for wider testing during the Site Audit, the service did respond appropriately to the identified potential outbreak and implemented satisfactory processes once aware.

## I acknowledge the Approved Provider’s response to the deficits identified in the Site Audit; however, I have also given weight to the observations made by the Assessment Team in relation to hand hygiene and the use of Personal Protective Equipment and am of the view the service did not demonstrate effective management and monitoring of infection related risks. I find Requirement 3(3)(g) is non-compliant.

The Assessment Team recommended the following Requirements were not met:

* Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

(i) is best practice; and

(ii) is tailored to their needs; and

(iii) optimises their health and well-being.

* Effective management of high impact or high prevalence risks associated with the care of each consumer.

The Assessment Team found that the service did not demonstrate effective personal and clinical care and brought forward the following evidence: three named consumers who did not receive personal care in accordance with their preferences in relation to bathing and assistance with meals, two named consumers, subject to restrictive practices, without authorised consents in place, one named consumer subject to chemical restraint without a behaviour support plan in place and three consumers using wheelchairs as a mobility aid did not have footplates attached, affecting both consumer comfort and safety.

The Approved Provider’s written response, received 7 September 2022, disagreed with the findings of the Assessment Team, and provided evidence in response. Specifically, in relation to the two named consumers subject to restrictive practices without consent forms in place; the Approved Provider has provided evidence to demonstrate these authorisations were appropriately executed and in place prior to the Site Audit. In relation to the named consumer without a behavioural support plan in place, the Approved Provider advised that this consumer entered the facility in the recent weeks preceding the Site Audit and the service was developing an understanding of strategies to manage behaviours at the time of the Site Audit. The service has provided evidence to demonstrate that behaviour assessments began for this consumer on admission. In relation to the three consumers observed to be using wheelchairs without footplates, the Approved Provider advised that this is the consumer’s preference and provided risk assessment that have been undertaken by the service to support the practice in each instance, all of which were in place prior to the Site Audit. In relation to the deficiencies in personal care and assistance with meals, the Approved Provider explained the preferences of consumers and how the service communicates those needs among staff and care notes to demonstrate that hygiene needs are provided in line with those preferences.

Having consideration to the information put forward in the Site Audit report and the additional evidence provided by the Approved Provider I am of the view that the service did demonstrate that each consumer gets safe and effective personal or clinical care, I acknowledge the evidence raised by the Assessment Team in relation to the delivery of care in line with preferences, however I have considered this further under Requirement 7(3)(a). I find Requirement 3(3)(a) is compliant.

The Assessment Team identified deficiencies in the management and monitoring of risks associated with nutrition and hydration and associated weight loss. The Assessment Team identified one named consumer with significant weight loss, requiring hospitalisation and brought forward evidence that the service did not appropriately mange weight loss risks for this consumer. The Assessment Team identified further named consumers with falls risks and pressure injury risks they found to be managed appropriately.

The Approved Provider’s written response, of 7 September 2022 disagreed with the deficits identified by the Assessment Team and provided additional information to explain circumstances of the named consumer’s weight loss. The Approved Provider response provided evidence to demonstrate weight loss was not the reason for hospitalisation and included evidence that demonstrated the service had appropriately identified and responded to changes in the consumer’s condition. I have considered the Approved Provider’s response and the evidence brought forward by the Assessment Team and I am satisfied the Approved Provider has demonstrated it appropriately manages risks associated with the care of each consumer. I find Requirement 3(3)(b) is compliant.

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

Care delivery changed for consumers nearing end of life and staff outlined the practical ways in which consumers’ comfort was maximised, the Assessment Team reviewed palliative care plans for consumers which reflected their needs, goals, and preferences for end-of-life care.

Staff described the process of recognising and responding to changes or deterioration in consumers, including how these were communicated. Staff described the processes in place to ensure shared knowledge about the consumer’s condition, needs and preferences.

Consumers can access services for routine medical issues as well as other care needs which may have arisen, and staff confirmed organisational procedures regarding referrals to health professionals both within and outside of the service.

# 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 felt supported to participate in activities of interest to them and are provided with appropriate opportunities to do so. Consumers’ care planning documentation demonstrated how the assessment process accurately records consumers’ likes and dislikes, and the people important to them. The information in the care planning documents informs staff of the consumers' needs and preferences and supports the delivery of care and services.

The service has an electronic care management system which holds all consumer care planning documentation. The electronic care management system was readily available for all staff, and external organisations where services and supports for daily living is shared.

