Performance

Report

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| Name of service: | Bupa Echuca |
| Service address: | 7 Fehring Lane ECHUCA VIC 3564 |
| Commission ID: | 3964 |
| Approved provider: | Bupa Aged Care Australia Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 11 July 2023 to 12 July 2023 |
| Performance report date: | 08 August 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 Bupa Echuca (**the service**) has been prepared by D. Fekonja, 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 Assessment Contact - Site; the Assessment Contact - Site 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 24 July 2023, where the approved provider advised they would not respond.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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

# Areas for improvement

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

# Standard 1

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| Consumer dignity and choice | |  |
| 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 |

Findings

The service was found non-compliant with Requirements 1(3)(c) and 1(3)(d) of this Quality Standard following a Site Audit conducted from 30 August 2022 to 2 September 2022.

1(3)(c)

The service at the time of the Site Audit did not demonstrate that consumers could make decisions about the way their care and services are delivered, as the service did not have the capacity to accommodate their preferences due to the lack of staff.

The service has implemented several actions in response to the non-compliance. These include:

* Conducted consumer ‘spotlight’ review of care plans and preferences and updated consumers’ care plans reflecting their preferences for care and services.
* Conducted training and education sessions for staff.
* Sought feedback from consumers via a ‘Resident Experience Survey’, sighted by the Assessment Team.

During the Assessment Contact from 11 July 2023 to 12 July 2023, the service demonstrated assessments and care plans identify consumers' preferences for care and services. Consumers are being supported to make decisions about their own care, the way the care is delivered, and maintaining relationships of their choice. This includes when they would like to eat, have hygiene performed, choice in the clothes they wear and relationships. Staff were able to explain consumers' preferences and how they provide support and services to ensure the consumers’ preferences are respected.

1(3)(d)

The service at the time of the Site Audit was inconsistent in identifying risk and consulting with the consumer and/or their representative in relation to the risk. Care plans did not demonstrate consistency in the dignity of risk documentation and risk and mitigating strategies were not identified, analysed, and documented.

The service has implemented several actions in response to the non-compliance. These include:

* The service conducted education relating to dignity of risk, including toolboxes and huddles with staff.
* The service conducted conversations with consumers and/or their representatives in relation to risks.
* Reviewed the dignity of risk report to fine-tune the wording of conversations and risks, captured as required.
* Conducted individual ‘spotlight’ reviews of all consumers.

During the Assessment Contact from 11 July 2023 to 12 July 2023, the service demonstrated that consumers are assessed and supported to make choices involving risk. Consumers and/or their representatives confirmed they are able to undertake activities involving risks. Care documentation demonstrated that risks are identified and strategies are planned to minimise the risk in activities undertaken by consumers, with consultations conducted with representatives and consumers as required. Consumers provided evidence to the Assessment Team on activities with risks they choose to undertake and the way the service supports them to do so.

Based on the information provided in the assessment contact report I find the service has made the necessary improvements and is compliant with Requirements 1(3)(c) and 1(3)(d).

# 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)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

The service was found non-compliant with Requirements 2(3)(a), 2(3)(b) and 2(3)(e) of this Quality Standard following a Site Audit conducted from 30 August 2022 to 2 September 2022.

2(3)(a)

The service at the time of the Site Audit did not demonstrate risks were effectively and accurately assessed and considered in the care planning for some consumers. There was inconsistent and conflicting information in assessments and care plans for 3 consumers who chose not to follow health and safety recommendations.

The service has implemented several actions in response to the non-compliance. These include:

* All consumers’ assessments were reviewed in line with the ‘spotlight’ schedule to ensure they are fully complete and reflective of consumer care needs.
* Management will review the content of documentation following the ‘spotlight’ care review completion for accuracy and provide coaching where needed.
* Staff education was provided regarding choice and decision-making, specifically regarding the dignity of risk.
* The service conducted dignity of risk conversations which are also discussed monthly in line with the ‘spotlight’ review.
* The clinical risk profile was reviewed and updated.
* The clinical care manager (CCM) reviews progress notes to ensure any newly identified risks have been captured. An alert has also been added to clinical files to ensure ‘spotlight’ reviews are completed when due.

The Assessment Team sighted the ‘spotlight’ schedule and also viewed records of staff education attendance in relation to the improvements undertaken which showed the service has made the improvements outlined in their plan for continuous improvement.

