Performance

Report

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| Name of service: | Castle Hill Aged Care Home |
| Service address: | 42-46 Darcey Road Castle Hill NSW 2154 |
| Commission ID: | 0456 |
| Approved provider: | Elderly Australian Chinese Homes (NSW) Co-operative Limited |
| Activity type: | Site Audit |
| Activity date: | 6 December 2022 to 8 December 2022 |
| Performance report date: | 11 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 Castle Hill Aged Care Home (**the service**) has been prepared by E Blance, 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.
* the following information received from the Secretary of the Department of Health and Aged Care (**the Secretary**): Exceptional circumstances determinations.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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

**Requirement 3(3)(a)**

Effective systems and processes for identifying and monitoring consumers who are subject to restrictive practices in line with legislative requirements.

Effective systems and processes for managing changing behaviours for consumer’s who are subject to restrictive practices in line with legislative requirements.

**Requirement 4(3)(a)**

Effective systems and processes to ensure consumers receive safe and effective care and services including documenting information in relation to consumer’s lifestyle goals and preferences that optimises their wellbeing and quality of life.

**Requirement 4(3)(c)**

Effective systems and processes to ensure services and supports for daily living assist consumers to participate in the community within and outside the service environment, have social relationships and do the things of interest to them.

**Requirement 5(3)(b)**

Effective systems and processes to ensure consumers are enabled to freely move both indoors and outdoors.

**Requirement 8(3)(c)**

Effective organisation wide governance systems relating to information management ensuring information is contemporary and accessible and for regulatory compliance to ensure consumer’s who are subject to restrictive practices are managed in line with legislative requirements.

# 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

I find this Standard compliant.

Consumers were treated with dignity and respect and could make informed choices about their care and were supported to take risks to enable them to live the best life they could.

Overall, consumers and their representative’s confirmed consumers are treated with dignity and respect. Most consumers and their representatives were able to describe how staff respected the consumer’s culture, values and diversity and how this informed the daily provision of care and services. Most consumers and representatives said the information they received was current, timely and easy to understand.

Staff demonstrated a knowledge of consumers’ background and preferences and were observed to be treating consumers with dignity and respect. Staff were able to describe how consumers’ maintained relationships of choice and confirmed all consumers’ personal information is kept confidential.

Staff were observed communicating in languages preferred by the consumer, and information at the service was provided in multi-lingual formats to accommodate the needs of consumers including on noticeboards.

In making my decision I have considered the information within the site audit report for one consumer who expressed they wished to be supported to leave the service. The approved provider’s response details a case conference (although no documented evidence was provided) was held with the consumer and their representative in relation to the consumer leaving the service which clarified the consumer was not requesting to walk around the neighbourhood but rather shopping precincts with their family. Information about COVID-19 was provided to the consumer to assist in making an informed decision and the consumer decided that the risk was too great. The approved provider states the consumer has been further educated and informed that they are permitted to attend to outings and leave the service if they choose. The approved providers response included examples of other consumers who have been supported by the service to exercise dignity of risk including for exiting the service during lockdowns. The approved provider has committed to visiting the organisation’s policy, procedure and practice that each consumer is supported to take risks as well as providing education to the staff.

I have placed weight on the information provided by the approved provider in relation to examples of other consumers who have been supported by the service to exercise dignity of risk. On balance of the information provided through the site audit report and consideration of the relevant information provided by the approved provider, I am satisfied consumers were supported to take risks to enable them to live the best life they can.

# 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

I find this Standard compliant.

Consumers felt they were a partner in ongoing assessment and planning that assisted them to get the care and services they needed for their health and wellbeing. Consumers and their representatives confirmed they were involved in the assessment, planning and review of consumers’ care and services and that planning informed the delivery of safe and effective care services.

Staff advised they had access to care plans for consumers they were providing care for. Staff advised they were aware of incident reporting processes and how incidents triggered a reassessment or review. The service monitored clinical incidents to identify the effectiveness of care and services.

Care documentation reviewed demonstrated the service ensured risks to the consumer’s health and well-being are identified and considered to inform the delivery of safe and effective care and services. Overall, care documentation demonstrated, the consumer’s current needs and goals, including advance care planning. Care documentation reflected consumers and others involved in assessment and planning, including medical officers and allied health services.

