Performance

Report

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| Name of service: | Byron Aged Care |
| Service address: | 1 Butler St BYRON BAY NSW 2481 |
| Commission ID: | 0030 |
| Approved provider: | Byron Aged Care Limited |
| Activity type: | Site Audit |
| Activity date: | 10 October 2022 to 12 October 2022 |
| Performance report date: | 24 November 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 Byron Aged Care (**the service**) has been prepared by Denise McDonald, 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 8 November 2022
* other information and intelligence held by the Commission in relation to the service

# Assessment summary

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

* **Requirement 7(3)(e)** – the service ensures each member of the workforce has their performance regularly assessed, reviewed and evaluated with opportunities to develop identified.
* **Requirement 8(3)(d)** – the service ensures it has effective risk and incident management systems and practices to identify, respond to and manage high impact or high prevalence risks and elder abuse.

# 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 said they were treated with dignity and respect, and their identity was valued by the service. Care planning documentation reflected what was important to consumers to maintain their identity. Consumers, representatives and staff demonstrated a close and friendly relationship, with staff having in depth understanding of the consumers residing within the service, their needs and preferences.

Consumers confirmed they felt culturally safe within the service. Staff said the care and services provided to the consumers was respectful of their cultural, religious and personal preferences and were able to describe these preferences. Care planning documentation contained information about consumers which allowed staff to have knowledge and understanding of their individuals needs and preferences.

Consumers and representatives said they felt consumers were supported to exercise choices, make decisions, encouraged to be as independent as possible and maintain connections and relationships of choice. Staff described how consumers were assisted to make choices and achieve their outcomes which were reflected in consumer’s care plans.

Consumers and representatives said staff were able to support them to understand the positive and negative aspects of risks so they were empowered to live the best life they could. Staff explained how they support consumers to partake in risks of their choosing, within agreed parameters, such as choosing to smoke with support strategies identified within the care planning documentation. The service did not have a risk management policy or framework, with management advising staff know how to assess risk.

Consumers said they were very happy with the information provided by the service and felt well informed about the menu, activities and the external service providers available to them. The consumer handbook provided detailed information about services available, and the service’s newsletters provided information about current and upcoming activities. Staff confirmed they prompted consumers about activities for the day and if there were any changes to the schedules, updates were given directly to consumers.

Consumers and representatives stated they felt the consumers’ privacy and personal and confidential information was respected, confirming their door was closed when care was being provided and staff knocked on their door if they were coming in to assist them. Staff were able to identify ways in which the privacy of consumer information was maintained, including the use of individual passwords on the computers for staff, however minor breaches of consumer confidentiality were noted with staff failing to lock nurse’s stations and consumer information left accessible.

# Standard 2

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

Findings

Consumers and representatives said consumers receive the care and services they need, and they were involved in, and had a say in the care planning processes. Staff were able to describe the care planning process, how it informed the delivery of care and services. Management said the service does not have stand-alone risk management policies as clinical policies incorporate the assessment of risk. Care documentation demonstrated risk assessments were inconsistently completed but where risk was identified, it was appropriately assessed, and risk mitigation strategies developed.

Consumers and representatives said the service demonstrated awareness, and support, of the needs and preferences of consumers, confirming the service had discussed and documented their preferences for their end of life. Staff described the needs and preferences of consumers, which aligned to consumer feedback and care planning documentation. Assessment and care planning documentation was observed to be individualised to consumer needs, reflecting their preferences for care.

Consumers and representatives confirmed they provided input into the assessment and care planning process, either through a formalised care conference, or informally via feedback and updates. Staff reported regularly liaising with consumers and family members to ensure a partnership throughout assessment and care plan completion. Documentation reflected the inclusion of multiple health disciplines and services into consumer assessments and planning.

Consumers and representatives stated they were always offered a copy of the care plan and were confident, they had an accurate understanding of their care needs. Staff confirmed they had easy access to information regarding the outcomes of assessments and reviews, including consumer care planning documents, via handovers, diaries, and the electronic care management system. Care documentation contained entries reflecting communication with consumers, representatives and others where care was shared.

Consumers and representatives stated the service regularly reviewed consumer’s health, wellbeing and needs. Staff described the consumer is reviewed through a resident of the day process, with any relevant assessments updated, and any changes relayed to the consumers and representatives. Care documentation evidenced the review of some consumers had not been attended within the organisational timeline; however, all had been reviewed when a change or incident had occurred.