During the Assessment Contact conducted from 11 July 2023 to 12 July 2023, consumers and representatives stated that assessment and planning occur and include the consideration of risks, such as the risk of falls and the risk of wound infection. Consumer files evidenced initial and ongoing assessment which includes consideration of high-risk in areas such as falls, swallowing, skin integrity and changed behaviours. Staff demonstrated a thorough knowledge of consumers’ risks and relevant management strategies.

The service has a policy in place to guide assessment and planning including ensuring assessments including nutrition and hydration, skin, and falls risk must be completed within a new consumer’s first 72 hours at the service and inform an interim care plan. Further charting and assessment, such as pain, behaviour, and sleep charting, are completed within 30 days. One consumer’s representative was able to confirm these assessments took place when the consumer first entered the service.

2(3)(b)

There were significant discrepancies in information and missing assessments found in many of the consumers’ care planning documentation, including behavioural support, pain management, catheter care, wound care, mobility/transfer requirements, and falls risk assessments at the time of the Site Audit.

The service has implemented several actions in response to the non-compliance. These include:

* Education provided to clinical staff in regard to accurate assessment.
* Consumers’ assessments are reviewed in line with the ‘spotlight’ schedule to ensure all necessary content is included.
* A spot check is completed by the Clinical Care Manager(CCM) or quality management for accuracy of completion.

During the Assessment Contact conducted from 11 July 2023 to 12 July 2023, the service demonstrated assessment and planning identifies current consumer needs and includes advance care planning information. Consumers and representatives indicated they are satisfied assessment and planning ensure their needs and preferences are considered and confirmed the service sought information regarding their end-of-life wishes, however, information in the care plan was mainly limited to whether they wished to be resuscitated. The Assessment Team provided examples of consumer care plans which documented the assessments undertaken and informed consumers’ current needs and goals. Staff were able to identify consumers’ current needs and the strategies they use to support them.

2(3)(e)

At the time of the Site Audit, the service did not always demonstrate that care and services were reviewed for effectiveness when circumstances change or when incidents occur and not all incidents were recorded.

The service has implemented several actions in response to the non-compliance. These include:

* Staff education was provided to nursing staff in relation to reviewing consumers’ care plans for effectiveness when consumer goals have changed. The Assessment Team viewed staff training records, obtained feedback from staff and consumers and/or their representatives, and reviewed care planning documents to evidence this has been completed.
* All consumer incidents are reviewed during the weekly clinical review meetings. The Assessment Team viewed 4 clinical meeting minutes for June 2023 where incidents of falls, wounds, pressure injuries, choking, and medication errors were tabled, and planned remedial actions were discussed.
* Consumers’ care plans are being audited by clinical management to ensure care plans are being reviewed for effectiveness following a change in a consumer’s condition or an incident occurs.

During the Assessment Contact conducted between 30 August 2022 and 2 September 2023, the Assessment Team reviewed the files of 9 consumers with changed needs or conditions, and/or who have experienced incidents. All files reflected timely review following a fall, new pressure injury, choking, or escalation of changed behaviour. Care documentation and incident records demonstrate that all incidents are recorded, and preventative strategies are reviewed for effectiveness. Consumers and/or their representatives indicated they are consulted monthly or as required when consumers’ health needs change and following an incident. The organisation has policies and procedures to guide staff practice on incident review and care evaluation.

Based on the information provided in the assessment contact report I find the service has made the necessary improvements and is compliant with Requirements 2(3)(a), 2(3)(b) and 2(3)(e) of this Quality Standard.

# 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)(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 |

Findings

The service was found non-compliant with Requirements 3(3)(a), 3(3)(b), 3(3)(d) and 3(3)(e) of this Quality Standard following a Site Audit conducted from 30 August 2022 to 2 September 2022.

3(3)(a)

The service at the time of the Site Audit did not consistently demonstrate that each consumer receives clinical care that is effective, safe, and optimises their health and well-being. Monitoring and evaluation of the effectiveness of pain and wound management, evaluation of the effectiveness of ‘as needed’ (PRN) pain medication, and assessment of the need for environmental restrictive practice were not consistently undertaken.