# 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. | 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

I find this Standard non-compliant.

The site audit report identified consumers and their representatives said staff responded and recognised changes to consumers’ changed health and well-being, their needs and preferences were effectively communicated between staff, and they received the care they need. They said they had access to medical officers and other health professionals when needed.

Documentation identified the service was effectively managing high impact and high prevalence risks. Care documentation reflected end of life wishes.

Staff demonstrated an understanding of processes to support the needs, goals and preferences of consumers nearing their end of life. Staff could describe the ways they recognised and responded to deterioration or changes to the consumer’s condition, and they said they had access to clinical information to guide them. Staff described how changes were documented in progress notes and discussed at meetings. Staff described how the input of other health professionals informed care and services.

The service had documented policies, procedures and an outbreak management plan to guide staff in relation to antimicrobial stewardship, infection control and for the management of a COVID-19 outbreak.

While the service demonstrated some assessments, authorisation, consent and monitoring was occurring in relation to restrictive practices, the site audit report details not all restrictive practices were in line with current best practice and tailored to the individual consumer’s needs. The service was unable to demonstrate delivery of personal and clinical care in accordance with legislative requirements as outlined in the quality of care principles relating to restrictive practices and management of changed behaviours.

The site audit report evidenced 3 consumers were prescribed psychotropic medications without a diagnosis for use. Review of relevant information provided by the approved provider evidences a diagnosis to support the use of the psychotropic medication for 2 of 3 consumers, and that informed consent has been provided by those consumers for the use of the medication. Behaviour support plans have been created for the management of changed behaviours for those consumers.

Evidence provided by the approved provider for the third consumer, identified the consumer is subject to environmental and chemical restrictive practice. The provider’s response included 2 copies of a behaviour support plan for the consumer. I am unable to determine which behaviour support plan is currently in use to guide staff practice in supporting the consumer’s changed behaviours or to determine appropriate legislative requirements have been undertaken.

The first behaviour support plan for the consumer includes individual strategies for the management of the consumer’s changed behaviours, however these strategies are inconsistent with strategies documented within the consumer’s progress notes including providing comfort, assistance with toileting and care for a wound as evidenced within the site audit report. Authorisation for the use of environmental and chemical restraint and evidence of informed consent is incomplete. Other key legislative requirements including but not limited to, the reason for the use of the restrictive practice, alternative strategies that were trialled prior to the use of the restrictive practice and determined timeframes for the use of the restrictive practice as well as evidence of review was not evidenced.

The second behaviour support plan authorisation has been provided for chemical and environmental restrictive practice by a medical officer however other key legislative requirements including but not limited to, the reason for the use of the restrictive practice, alternative strategies that were trialled prior to the use of the restrictive practice and determined timeframes for the use of the restrictive practice was not evidenced. This behaviour support plan shows the medical officer reviewed the consumer. While this behaviour support plan has been signed by the consumer, I am unable to determine if the consumer had cognitive capacity to provide consent, sections are incomplete, and the strategies listed within the behaviour support plan are not individualised to the consumer.

Further, the site audit report details there was a total of 19 consumers who were subject to restrictive practices and of 24 behaviour support plans reviewed, 22 were not individualised to each consumer, and strategies used by staff were not documented within consumer’s behaviour support plans. I have placed weight on information direct from staff who confirmed within the site audit report they do not participate in reviewing and updating of behaviour management strategies used that were effective for consumers. I have placed weight on information that management at the time of the audit acknowledged that staff lacked access to individualised behaviour support plans and that details within the behaviour support plans were not individualised nor did the reviews demonstrate assessment of current strategies or changing behaviour. The approved provider did not provide further information to demonstrate that review of the individual strategies occurred.

The service’s tools for monitoring restrictive practice, provided by the approved provider, are inconsistent. The ‘Type of restraint’ register provided a total of 22 consumers subject to restrictive practice. Two consumers identified within the ‘Type of restraint’ register are identified by the service as subject to chemical restrictive practice, however only one of these consumers are monitored through the ‘record of consumers receiving psychotropic medications’ register.