# Standard 3

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

Findings

Consumers and representatives reported they felt consumers were receiving care, which was safe, right for them and tailored to their needs. Consumers and representatives confirmed how personal care including showers, and toileting was provided in a timely manner, as per the consumers preferences and needs, optimising their health and wellbeing. Staff reported they could access senior staff to receive support and guidance in relation to best practice care and processes, or if care needs had changed. Care planning documentation, and observations, reflected consumers at the service were receiving individualised care, which was safe, effective, and met their specific needs and preferences.

Consumers and representatives stated they felt high impact or high prevalence risks were effectively managed by the service, including in relation to falls, weight loss, skin integrity and pain. Staff did not demonstrate an understanding of ‘high impact and high prevalence risks’ however, they were able to identify individual consumer’s risks and the strategies in place to mitigate these. The service has a suite of policies and procedures to support staff in the management of high impact and high prevalence risks.

Care planning documentation was reviewed and demonstrated at end of life the consumers’ dignity was preserved, and care was provided in accordance with their needs and preferences. Care documentation included end of life wishes which were found to be individualised and included Advance care directives. The service responded to deterioration promptly, involved representatives regularly and provided effective palliative care.

Consumers and representatives said the service had responded to changes or deterioration in the consumer’s condition, health, or ability. Staff, and care planning documents, reflected prompt and appropriate actions were taken in response to changes in a consumer’s health. Policies and procedures were available to guide staff in the timely identification and response to consumer deterioration.

Consumers and representatives stated they were confident consumer information was well documented and shared between staff and services. Staff were observed to attend shift handover to ensure information regarding consumers is consistently shared and understood. Staff stated, and care documentation reviewed confirmed, staff consistently notified the consumer’s medical officer, other allied health professionals and representatives if they identified a change in a consumer’s condition or needs, and if there was a clinical incident.

Consumer and representatives stated the service had facilitated appropriate referrals when required by the consumers. Staff described how input from other health professionals, including the dietitian, speech pathologist and podiatrist, was arranged in response to an identified need and provided outcomes of referrals to other services. Care planning documentation reviewed reflected timely and appropriate referrals and contributions from individuals to other organisations and providers of other care and services.

Consumers and representatives stated they observed staff consistently wearing their personal protective equipment, including gloves and masks. Staff demonstrated knowledge of infection control practices relevant to their duties and the service further supported the staff with several documents to inform and guide staff practice in relation to infection control matters. Staff were unfamiliar with the term antimicrobial stewardship, however, staff described strategies to minimise and optimise antibiotic use among consumers and were observed adhering to infection control practices.

# 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 the services and supports for daily living met their needs, goals, and preferences, enabling them to maintain their independence, quality of life and well-being. Staff demonstrated an understanding of what was important to consumers and what they liked to do, and advised the activity calendar offered a variety of options. Consumers confirmed activities were varied, stating there was always something different on offer.

Consumers described the meaningful activities they engage in which were satisfying to them and promoted the emotional health. Staff confirmed consumers were referred to appropriate services in relation to their emotional and psychological well-being when appropriate. Care planning documentation was consistent with consumer and representative feedback, specifying individual emotional support strategies for each consumer and how these are implemented.

Care planning documentation reviewed, included information about how consumers participated in the community and stayed connected with family and friends. Staff said they supported consumers to keep in touch through phone and video calls and provided examples of how they supported consumers to visit the community independently. A consumer was observed being supported to leave the service by car to meet with family in the community, staff confirmed this was a usual outing for the consumer.

Consumers and representatives confirmed the service was aware of consumers individual preferences and needs and the information was shared within the service when changes were made. Staff described information was shared, between themselves and external service providers through handovers and via electronic alerts on the computer. Staff were observed appropriately discussing care planning with consumers.

Staff said they explored individual community ties and supported consumers to keep appointments. Care planning documentation evidenced collaboration with external services to support the diverse needs of the consumers, including connecting consumers to volunteer organisations. Staff were observed ensuring care and services for consumers who had been referred to external service providers was in line with their recommendations.

Consumers said the service provided meals which were of good quality and quantity and were varied. Representatives said consumers enjoyed the meals provided, they were well presented and generously portioned. Care planning documentation confirmed consumer’s dietary requirements and preferences were recorded and were consistent with consumer feedback. Meals were observed to look appealing, and appetising.

Consumers said they felt safe when using the service's equipment, equipment was clean as staff cleaned it before use. Maintenance staff demonstrated how maintenance requests were lodged, received, how they were attended to, and signed off when the service is completed. Maintenance documentation was observed to identify current and scheduled preventative maintenance completed and jobs scheduled to be carried out. The staff described processes for identifying equipment which required maintenance.