The service has implemented several actions in response to the non-compliance. These include:

* Education has been provided to staff regarding environmental restraint and strategies and communication for consumers who display exit-seeking behaviour. The Assessment Team viewed education attendance records to evidence education has been completed.
* A review of all consumers to determine if they are being environmentally restrained has been completed. The Assessment Team sighted the restrictive practice register which recorded 19 consumers identified and as assessed as environmentally restrained.
* Decals were added to the glass doors separating the main part of the service from the reception area to prevent exit-seeking behaviour. This was observed in place by the Assessment Team.
* Staff education was also provided in relation to wounds and pressure injury assessment and management, to registered nursing staff as evidenced in attendance records and staff feedback.
* Clinical staff were directed to photograph wounds when attending with the wound consultant. Photographs were sighted within the wound chart.

During the Assessment Contact conducted from 11 July 2023 to 12 July 2023, the Assessment Team found that pain and wounds are effectively managed and the effectiveness of ‘as required’ analgesia was evaluated. Consumers and representatives are also satisfied with the clinical care provided.

The service is adhering to legislative requirements for consumers subject to chemical restraint. Staff demonstrated a thorough understanding of consumer needs, and sound knowledge of non-pharmacological strategies helpful in managing changed behaviours for those consumers subject to restrictive practice. A review of clinical documentation evidenced consent has been obtained and a regular review of restrictive practice conducted. Wounds were attended to as per the instructions on the wound care chart and timely referrals were made to specialists.

3(3)(b)

At the time of the Site Audit, the service did not consistently demonstrate effective management of consumers with responsive behaviours and diabetes. Care planning documents did not always exhibit processes and strategies to manage risks to consumers, Inconsistent incident reporting for aggressive behaviour was identified for one consumer, and the consumer’s behaviour support plan was not reviewed to assess the effectiveness of documented strategies.

The service has implemented several actions in response to the non-compliance. These include:

* Education was provided to staff in relation to responsive behaviours and diabetes as evidenced in education attendance records sighted by the Assessment Team.
* Behaviour huddles were commenced to review responsive behaviour support plans to determine if strategies are still effective and to communicate with staff the planned strategies.
* The clinical care manager reviews progress notes daily to ensure all incidents that have been captured are entered into the online risk management system and reported via SIRS as needed.
* Quality management completes monthly trending, identifies trends, and conducts root causes of incidents, which are communicated through the weekly clinical review meetings and monthly quality leadership meetings.
* Diabetic care plans were reviewed by the CCM. The service has introduced a new diabetic management plan.
* Alerts were implemented in the online medication system for all residents requiring blood glucose level (BGL) checks, which was sighted by the Assessment Team. Spot checks were commenced weekly and calendar alerts were put in place.

During the Assessment Contact conducted from 11 July 2023 to 12 July 2023, the service demonstrated it is effectively managing high impact risks associated with consumer care. Consumers were satisfied with the service’s management of high impact risks such as falls, diabetes and responsive behaviours. Risks to consumers were comprehensively documented in clinical files. Documentation reviewed by the Assessment Team evidenced risk management strategies are in place for consumers and referrals made as required to allied health professionals.

3(3)(d)

At the time of the Site Audit, the service did not always reflect the timely identification of and response to a deterioration in function or condition. Staff were unable to demonstrate early recognition, reporting, documentation, and response to ongoing escalation of responsive behaviours, wound deterioration, and urinary catheter management.

The service has implemented several actions in response to the non-compliance. These include:

* Education and training were provided for clinical and care staff in relation to clinical deterioration, as evidenced in training records sighted.
* The service has reinforced the use of ‘stop and watch’. Staff confirmed the use of this process when consumers showing signs of health decline or change in condition are escalated to the registered nurse and monitored more closely. This is evidenced in the care documentation reviewed and feedback from staff who confirmed receiving relevant education.
* Clinical management monitors progress notes daily to ensure early signs of clinical deterioration have been identified. The CCM receives and reviews the electronic care alerts to ensure signs of physical, mental, or cognitive deterioration of a consumer are recognised, actioned, and escalated promptly.

During the Assessment Contact from 11 July 2023 to 12 July 2023, the review of 9 consumer care files by the Assessment Team evidenced the timely identification and response to consumers’ changing or deteriorating function, capacity, or condition. Nine of 9 consumers and/or their representatives said the service responded well to a change or deterioration in the consumers’ cognitive, physical, and mental health or condition.

The organisation has policies, procedures, flowcharts, and work instructions available to guide staff on processes for responding, communicating, and escalating consumer clinical deterioration. Staff are able to call for assistance at any time for clinical escalation.