Consumers and representatives generally expressed satisfaction with the meals provided by the service and kitchen staff explained how the service ensures it meets consumers’ preferences and dietary requirements such as through communication systems and updates, the offering of a seasonal menu that is regularly rotated and the use of feedback and complaints to improve services.

Staff explained the individual dietary needs and preferences of consumers and had a shared understanding of the process for monitoring the dietary requirements within the kitchen environment. Equipment was observed to be safe, suitable, and well maintained. Consumers and staff said suitable equipment was available to meet consumers’ needs and maintenance staff described the cleaning and maintenance processes in place.

# Standard 5

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| Organisation’s service environment | | Non-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. | Non-compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

## Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirement is non-compliant:

* The service environment is safe, clean, well maintained, and comfortable; and enables consumers to move freely, both indoors and outdoors.

## The Assessment Team observed multiple areas of the service which were not clean, not fit for purpose and posed hazards due to unsafe storage practices and obstructions to exits. Observation made by the Assessment Team included pallets and mobility equipment obstructing an entry point to the facility, a storage area containing paint and chemicals that were not appropriately secured, gardens beds containing waste material, fire escapes being obstructed and cluttered, and some bathrooms showing need of repairs and not stocked for use by consumers.

The Approved Provider’s written response of 7 September 2022 acknowledged some of the deficits identified by the Assessment Team and provided additional explanation. In response to the equipment obstructing entry points the Approved Provider explained that this was not used as a point of entry for visitors or consumers, however advised the goods had since been removed, the chemicals and paint have since been stored securely and the waste materials removed from the garden beds, which will remain monitored. The Approved Provider explained the obstructed fire exits observed by the Assessment Team were not in fact a formal escape route, however noted that the obstructions have since been removed and the unstocked bathrooms requiring maintenance have since been attended to and now remain fully stocked for use and included in the 24-hour cleaning schedule.

## Whilst the Approved Provider has sufficiently explained or rectified the core issues raised by the Assessment Team, on balance, based on the evidence put forward I find the service did not ensure the service environment was safe, clean and well maintained at the time of the Site Audit. I find Requirement 5(3)(b) is non-compliant.

I am satisfied the remaining two requirements of Quality Standard 5 are compliant.

The Assessment Team observed the service environment to be welcoming and consumer rooms to be personalised, containing photographs, art, and furniture. Consumers and representatives expressed that the service was comfortable, and consumers felt at home within the service environment.

The Assessment Team observed the furniture, fittings, and equipment at the service to be safe, clean, well-maintained, and suitable for the use of consumers, visitors, and staff. Maintenance staff advised repairs are undertaken at the service where suitable and contractors are sourced for out-of-scope works.

**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 said they are supported and, felt confident to provide feedback and lodge complaints and could describe the avenues available to them to do so. The service has policies and procedures to guide staff in the management of feedback, complaints, and compliments.

Consumers confirmed they were given information regarding complaints and feedback processes, advocacy, and interpreter services were made available to them.

Consumers could see action taken by the Service in response to complaints, and confirmed staff and management used open disclosure. The service was able to demonstrate feedback and complaints are logged and used to identify trends and improve the quality of care and services.

Staff explained how complaints and feedback are addressed as soon as possible and demonstrated records of complaints, suggestions and feedback from various sources including verbal and email sources. The service’s continuous improvement plan evidenced feedback and complaints are used for future improvements to the service.

**Standard 7**

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| Human resources | | Non-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. | Non-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. | Non-compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

## Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirements are non-compliant:

* 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.
* The workforce is recruited, trained, equipped, and supported to deliver the outcomes required by these standards.

The Assessment Team found the service was unable to show it has sufficient staff to deliver quality care and services to consumers.

Staff reported that at times they felt understaffed and said there were often vacant shifts each week they were regularly asked to fill. Staff said consumer care was impacted by the shortages in circumstances involving multiple persons assists or consumers having to wait to have personal care needs met. Consumers and representatives reported ongoing wait times for assistance with personal care and meal assistance, the Assessment Team inspected call bell data that showed call bell response times at peak service times and at mealtimes were on occasion in excess of the benchmark.

The Approved Provider responded to the Assessment Team’s findings on 7 September 2022 and provided evidence to demonstrate that between 96% and 98% of shifts are filled each week. The Approved Provider advised that an additional five staff members have been employed by the service between May and August 2022 and pointed to high levels of unplanned staff leave throughout the month of July to explain gaps in rostering, advising that these were expected to be temporary.