# Standard 5

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

Findings

Consumers had individual rooms with ensuites and said they could decorate them as they wished. Signage was in place to assist consumers and representatives to find their way around the service and room numbers assisted consumers to identify their rooms. Walkways were wide, were easy to navigate, handrails were present and there was ample natural light. Small, fixed ramps were noted in consumers rooms to assist with access for walking frames. Consumers were observed making use of the service environment, mobilising on walkways, sitting outside their rooms with neighbours to chat or engage in gardening, or gathering in communal areas to watch television or have consumer meetings.

Consumers said their rooms were kept clean, they felt safe and could come and go as they pleased. Due to shortage of space, equipment such as lifting machines were stored in external walkways but did not impede access or exit. While consumers said they could come and go as they pleased, they were unable to leave the facility as exits were keypad controlled and monitored by staff. Consumer files confirmed all consumers had consent for environmental restrictive practice.

Consumers said they were happy with the service, their rooms were maintained regularly by the maintenance and cleaning staff, any issues were fixed in a timely manner and staff were always ready to assist if they wanted an item in their rooms changed around. Furniture, fittings and equipment were observed to be safe, clean, maintained and suitable for use by the consumers. Minor issues identified during the site audit were already identified by the service and plans were in place to address them.

# 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 and representatives confirmed they were familiar with feedback and complaints processes, they were encouraged and supported to provide feedback and make complaints and have found management to be approachable when doing so. Staff confirmed if a consumer raised a concern, they would attempt to address it if within the scope of their role and if not, they would escalate the consumer’s concern to management. The service had a feedback and complaints management policy in place to inform staff response when accepting feedback or complaints.

Consumers and representatives said they were aware of available avenues for raising a complaint, such as through the Commission, advocacy services, or with the help of a family member or friend. Staff demonstrated a shared understanding of the internal and external complaints and feedback avenues. Management stated the service had information available on both advocacy and interpreter services, although they have not utilised these services recently as the consumers have not required it.

Consumers and representatives stated when feedback was provided staff responded appropriately and in a timely manner. Consumers added when things went wrong, the service apologised, was transparent in addressing concerns and acted quickly to resolve the issue. Management demonstrated understanding of open disclosure in relation to complaints and said they apologised to consumers when they were dissatisfied with their care and services. The complaints management policy described the principles of open disclosure.

Management advised, and documentation confirmed, changes and improvements made at the service were discussed at the monthly resident meetings and the service evaluated improvement activities and consumer satisfaction. All complaints were listed on monthly reports, trends were identified and input was sought at staff meetings, if appropriate. A representative gave an example of changes made to visitor screening processes following their feedback.

# 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. | Non-compliant |

Findings

The Assessment Team recommended 2 of these requirements were not met, however, I have considered the Assessment Team’s findings; the evidence documented in the Site Audit report, and the Approved Provider’s response and have found:

* The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.
* Regular assessment, monitoring, and review of the performance of each member of the workforce is undertaken.

In consideration of Requirement 7(3)(d), the Site Audit report brought forward feedback from consumers and representatives stating they were confident with staff abilities and practices. However, a significant number of staff were identified to have not completed annual mandatory and compulsory training to enable them to deliver the outcomes required by these Quality Standards.

The provider’s response on 8 November 2022 refuted the deficiencies, however conceded staff shortages had impacted on their ability to release staff off the floor to attend training, however increased direct training from registered staff had been available due to low occupancy levels. Furthermore, the provider advised, 27 new staff had been recruited since October 2021 and while they had completed mandatory training as part of the orientation process, they had not yet reached the anniversary of their employment requiring the refresh of annual training modules.

I have considered the information included in the Site Audit report, the provider’s response and the feedback from consumers and representatives and am satisfied staff have completed training as required.

Therefore, I find Requirement 7(3)(d) is compliant.

In consideration of Requirement 7(3)(e), the Site Audit report evidenced deficiencies in the regular assessment, monitoring, and review of staff performance as the service had not completed staff’s annual performance appraisal.

The provider’s response refuted the findings of the Site Audit, however, confirmed the service no longer undertakes formal annual appraisals as they felt staff monitoring and surveillance should be a continuum. The service felt ongoing informal feedback was a more effective way to reinforce desired behaviour and manage performance. The service indicated no negative outcomes for consumers had been identified.

