Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| 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: | Assessment Contact - Desk |
| Activity date: | 2 February 2023 |
| Performance report date: | 28 February 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 Byron Aged Care (**the service**) has been prepared by G-M. Cain, 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 - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff.
* the provider’s response to the assessment team’s report received 21 February 2023

# Assessment summary

|  |  |
| --- | --- |
| 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 7

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

Findings

The performance report dated 24 November 2022 found the service non-compliant in requirement 7(3)(e). Deficiencies related to lack of evidence that each member of the workforce had been appropriately assessed and evaluated in the performance of their role; nor had each staff member been provided the opportunity to identify, plan and support any training and development needed.

The Assessment Team report discloses that this requirement was assessed by interviews with management and review of documentation.

The Assessment Team report evidenced the service has taken action to improve its performance under this requirement, for example the service had established processes for regular monitoring and review of the workforce. Including, probationary reviews for staff new to the service, 6 monthly staff training and development appriasals, and formal 12 monthly staff appriasals.

The service monitors when reviews are due, and their completion via an electronic human resources systems. At the time of the assessment contact, approxiaatley 60% of staff had completed their 6-monthly performance reviews and evidence was provided that identified remaining staff are scheduled to complete these. Probationary reviews had been completed for sampled staff; and staff were informed of the changes to the performance appraisal processes via staff meeting and other comminques.

In coming to my decision for this requirement, I have considered the approved provider’s response which included a plan for continuous improvement. I am satisfied that the plan for continuous improvement effectively describes how the service has addressed the deficiencies identified and I am satisfied that Requirement 7(3)(e) is compliant through the implementation of these actions.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | |  |
| 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 performance report dated 24 November 2022 found the service non-compliant with requirement 8(3)(d). Deficiencies related to the lack of an organisation risk management framework, including policies and procedures to manage high impact and high prevalence consumer risk/s. As a result, there was inconsistent identification of consumer risk/s through assessment and care planning and in care and service delivery. Restrictive practice authority forms were not consistently completed to identify the risk being assessed, the consequences of the risk or actions taken in response to identified risks, including minimisation strategies.

The Assessment Team report discloses that interviews with management and a review of documentation assessed this requirement. The Assessment Team report identified that the service had incident reporting systems and implemented actions after consumers’ experienced an incident. However, an incident identified 1 December 2022 was not reported or notified under the Serious Incident Response Scheme. Information was provided that the service did not demonstrate processes to proactively identify and respond to consumer risk/s. The service had a draft Risk Assessment Framework which still needed to be implemented.

In coming to my decision for this requirement, I have considered the assessment team report, approved providers' response, documents provided to the assessment team at the time of the desk assessment, including the draft Risk Assessment Framework and other service procedures, and the Performance Report dated 24 November 2022. Following a review of this information, I have decided that Requirement 8(3)(d) is Compliant. This was based on information provided as part of the response submission, including the service's plan for continuous improvement, which evidences the service took immediate actions. These included a review of the service's Restrictive Practices procedure; an audit of consumers to identify who are or may be subject to restrictive practices, including all consumers with beds placed against the wall. I have placed weight on the approved provider's plan for continuous improvement identifying those actions to address the issues identified are due to be completed 28 February 2023.

While the service did not have an endorsed risk management framework, I am of the view that this does not reflect ineffective risk management systems and processes. The service had procedures to guide staff in managing high-impact, high-prevalence consumer risk/s. I have placed weight on evidence in the performance report dated 24 November 2022 which found Requirement 3(3)(b) Compliant. Consumers and representatives felt the service effectively managed high-impact or high-prevalence risks. The service has a suite of policies and procedures to support staff in managing high-impact and high-prevalence risks.

In relation to the identification and notification of the 1 incident under the Serious Incident Response Scheme, the plan for continuous improvement identified immediate actions taken by the service, including review of the identified incident, individual training for staff involved, and broader education for the workforce in February 2023. The response submission included a copy of the service's Serious Incident Response Scheme procedure which outlines the systems and processes to guide staff in identifying and notifying incidents, including responsibilities and escalation processes.

On the balance of information, I am satisfied that the service had effective risk management systems and practices to ensure safe and effective care and services for consumers.

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