I have considered the evidence brought forward in the Site Audit report and the Approved Provider’s response, while I accept the explanation provided in some instances, I have also considered the consumer feedback that supports there are some impacts to consumer care as a result of staff sufficiency. I am of the view that at the time of the Site Audit the service did not demonstrate the number and mix of members of the workforce enabled, the delivery and management of safe and quality care and services. I find Requirement 7(3)(a) is non-compliant.

The Assessment Team found the service did not demonstrate the workforce is recruited, trained, and equipped to support the delivery of outcomes required by these standards. The Assessment Team observed staff holding consumers by their underwear and clothing when assisting them to transfer and mobilise, incorrect handling techniques putting staff at risk of injury and spoke with some staff who did not demonstrate an understanding of restrictive practices, choking risks associated with meals or display effective risk minimisation strategies in practice.

The Approved Provider’s response of 7 September 2022, disagreed with the deficits identified by the Assessment Team, the response advised that care staff have been trained in the areas of manual handling, infection control and food safety, and processes are in place to ensure and the safety of consumers. The Approved Provider advised of additional training sessions in response to some of the issues raised in the Site Audit report to be undertaken in August and September 2022.

## I acknowledge the Approved Providers response and accept the explanation and additional evidence in some instances. However, I remain of the view that based on the totality of evidence in the Site Audit report the service did not demonstrate the workforce is effectively trained, equipped, and supported to deliver the outcomes required by these standards. I find Requirement 7(3)(d) is non-compliant.

I am satisfied that the remaining three requirements of Quality Standard 7 are compliant.

The Assessment Team observed staff engaging with consumers and their family members in a respectful and personable manner. Consumers and representatives expressed that staff engage consumers in a respectful, kind, and caring manner, and are gentle when providing care.

Management monitors and reviews the performance of staff; this informs the staff development process including process mapping of staff Key Performance Indicators.

**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 Requirement was non-compliant.

* Effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The Assessment Team found the service did not demonstrate effective governance systems relating to workforce management and regulatory compliance.  The Assessment Team brought forward evidence in relation to the sufficiency of staff and stated the service did not demonstrate that it has enough staff to deliver care and services. The Assessment Team pointed to delays in consumer care in their reasoning. The Assessment Team also brought forward evidence claiming staff gaps in knowledge regarding restrictive practices and the Serious Incident Response Scheme as a demonstration of ineffective regulatory compliance systems.

The Approved Provider’s written response of 7 September 2022 refuted the evidence brought forward by the Assessment Team and reiterated the actions in place in relation to staff recruitment and workforce planning as discussed in Requirement 7(3)(a) to address workforce deficiencies. The Approved Provider submitted additional evidence and organisational policies in place to support the application and understanding of restrictive practices and Serious Incident Response reporting.

I have considered the Approved Provider’s response as well at the evidence brough forward by the Assessment Team. In relation to the workforce governance deficiencies, I am satisfied with the Approved Provider’s explanation of workforce management and recruitment to address the deficiencies identified in Requirement 7(3)(a) and do not consider these indicators of systemic issues at an organisational level. Likewise in relation to the regulatory compliance deficiencies raised by the Assessment Team, I have considered evidence in the Site Audit report that details previous incident reports submitted by the service as well as the systems in place identified by the Assessment Team that ensure management remain informed about legislative changes. I am not satisfied that the evidence brought forward by the Assessment Team demonstrate failures in regulatory compliance systems at an organisational level. I find Requirement 8(3)(c) is compliant.

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

Consumers and representatives confirmed they are engaged in the development, delivery and evaluation of care and services. The service monitors the satisfaction of consumers and representatives through collection of feedback and survey audits. The satisfaction of consumers with cognitive impairments is monitored through care review with representatives and families to ensure ongoing satisfaction.

The organisation was able to demonstrate how the governing body promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery. Management advised audits are conducted by the service to monitor the service’s performance in areas such as, regulatory compliance, education and staff development, human resources, incident reporting, restrictive practices, and medication reviews

The organisation provided a documented risk management framework, including policies describing how to manage high impact or high prevalence risks, identifying, and responding to consumer abuse and neglect, supporting consumers to live the best life they can and how to manage and prevent incidents. Staff confirmed they had been educated on these policies and could provide practical examples of their relevance to their work and responsibilities.

The service was able to demonstrate a clinical governance framework and supporting polices that addressed antimicrobial stewardship, minimising the use of restraint and open disclosure.

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)