Performance

Report

**1800 951 822**

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| Name of service: | Bundaleer Gardens Hostel |
| Service address: | 142a Cameron Street WAUCHOPE NSW 2446 |
| Commission ID: | 0434 |
| Approved provider: | Apollo Care Operations Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 29 November 2022 to 1 December 2022 |
| Performance report date: | 6 January 2023 |

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 Bundaleer Gardens Hostel (the service) has been prepared by J Earnshaw, 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; 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 3 January 2023.
* other information and intelligence held by the Commission regarding the service.
* The Approved Provider acquired the service on 1 July 2022, which at the time was undertaking corrective action following the identification of significant non-compliance at the previous site audit.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-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 | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Non-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 care and services are reviewed regularly for effectiveness, with a focus on when circumstances change or when incidents impact the needs, goals or preferences of consumers.
* Consumers are to receive safe and effective personal and clinical care, in accordance with their preferences to optimise their health and well-being.
* The service is to effectively manage high impact or high prevalence risks associated with the care of each consumer.
* The deterioration or change of a consumer’s mental health, cognitive or physical function, capacity, or condition is to be recognised and responded to in a timely manner.
* Consumers are to receive timely and appropriate referrals to individuals, other organisations and providers of other care and services.
* The organisation’s governing body is accountable for the delivery of safe and quality care and services.
* Ensure the service has and applies an effective organisation wide governance system relating to the management of high impact and high prevalence risk.

# 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 and representatives said consumers are treated with dignity and respect and staff value their identity, culture, and diversity. Staff were able to demonstrate an understanding of what is important to each consumer and how they treat consumers with respect.

Care planning documentation identifies consumers’ cultural needs and preferences, who is involved in their care and how the service supports them to maintain relationships of importance to them.

Consumers and representatives confirmed that consumers are supported to maintain their identity, make informed choices about their care and services and live the life they choose.

Consumers and representatives reported consumers are encouraged to maintain their independence, supported to take risks and that staff know what is important to individual consumers. Consumers reported their social connections are supported both inside and outside the service.

Consumers said they have the information they need to make informed choices, including what they want to eat, and activities they wish to attend, and were confident their information is kept confidential.

The service was able to demonstrate information surrounding care and services provided to consumers and representatives is clear, easy to understand, in a timely manner, and allows them to make informed choices.

Staff interviewed were aware of consumers’ preferences, culture, values, and beliefs and were able to explain how those preferences influence how care is delivered, including supporting consumers to make choices that may involve risks; and staff were observed to interact with consumers respectfully.

Consumers reported staff respect their privacy and gave examples such as staff knocking before entering rooms and staff were observed conducting handovers in private and accessing consumers’ personal information via password protected electronic care management systems; demonstrating the service is committed to protecting and maintaining consumer privacy of information and dignity.

In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the Approved Providers response. Therefore, it is my decision that each requirement and the overall quality standard are compliant.

# Standard 2

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

Findings

Consumers and representatives considered consumers are partners in the ongoing assessment and planning of consumer care and services, including consideration of consumers’ wishes for care at end of life and how other providers of care are involved in the consumers’ care. Consumers and representatives are informed about the outcomes of assessment and care planning by staff at the service and with external healthcare providers

Staff demonstrated an understanding of the service’s assessment and care planning processes, and the organisation had policies, procedures, and guidelines in regard to assessment and planning to guide staff practice, including a suite of evidence-based assessment tools. Staff advised they have access to care planning documentation related to consumers they provide care and services to; through the electronic care management system and handover records.

Consumers’ care planning documentation identified assessment and planning included the consideration of risk and reflected the consumer’s current needs, goals and preferences, including advance care planning and consideration of individual consumers’ clinical risks such as pain, diabetes management, wounds, and falls. Consumers’ care and services were reviewed for effectiveness, including when circumstances changed however the service is unable to demonstrate incidents are consistently identified or reported adequately.

In relation to Requirement 2(3)(e), the Site Audit report provided information that the service was unable to demonstrate that each consumer’s care documentation and needs are recorded accurately to meet the consumer’s current needs, specifically in relation to behavioural incidents and behaviour recording documentation. Processes to identify, assess and monitor consumer condition changes had not been effective.