The site audit report details both consumers, their representatives, and staff, confirmed consumers were not permitted to leave the service without a staff member and did not have access to the code to unlock the front door of the service. Consumers were unable to freely exit the service. The approved provider advised the front door will now be unlocked between business hours and the access code is now displayed at the keypad and documented within the consumer handbook. The approved provider reports they will re-visit their policy, procedures and practices in relation to the delivery of care as well as provide education to staff, however the approved provider could not demonstrate that consumers were appropriately identified at the time of the site audit as subject to environmental restrictive practice and what actions have now been taken for the 16 consumer’s that have been identified within the ‘Type of restraint’ register who may now be subject to environmental restrictive practice.

I have further considered information under Standard 5 and 8 in relation to keypad locks on the lifts and locked doors to the courtyard area.

It is my decision that while the approved provider has taken actions to strengthen care delivery in relation to restrictive practice and behaviour support plans to improve consumer outcomes as evidenced within the service’s plan for continuous improvement, these actions are yet to be fully implemented and evaluated for effectiveness. I am satisfied consumers did not receive clinical care that was best practice and that optimised their well-being particularly in relation to the use of environmental and chemical restrictive 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. | Non-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. | Non-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

I find this Standard non-compliant.

The site audit report identified the service supports consumers to promote their emotional and psychological wellbeing. Consumers and their representatives confirmed the organisation made timely and appropriate referrals to individuals, other organisations and providers of other care and services such as to well-being services. Consumers said the meals provided by the service were varied and of suitable quality and quantity. Consumers said the furniture, fittings and equipment assisted them to be independent and were clean and well maintained.

Staff described how they supported consumers when they were feeling low. Staff were able to demonstrate knowledge of consumers’ conditions, needs, and preferences. Staff could describe how consumers were referred to other supports and services where required.

Documentation identified consumers had engaged in mental health services. Documentation identified dietary information was current and reviewed as required.

In relation to Requirements 4(3)(a) and 4(3)(c), the service was unable to demonstrate consumers received services and supports for daily living that were important to their health and wellbeing and that enabled them to do the things they wanted to do.

The site audit report brought forward information the service’s lifestyle program was not supporting a number of consumers with limited ability including for mobility, hearing and visual impairment to participate in the things of interest to them.

The approved providers response included that an activity program is run at the service both during and outside of COVID-19 lockdowns which includes group activities. For consumers who have limited ability or prefer to stay in their own rooms the approved provider’s response included those activities were conducted by the staff including playing music or walking. Review of the example provided by the approved provider identified the activity to be a copy of the consumer’s physiotherapy exercise records. The approved providers response did not include evidence of individualised activities for consumer’s who prefer to stay in their own room or not engage in group activities, or evidence of attendance to activities by the consumers identified within the site audit report. Review of care documentation provided in the response, did not identify the consumer’s needs, goals, and preferences in relation to the things they wanted to do where they prefer to stay in their own room or prefer not to engage in group activities. Review of the ‘Resident satisfaction survey’ identified the majority of consumers were satisfied with the activities available at the service, however the survey is silent in relation to individual activities or for consumers who have limited ability to participate. It is unknown how many consumers were surveyed.

The approved provider’s response included communications sent to representatives that outlined special activities planned during COVID-19 lockdowns including ‘performing a room visit’ and group activities. However, there is no further evidence provided to demonstrate these activities occurred for the consumers identified within the site audit report or the detail of these activities.

The site audit report brought forward information that representatives have been unable to engage with consumers during COVID-19 lockdown periods at the service.

The approved provider’s response included communications sent to the consumer’s representatives that outlined ‘video chat’ services were available to engage with consumer’s and essential visitors including primary carers were permitted to visit consumers to provide emotional and end of life support. This was further evidenced by visitor attendance records included in the approved provider’s response.

The approved provider reports they will re-visit their policy, procedures, and practices in relation to each consumer receiving safe and effective services and supports for daily living that meet the consumer’s needs goals and preferences and optimises their independence, health, well-being and quality of life as well as provide education and training to their staff.