Despite having a staff training and development policy, which stipulated each employee would have an annual training and development review, there was no evidence this had occurred. During the Site Audit, management advised they intended to cease all formal routine appraisals and would address performance issues at the time they were identified, conceding this was a deviation from their own policy. No information was provided about changes to the staff training and development policy or how training needs would be identified.

I note examples of alternative avenues used to provide feedback to staff regarding their performance were requested, however, only a disciplinary letter, dated August 2021, in response to several observations/issues with an individual’s performance was submitted and no further evidence was provided to identify if further action, such as training was offered or completed.

I am satisfied, at the time of the site audit, the service was not able to demonstrate each member of the workforce has an appropriate person regularly assess and evaluate how they are performing their role; nor are they able to identify, plan and support any training and development they need.

Therefore, I find Requirement 7(3)(e) is non-compliant.

I find the remaining 3 requirements of Quality Standard 7 are compliant as:

Consumers, representatives and staff reported there had been issues with shortages of staff at times, however, did not identify any negative impact on the care provided to consumers. Management described strategies to attract and retain staff including providing staff with meals, subsidised accommodation and partnerships with state government for early entry career programs. Rostering documentation supported all shifts had been filled, through extending existing staff hours or use of part-time or casual staff.

Consumers and representatives provided consistent feedback stating staff engaged in a respectful, kind, and caring manner, and were gentle. Staff demonstrated an in depth understanding of the consumers, including their needs and preferences, this aligned with care planning documentation. Staff were observed to engage with consumers and their family members in a warm, respectful and friendly manner.

Consumers reported they felt staff were skilled in their roles and competent to meet their care needs. Staff said the team is small but supportive, and confirmed they always felt they could source additional guidance when needed. Position descriptions and duty lists were reviewed and outlined the qualifications, registration, knowledge skills and abilities required for various roles. Documentation reviewed confirmed 100% of staff had met COVID-19 vaccination requirements, professional registration and police check compliance.

# Standard 8

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

The Assessment Team recommended this requirement was not met, I have considered the Assessment Team’s findings; the evidence documented in the Site Audit report, and the Approved Provider’s response and found:

* 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

While consumers and representatives stated consumers were generally supported to live the best life they could and they were satisfied with the service’s response to consumer incidents and felt well informed, the site audit report evidenced the service did not have a documented risk management framework with policies and procedures to manage high impact and high prevalence risks. The site audit report identified how elements of risk management were included in different policies and brought forward inconsistencies or absence of identification of risk in assessment and planning in response to some consumer risks relating to their care. Inconsistencies in staff practice and understanding were also noted in relation to restrictive practice authority forms, with a large proportion of consumer authority forms not stipulating what risk was being assessed, its likelihood or what the potential consequence or severity might be, nor what action was taken in response.

The provider’s response refuted the findings of the site audit and advised the site audit only focused on clinical risks but not on other risks. The provider provided examples of other areas of risk the service effectively managed, such as feedback, complaints and incident management.

I have considered the Approved Providers response and whilst I agree the service has policies which address risk in many areas, I note the response does not address the concerns raised in regard to the lack of detail about the actual risks the consumer may be exposed to or how these risks would be mitigated, when the restrictive practices were applied and whether consent given was fully informed.

I am satisfied, at the time of the site audit, the service was not able to demonstrate effective risk management systems and practices.

Therefore, I find Requirement 8(3)(d) is non-compliant.

I find the remaining 4 requirements of Quality Standard 8 are compliant as:

Consumers reported they felt the service was well run and confirmed they were invited to participate in consumer meetings and surveys to identify whether there were things which could be improved. Consumer meeting minutes demonstrated consumer engagement with activity planning to ensure consumer preferences were included. Management described a recent example of an improvement at the service undertaken in consultation with consumers involved curtains being updated, this was discussed with consumers, with several consumers electing to choose their own design.

The governing body had implemented processes to ensure the service was accountable for the delivery of care, and promotes a culture of safe, inclusive and quality care and services. Consumers and representatives reported the service had provided regular updates in relation to outcomes of care and COVID-19. The management team shared examples of how the service promoted quality care and services, including the renovations completed on the entry and communal spaces at the service. Management stated this change was driven by the CEO endeavouring to provide an appropriate environment and create an atmosphere where consumers felt safe, welcomed and included.

The organisation had effective governance systems to support staff to access information and maintain regulatory compliance. Continuous improvement opportunities were identified and funding is secured through financial governance processes. Feedback and complaints are suitably addressed. Despite deficits being identified in regulatory compliance, the service was able to address or respond to any raised issues at the time of the site audit.

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