Consumer care documentation identified staff have documented consumer behavioural incidents in behaviour recording documentation but have not completed an incident report and/or documented the incidents in the consumer’s progress notes. Therefore, management was unaware of these incidents and they were not investigated or captured in monthly clinical indicator data.

The Approved Provider in its response, acknowledges the deficiencies identified and has provided information evidencing that the service has committed to further education for staff and maintaining comprehensive and contemporaneous consumer care documentation. The Approved Provider’s response included a plan for continuous improvement.

Whilst I acknowledge the immediate and planned actions undertaken and committed to by the Approved Provider, the service did not demonstrate that care and services were effectively reviewed, including when circumstances change or when incidents impact the needs or preferences of consumers. Therefore, I find the service non-compliant in this requirement.

In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the Approved Providers’ response. Therefore, it is my decision that the overall quality standard is non-compliant.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-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. | Non-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. | Non-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 have not received personal care and clinical care that is safe and right for them. The Site Audit report provided information of instances where consumers had not been provided with personal care or clinical care which meets their individual needs, in relation to restrictive practises, behaviour management and weight management.

The service has not demonstrated that it consistently and effectively manages the risks for each consumer in relation to challenging behaviours and incident management.

Staff demonstrated an understanding of consumer’s individual needs and preferences and how they ensure these are met; including consideration of individual consumers end of life wishes.

Consumer care documentation reflect consumer end of life needs and wishes. End of life wishes, and statement of choice documents are documented in the electronic care management system and advanced care planning is discussed on entry to the service and during the care plan review process.

Staff advised the communication of changes in consumers’ needs and preferences is communicated at shift handover and via the service’s electronic care documentation system. However, the service did not have effective processes in place to ensure that when a consumer’s condition changes or deteriorates that this is consistently reported or escalated, and consumers receive timely and appropriate medical review and intervention.

Consumers and representatives expressed satisfaction that consumers’ needs and preferences were effectively communicated between staff.

The service has policies and procedures to guide staff related to antimicrobial stewardship, infection control management and for the management of a COVID-19 outbreak.

In relation to Requirement 3(3)(a) The service has not demonstrated that each consumer receives safe and effective personal and clinical care that is tailored to their needs and optimises their health and wellbeing, or that it adequately monitors and reviews its performance in relation to weight management, behaviour management and restrictive practices.

The Site Audit report provided information that identified staff were not consistently monitoring consumers with complex care needs. Consumers had not received personal and clinical care that was tailored to their needs or optimised their health and well-being, specifically in relation to weight management, restrictive practice and behavioural incident management.

* In relation to restrictive practices, the Site Audit report identified not all consumers had been adequately or consistently assessed for, and consent obtained prior to the commencement of the restrictive practice. Management advised the Assessment Team a review of all restrictive practices used at the service had commenced.
* In relation to weight management, the Site Audit report identified the service was not effectively monitoring consumer weight or conducting regular weight reviews as per the organisations’ policy. Care documentation did not demonstrate reassessment by the service or a medical officer nor a referral to a dietician for assessment and review of four named consumers. During the Site Audit, management arranged referral for weight loss to a dietician for assessment and review of these consumers.
* In relation to behaviour management, whilst the service had Behaviour support plans in place for consumers these were not consistently adequate in providing effective strategies to guide staff in providing individualised care to consumers experiencing escalating or changing behaviours.
  + Care documentation identified multiple incidents and episodes of physical and verbal behaviours by three consumers with impact to other consumers.
  + The Site Audit report described 3 consumers displaying responsive behaviours whose behaviours were documented in consumers behaviour charts, however, these incidents were not identified by, or escalated adequately to registered staff or management, therefore, behaviour and/or incident reviews have not been undertaken by the service. For example;
    - Care documentation for two named consumers identified collectively 82 incidents that occurred in the previous 3-month period with 19 incidents recorded in the incident register, and three incidents reported through the serious incident reporting system.
    - A further named consumer care documentation identified 25 incidents during November 2022, two of these incidents involved aggressive behaviour toward another consumer. Neither incident had been reported through the serious incident reporting scheme prior to being identified by the Assessment Team.
* During the Site Audit, Management advised they had recently commenced at the service and had identified by a gap analysis that care planning documentation was not accurate and were undertaking a review of consumer care planning documentation, to ensure they are individualised with strategies in place to assist staff to manage behaviours when they occur. The service acknowledges that they were not aware of most of the incidents as staff were not documenting behaviours in consumer progress notes or initiating incident reports which Management reviews daily. The service committed to conducting further education for staff on incident reporting and clinical documentation requirements.