3(3)(e)

The service was not able to demonstrate that information about consumers’ changes in condition, needs and preferences was consistently documented in a timely manner in their care planning documentation. Feedback from staff and clinical documentation did not reflect updated information about the changes in consumers’ conditions and functions.

The service has implemented several actions in response to the non-compliance. These include:

* Visiting allied health care professionals have been given access to the service’s electronic care management system to ensure that information is updated in a timely manner following the review of consumers.
* Clinical management and staff perform a regular audit of the care plans to ensure care interventions recommended by health practitioners or specialists are incorporated into consumer care plans. Clinical staff confirmed this as part of the monthly care review process.

During the Assessment Contact, the service demonstrated that information about consumers’ conditions, needs and preferences is documented in their care plans, ‘resident vital information’ located at the first displayed page of the clinical file, handover sheets, electronic alerts and progress notes.

Clinical and care staff stated they are informed and updated with relevant changes and required tasks to be completed for consumers, through the new handover process and updated work logs. Consumers and their representatives are satisfied with how their information is communicated both within the service and with organisations external to the service. Consumer files reviewed by the Assessment Team reflected updated information and outcomes of reviews and specialist consultations.

Based on the information provided in the assessment contact report I find the service has made the necessary improvements and is compliant with Requirements 3(3)(a), 3(3)(b), 3(3)(d) and 3(3)(e) of this Quality Standard.

# Standard 4

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| Services and supports for daily living | |  |
| 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 |

Findings

The service was found non-compliant with Requirements 4(3)(c) and 4(3)(d) of this Quality Standard following a Site Audit conducted from 30 August 2022 to 2 September 2022.

4(3)(c)

The service at that time, did not ensure services and supports for daily living assisted all consumers to do things of interest to them and participate within the service and in the community. Consumers that chose to spend time in their rooms were not provided with one-on-one support.

The service has implemented several actions in response to the non-compliance. These include:

* Increase staff numbers to ensure sufficient staff are available to meet consumers’ needs.
* Implement a schedule of one-to-one visits for residents who have a sensory impairment or choose to remain mostly in their rooms.
* Strengthen the volunteer program; four volunteers are regularly providing one-on-one visits to consumers, who have either language or sensory deficits.
* Reviewed and updated the activities schedule with consumer input; activities and lifestyle are now standing items on the ‘resident and relative meeting’ agenda.

During the Assessment Contact on 11 July 2023 to 12 July 2023 the service demonstrated improved processes to support consumers’ ability to engage in activities of interest to them. Consumers were satisfied that the service assisted them to do things of interest to them and which supported their well-being. The service offers a range of activities such as Bupa Café footy tipping, intergenerational activities with the local college, concerts, church services and bus trips.

Consumers who had sensory deficits and chose to remain in their room were supported to engage in activities of interest to them. The care plans reviewed by the Assessment Team for one consumer correlated with the consumer’s expression of their life history, their interests, and preferences. The consumer was able to confirm that staff engaged with them according to their preferences.

4(3)(d)

At the time of the Site Audit care plans were found to be out of date and did not reflect the consumers’ current needs and preferences.

The service has implemented several actions in response to the non-compliance. These include:

* A review of all lifestyle assessments and care plans.
* The CCM is monitoring care documentation to ensure it remains accurate.
* The CCM is monitoring the completion of new consumer documentation.

During the Assessment Contact from 11 July 2023 to 12 July 2023, the service demonstrated to the Assessment team that documentation for each consumer was current and included their goals, needs and preferences to support safe and effective services. Eight consumer care plans were reviewed and found to be individualised, aligned with the consumer’s self-reported needs, and containing information for staff in delivering care and services to the consumer. Consumers confirmed that they enjoyed attending activities that are tailored to their needs and preferences.

Based on the information provided in the assessment contact report I find the service has made the necessary improvements and is compliant with Requirements 4(3)(c) and 4(3)(d) of this Quality Standard.

# 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 |

Findings

The service was found non-compliant with this requirement following a Site Audit conducted from 30 August 2022 to 2 September 2022. The service at that time did not have a sufficient workforce to provide consistently safe and quality care to consumers. Consumers at the time felt the staff was rushed and this impacted all facets of their care. Staff felt staffing was insufficient and agreed there was a negative impact on consumers.

The service has implemented several actions in response to the non-compliance. These include:

* A review of the roster with changes to the structure and number of staff.
* A recruitment drive including offering traineeships.
* A review of staff contracts – conversion of casuals to permanent roles.