In making my decision I have placed weight on information contained within the site audit report which supports that at the time of the site audit, management acknowledged the lack of information relating to consumers’ interest, social needs, and personal history available. I have placed weight on the response from management in the site audit report that acknowledged activities at the service did not consider consumers with additional needs and social activities, and relationships have been impacted by the numerous COVID-19 lockdowns. I have placed weight on information in the site audit report that staff were unable to provide any information about activities or hobbies that were specific to the consumers within the site audit report for activities that were not listed on the activities calendar. I have placed weight on information in the site audit report that consumers gave feedback they have nothing engaging to do and were not observed to be engaged in individual activities by the Assessment Team. The approved providers response has not evidenced what improvements or changes have been implemented for the consumers identified within the site audit report.

It is my decision that while the approved provider has taken actions as evidenced within the service’s plan for continuous improvement, to strengthen care delivery in relation to services and supports for daily living that are important to the health and well-being that enables consumers to do the things they want to do, these actions are yet to be fully implemented and evaluated for effectiveness. I am satisfied that consumers did not receive safe and effective services and supports for daily living that meet the consumer’s needs goals and preferences that optimises their independence, health, wellbeing and quality of life or services and supports for daily living that assisted each consumer to participate in their community, have social and personal relationships and do the things of interest to them.

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

Findings

I find this Standard non-compliant.

Consumers felt they belonged and were safe and comfortable in the organisation’s service environment.

Consumers were satisfied with the service environment. Consumers and their representatives were satisfied with the cleaning of their rooms and the cleanliness throughout the internal and external areas of the service. Consumers and their representatives said the furniture, fittings and equipment assisted them to be independent and were kept clean and well maintained.

Staff described ways in which they assisted consumers to their rooms and to common areas. Posters, signs, and photos displayed throughout the facility which were written in Chinese and had cultural significance.

Furniture in communal areas was observed to be clean and in good condition.

The site audit report identified the service environment did not enable consumers to move freely both indoors and outdoors.

The site audit report details both consumers, their representatives, and staff, confirmed consumers were not permitted to leave the service without a staff member and consumers did not have access to the keypad code to unlock the front door of the service to exit freely or to access the lifts to move freely between floors of the service. The site audit report identified one consumer was unable to access the courtyard area of the service during COVID-19 lockdowns, however it is unclear if the consumer was able to access the lift to gain access to the courtyard at other times outside of a COVID-19 lockdown as the lift was observed to be keycode locked.

The approved provider advised the front door will now be unlocked between business hours and the access code is now displayed at the keypad and documented within the consumer handbook. The approved provider provided an example of signage placed on the door to the courtyard to remain unlocked. There was no information within the response of the approved provider regarding the access code to the lifts to enable consumers to freely move between floors.

The approved providers response included that a swipe card is issued to consumers to access their rooms and for consumers who have cognitive impairment room doors are left open.

I have placed weight on information within the site audit report which includes that the doors to the courtyards were observed to be locked, staff confirmed consumers were unable to leave the service or enter the courtyard without a staff member, staff said they were required to open the room doors for consumers within the memory support unit and this upsets some consumers.

The approved provider reports they will re-visit their policy, procedures and practices in relation to enabling consumers to move freely, both indoors and outdoors as well as provide education to staff.

In making my decision I have also considered information identified in Standards 1, 3, 4 and 8 within the site audit report and the approved provider’s response to that information. It is my decision that while the approved provider has taken actions to strengthen care delivery in relation to enabling consumers to move freely both indoors and outdoors to improve consumer outcomes as evidenced within the service’s plan for continuous improvement, these actions are yet to be fully implemented and evaluated for effectiveness. I am satisfied that consumers were not able to move freely, both indoors and outdoors.

# 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

I find this Standard compliant.

Consumers felt safe and were encouraged and supported to give feedback and make complaints, were engaged to address and appropriate action was taken.

Consumers and their representatives said they were supported to give feedback or make a complaint and were confident management would address and resolve any concerns which were raised.

Management and staff were able to describe processes in place to encourage and support feedback and complaints. Management said some consumer’s communicated feedback and complaints in their preferred language. Management and registered staff demonstrated an understanding of the principles of open disclosure. Management described the processes used to escalate complaints, and how they were used to improve the care and services available to consumers.