The Approved Provider in its response, included a plan for continuous improvement, acknowledges the deficiencies identified and has provided information evidencing that the service has committed to further education for staff and reviewing consumer care documentation.

Whilst I acknowledge the immediate and planned actions undertaken and committed to by the Approved Provider, the service did not consistently demonstrate that all consumers receive individualised care that is safe, effective and tailored to specific consumer needs and preferences. Therefore, I find the service non-compliant in this requirement.

In relation to Requirement 3(3)(b) The service did not demonstrate high impact/high prevalence risks were consistently monitored to identify opportunities for improvement and minimise recurrence in the areas of challenging behaviours, restrictive practice and weight management.

The service has not demonstrated effective management of consumer’s challenging behaviours including wandering, intrusive behaviours and verbal and/or physical aggression. The Site audit report provided information that identified these behaviours are generally not reported or escalated adequately, therefore, the impact of these behaviours on other consumers have not been consistently identified or addressed, and consumers at risk of challenging behaviour did not have current assessments or care plans to guide staff in delivery of care and services.

Care planning documentation identified multiple episodes of responsive and challenging behaviours in the previous 3 months.

The service has not demonstrated how they have monitored and evaluated the weight loss of four named consumers when they have had weight loss greater than 3.0 kilograms in 3 months. Care planning documentation for consumers at risk of weight loss, did not include directives for staff and reviews have not completed by the Dietitian.

The Approved Provider, in its response, included a plan for continuous improvement with immediate and planned actions and, acknowledged the service has areas for improvement to return to compliance under this requirement.

I acknowledge the Approved Provider’s immediate and planned actions, however the service was not effectively managing a deterioration or change in a consumer’s condition. Therefore, I find the service non-compliant in this requirement.

In relation to Requirement 3(3)(d) The service is not able to adequately demonstrate effective processes in place to ensure when a consumer’s condition changes or deteriorates that this information is escalated to ensure consumers receive timely and appropriate medical or specialist review and intervention.

The Site Audit report provided information that identified multiple instances, where the service had not consistently responded to changes in consumers’ weight, and/or behaviour in a timely manner.

The Approved Provider in its response, accepted the Site Audit findings and advised the service has commenced a planned program of remediation to resolve non-compliance, with a risk-based program aimed at ensuring safe, high-quality care and compliance with the Aged Care Quality Standards.

I acknowledge the Approved Provider’s immediate and planned actions, however, the service was not effectively managing a deterioration or change in a consumer’s condition. I find the service non-compliant in this requirement.

In relation to Requirement 3(3)(f) The service was not able to adequately demonstrate timely and appropriate referrals to other appropriate health professionals when their condition deteriorates or when behavioural management strategies have not been effective in keeping consumers safe.

Care planning documentation identified staff had not ensured referrals had occurred in a timely way for three named consumers displaying increasingly challenging behaviours. The service was unable to demonstrate these consumers have been referred to a specialist dementia service for assessment and review.

Care planning documentation identified four consumers experiencing weight loss had not been referred to a dietician and/ or a Medical officer for assessment and review as per the policy of the service.

The Approved Provider in its response, accepted the Site Audit report findings. I find the service non-compliant in this requirement.

In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the Approved Providers’ response. Therefore, it is my decision that the overall quality standard is non-compliant.

# Standard 4

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

Findings

Consumers and representatives said consumers are engaged in a variety of leisure and lifestyle activities based on consumers individual needs and interests. Services and supports for daily living optimise consumers’ emotional, spiritual and psychological well-being.

Consumer care documentation demonstrated assessment processes capture who and what is important to individual consumers to promote their well-being and quality of life, and included information about external services, individuals and community groups who support consumers to maintain their interests and participate in the community outside the service.

Staff were able to describe what is important to consumers, what is of interest to them, and their social, emotional, cultural, and spiritual needs.

Staff described how changes in consumers’ care and services needs or preferences are communicated within the service, and with other healthcare providers as required.

The service was able to demonstrate timely and appropriate referrals occurred for consumers, to individuals, other organisations and providers of other care and services. Lifestyle staff described how the service works in conjunction with external parties and organisations to supplement the services and supports for daily living offered to consumers.