During the Assessment Contact on 11 July 2023 to 12 July 2023, the service demonstrated it has the appropriate staffing levels to meet the care needs of consumers. The majority of consumers and/or their representatives were satisfied with the staffing levels. A small number of consumers provided mixed feedback in relation to staffing but there was no major impact to their care.

Staff reported to the Assessment Team that staffing levels have improved and unplanned leave is able to be covered by staff. The service utilises a range of strategies to replace unplanned staff leave including, casual staff, agency staff and overtime, and are continuing to recruit new staff to the service to cover all shifts.

The Assessment Team observed staff were present throughout the service and were talking to and assisting consumers in a comfortable and unhurried manner. During mealtimes all staff attended to assist consumers, the dining room was calm, and consumers were being assisted as they needed.

Based on the information provided in the assessment contact report I find the service has made the necessary improvements and is compliant with Requirement 7(3)(a) of this Quality Standard.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

The service was found non-compliant with Requirements 8(3)(c) and 8(3)(d) of this Quality Standard following a Site Audit conducted from 30 August 2022 to 2 September 2022.

8(3)(c)

At the time of the Site Audit, the service was not able to demonstrate effective reporting of consumer risks and incidents in line with regulatory compliance, particularly in relation to SIRS incidents.

The service has implemented several actions in response to the non-compliance. These include:

* Providing SIRS ‘stop and learn’ education sessions for all active staff. Staff training records reviewed showed SIRS education was attended by direct care staff, clinical staff, and the senior clinical leadership team. Clinical and care staff confirmed SIRS education is mandatory.
* The incident reporting process has been streamlined by integrating incident reports into the current electronic care management system rather than a separate incident management system. This has resulted in capturing SIRS reportable incidents in a timely manner.
* SIRS incidents are documented and drafted within 24 hours, updated as investigations are completed and reviewed by the quality team prior to submission to the portal.

During the Assessment Contact conducted between 11 July 2023 and 12 July 2023, the Assessment Team found the service demonstrated an improved incident reporting culture and effective governance systems relating to regulatory compliance, and well supported by organisational governance frameworks and policies and procedures. The governing body, through its clinical governance framework, ensures reportable incidents are reported in accordance with the reporting requirements.

The 'GM end of month report' and SIRS report register from April to June 2023 completed by management include reportable consumer incidents such as unreasonable use of force, neglect, and inappropriate sexual conduct. They also include notifiable incidents submitted to other regulatory bodies such as WorkSafe and National Disability Insurance Scheme (NDIS) where required.

The service’s management stated the daily progress notes review process by management and incident alerts have improved the oversight of all consumer incidents and ensured regulatory compliance.

8(3)(d)

At the time of the Site Audit, the service was not consistently documenting risks that consumers chose to engage in and risk assessments for consumers who were supported to take risks, were not always completed.

The service has implemented several actions in response to the non-compliance. These include:

* Providing staff education regarding the dignity of risk and choice and decision-making. Education attendance records, staff meeting minutes and feedback from staff reflect education sessions provided to staff related to the dignity of risk.
* The review of consumers’ risks as part of the monthly care review ‘spotlight’ process. Clinical staff described how the dignity of risk conversation is held with consumers and/or their representatives during their scheduled ‘spotlight’ care reviews.
* The clinical care managers provide oversight on consumers’ risk identification, risk assessment and risk mitigation planning through the daily progress notes review and dignity of risk report to ensure any newly identified risks have been captured.

During the Assessment Contact conducted from 11 July 2023 to 12 July 2023, the Assessment Team found the service demonstrated an improvement in consumer risk assessment supported by the organisational risk management systems. Staff and management were able to provide examples of risks and how they are managed in the service. The service monitors and reviews incidents and risks in weekly clinical risk meetings.

Consumers and/or their representatives are satisfied with how the service is supporting consumers to live their best lives by undertaking chosen activities even if these involve a degree of risk. Care documentation for 9 consumers demonstrated the identification and assessment of a variety of consumer risks including smoking, driving a motorised chair, eating food that goes against the specialist’s advice, and the refusal of care. The service consults with the consumers and representatives to develop strategies to mitigate risks whilst supporting the consumer to live their best lives.

Based on the information provided in the assessment contact report I find the service has made the necessary improvements and is compliant with Requirements 8(3)(c) and 8(3)(d) of this Quality Standard.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)