Review of the service’s plan for continuous improvement demonstrated feedback was used to improve care and services.

Information was observed available to consumers and their representatives which described the external avenues available to them for raising a complaint, including through the Commission.

# 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

I find this Standard compliant.

Consumers received quality care and services when needed, from a workforce who were knowledgeable, capable, and caring.

Most consumers and their representatives’ said staff were available when needed and staff were kind, caring and respectful. Consumers and their representatives expressed confidence that staff were suitably skilled and competent to meet their care needs. Most consumers and their representatives’ confirmed staff were sufficiently trained and knew what they were doing.

Staff said there was enough staff at the service. Management described various ways in which staff were identified as competent and capable in their roles. Staff said they were provided adequate training. Management described the various ways staff performance was monitored and staff confirmed performance appraisals are undertaken.

The Assessment Team observed staff interacting with consumers respectfully and in a kind and caring manner.

# 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. | 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

I find this Standard non-compliant.

Consumers were confident the organisation was well run, and they could partner in improving the delivery of care and services.

The governance framework identified a leadership structure with the governing body holding overall accountability for quality and safety with effective governance systems including for risk management systems and clinical care.

The site audit report details management were unable to demonstrate that the Board promotes a culture of safe and quality care and services. The site audit report details that management were unable to demonstrate any changes made to the service driven by the Board or how the Board satisfies itself that the Quality Standards are being met.

The approved provider’s response included that the management team provide leadership reporting to the Chief Executive Officer (CEO), who reports this information to the Board. The approved provider’s response included information that the Board oversees the organisation’s performance and ensures the organisation’s continuous improvement is meeting the Quality Standards. Review of the organisation’s plan for continuous improvement provided evidence of continuous improvement to the safe, inclusive and quality care provided to consumers.

The site audit report states that management said monthly reporting occurs through the CEO to the Board and documents were evidenced by the organisation to support that reporting occurs.

The approved provider reports they will re-visit their policy, procedures and practices and provide education to staff. I am satisfied the governing body promotes a culture of safe, inclusive and quality care.

The site audit report identified systems relating to information management and regulatory compliance were not effective. Deficiencies related to information management systems, with information not consistently accessible or effectively communicated to staff; regulatory compliance systems, with consumers subject to restrictive practices not consistently identified and consumers with restrictive practices in place did not have individualised behaviour support plans.

In relation to information management:

The site audit report details the organisation’s electronic care management system did not contain consumer’s social information, paper copies of information was not accessible by staff, staff reported they were unaware how to access behaviour support plans, behaviour support plans were not individualised in line with legislative requirements, in-accurate signage was displayed regarding visitor access to the service and documentation related to restrictive practices was incomplete, inconsistent, and not available to staff.

The approved provider’s response included measures which were undertaken to ensure a migration of information from paper-based information to electronic databases occurred accurately and that staff had access to that information, however acknowledged that information with regards to consumers lifestyle information is currently undergoing migration. The approved provider reports they will re-visit their policy, procedures and practices in relation to ensuring the organisation’s information management systems are effective.

In relation to regulatory compliance:

The site audit report details deficiencies within the organisation’s governance systems for regulatory compliance in relation to the management and monitoring of consumers subject to restrictive practices including consumers subject to environmental restraint not identified, and individualised behaviour support plans were not evidenced for consumer’s subject to restrictive practices.

The approved provider’s response did not address the deficiencies in the site audit report in relation to regulatory compliance, however I have considered the approved providers response under Standards 3 and 5 as well as information within the plan for continuous improvement.

While the approved provider has taken actions to strengthen care delivery in relation to effective governance systems to improve consumer outcomes as evidenced within the service’s plan for continuous improvement, these actions are yet to be fully implemented and evaluated for effectiveness. In making my decision I have placed weight on the approved providers response in relation to ensuring a culture of safe, inclusive, and quality care was promoted by the organisation’s governance, however in relation to the organisation’s governance of information management and regulatory compliance I have considered information under Standards 3, 4 and 5 and placed weight on the consumer, staff and management feedback and consider that the organisation has not demonstrated that governance systems relating to information management and regulatory compliance were effective.

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)