Consumers provided positive feedback in relation to the meals and reported having input into the menu. Consumers’ dietary needs and preferences are accommodated and staff demonstrated an awareness of consumers’ nutrition and hydration needs and preferences which are available and recorded within the electronic care management system.

Consumers reported feeling safe when using equipment and knew how to report any concerns they may have about the safety of the equipment. The service demonstrated effective arrangements for purchasing, servicing, and maintaining equipment. Mobility and lifestyle equipment were observed to be clean and well maintained.

In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the Approved Providers response. Therefore, it is my decision that each requirement and the overall quality standard are compliant.

# Standard 5

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

Findings

The service environment was observed to be welcoming, and easy to move around, both inside and outside. Consumers were observed to move freely around communal and courtyard areas of the service; and consumer rooms were personalised and decorated to reflect their individuality.

Consumers reported feeling at home in the service and felt safe and comfortable in the service environment. Consumers and representatives expressed satisfaction with the service environment and advised the service is safe, clean, comfortable, well maintained and suitable for consumers.

The service demonstrated the environment was safe and well maintained through scheduled preventative maintenance and reactive maintenance and maintenance issues were reported and actioned promptly.

In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the Approved Providers response. Therefore, it is my decision that each requirement and the overall quality standard are compliant.

# Standard 6

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

Findings

Consumers, representatives, and staff advised they are encouraged and supported to provide feedback and make complaints, and that appropriate action is taken by management in response to the raising of concerns. Consumers and representatives confirmed that they were aware of the internal and external feedback and complaints mechanisms available to them.

Staff demonstrated a shared understanding of the internal and external complaints/feedback avenues, and advocacy and translation services available to consumers and representatives. The plan for continuous improvement and consumer meeting minutes identified concerns raised by consumers are documented and timely actions are taken to address the concerns.

The service’s complaints and feedback policies and procedures, consumer handbook, and consumer meeting minutes demonstrate the service supports and encourages consumers and representatives to provide feedback and to make complaints. Information about external complaints options and/or advocacy services was observed to be available to consumers and representatives.

Management and staff demonstrated an understanding of open disclosure and were able to give examples of how they work with the consumer or representative to resolve the issues to the consumer’s satisfaction and provided examples of changes made at the service as a result of feedback received.

The service trends and analyses complaints, feedback, and concerns raised by consumers or representatives and uses this information to inform continuous improvement activities across the service which are documented under the Plan for continuous improvement.

In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the Approved Providers response. Therefore, it is my decision that each requirement and the overall quality standard are compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The service demonstrated the workforce is planned to meet the needs of consumers and the service has systems and processes in place to ensure there is sufficient staff rostered across all shifts. Call bell response times were monitored, with delays in response for assistance investigated by management.

Consumers and representatives consider they received quality care and services when they need them from people who were knowledgeable, capable and caring. Consumers reported staff were kind, caring and respectful of their identity, culture and diversity.

Staff considered there were sufficient staff, and the right mix of staff, to plan and deliver care and services in accordance with the consumers’ needs and preferences.

The Site Audit report described staff interactions with consumers to be kind and respectful and care planning documentation reflected respectful language. Staff had a shared understanding of consumers and what was important to them.

Management described how the workforce are recruited, trained, equipped and supported to deliver the outcomes required by the Quality Standards. For example, the services training program includes mandatory training for all staff, and specific training for staff related to their role at the service. Staff expressed satisfaction with the service’s training program.

Management described how they determine whether staff are competent and capable in their role, which included orientation on commencement of employment, mandatory training programs and performance reviews. Staff confirmed they had completed mandatory training and competency assessments, including the Serious Incident Response Scheme and infection control.

Systems were in place to identify training needs, provide education to staff and monitor staff performance. For example, training records demonstrated staff had completed mandatory and other non-mandatory training modules; and professional registrations and national criminal history checks are all current.

In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the Approved Providers response. Therefore, it is my decision that each requirement and the overall quality standard are compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Non-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. | Non-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

Consumers and representatives considered the organisation was well run and they could partner in improving the delivery of care and services. Consumers and representatives confirmed they had opportunities to provide feedback and be involved in the development of care and services through consumer and representative meetings, focus groups, surveys and feedback forms.

The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and was accountable for their delivery. The Board satisfies itself that the Quality Standards are being met within the service through internal audits, consumer surveys, clinical indicators and clinical governance reports and monthly meetings.

The organisation’s documented clinical governance framework and policies in relation to antimicrobial stewardship, minimising the use of restrictive practices, complaints management and open disclosure were applied by staff in the delivery of clinical care. Staff had received training in relation to the framework and policies and provided examples of how they were applied to their practice.

Whilst the Service demonstrated policies and procedures were available to guide staff with governance and risk management systems and practices to prevent and manage incidents and to identify and respond to abuse and neglect of consumers, including serious incident reporting through the Serious incident response scheme. However, these systems were not demonstrated by the Service to be consistently applied or effective.

In relation to Requirement 8(3)(c): Staff had access to updated resources and training and the service’s electronic care management system, assessment and care planning information which generally reflected accurate information to guide and inform the delivery of personal and clinical care and to support the monitoring of care delivery. However, the Site Audit report provided information that the service did not demonstrate effective governance systems in relation to information management and regulatory compliance.

Care planning documentation identified that not all incidents were recorded or reported appropriately, therefore were not investigated or analysed to inform the delivery of safe and effective care and services or to identify areas for improvement. Management evidenced to the Assessment Team, the remedial actions commenced during the site audit.

The Approved Provider, in its response, included a plan for continuous improvement, acknowledged the service has areas for improvement and advised actions taken to return to compliance under this requirement.

I acknowledge the immediate and planned actions undertaken and committed to by the Approved provider, however, the organisation did not demonstrate effective governance systems were in place in relation to information management, and regulatory compliance. Therefore, I find the service non-compliant in this requirement.

In relation to Requirement 8(3)(d), Whilst the organisation had a risk management framework which addressed risk to consumers including high impact high prevalence risks, identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can; the service was unable to demonstrate it consistently identifies and reports incidents or assesses, monitors and reviews consumers who are subjected to, or experience challenging behaviours and resulting incidents.

The service was able to demonstrate consumers are supported to take risks and participate in activities to enable them to live the best life they can. Staff demonstrated an understanding of consumers, including with high impact or high prevalence risks.

Consumers’ care planning documentation described how consumers are supported and consulted, to participate in risk taking activities of their choice, and consumers’ clinical incidents including are generally reviewed, analysed and trended by management, however not all incidents or changes in behaviour are recorded or reported in accordance with the serious incident reporting framework or the policy and procedures of the service. For example:

* For one named consumer, care documentation identified they experienced 55 incidents during the last quarter of 2022, however, the incident register recorded 11 of these incidents, and one incident was reported through the serious incident reporting system in October 2022.
* Another named consumer care documentation identified they experienced 27 incidents during September and October of 2022, however, the incident register recorded 8 of these incidents and 2 incidents reported through the serious incident reporting system.
* A further named consumer care documentation identified they experienced 25 incidents during November 2022, 2 of which involved aggressive behaviour toward another consumer. Neither incident had been reported through the serious incident reporting scheme prior to being identified by the Assessment Team.

The Approved Provider in its response stated that the Approved Provider acquired the service on 1 July 2022, which at the time was undertaking corrective action following the identification of significant non-compliance at the previous site audit.

The Approved Provider, in its response, acknowledged the service has areas for improvement and advised actions taken to return to compliance under this requirement and states the non-compliance identified in the Site Audit report is a product of the magnitude of the remediation task, the timeframe available to complete it and workforce stressors related to the Covid-19 pandemic. Actions taken include:

* conducted a gap assessment which identified significant ongoing non-compliance.
* commenced a planned program of remediation to resolve the non-compliance, as soon as reasonably possible.
* recruitment and appointment of a suitably skilled and experienced leadership team including a Residential aged care Manager who commenced in November 2022.
* provided an excerpt of the Plan for Continuous Improvement to demonstrate progress in finalising remediation actions.

Whilst I acknowledge the immediate and planned actions undertaken and committed to by the Approved provider, at the time of the site audit, the service did not demonstrate effective prevention or management of incidents. Therefore, I find the service non-compliant in this requirement.

In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the Approved Providers’ response. Therefore, it is my decision that the overall quality standard is non- compliant.

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-1)