

**Performance Report**

**1800 951 822**

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| Name: | Columbia Aged Care Services - Oberon Village |
| Commission ID: | 1022 |
| Address: | 115 Albion St, OBERON, New South Wales, 2787 |
| Activity type: | Site Audit |
| Activity date: | 12 November 2024 to 14 November 2024 |
| Performance report date: | 17 December 2024 |
| Service included in this assessment: | Provider: 56 Columbia Nursing Homes Pty Ltd  Service: 16388 Columbia Aged Care Services - Oberon Village |

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 Columbia Aged Care Services - Oberon Village (**the service**) has been prepared by Nicola Eastwood, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, older people/representatives and others.
* the provider’s response to the assessment team’s report received 11 December 2024.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **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 2(3)(a) ensure risks are accurately and consistently recorded in assessment and care planning documentation
* Requirement 2(3)(e) ensure where reviews occur that adequately reflect current consumer condition and changes to care needs
* Requirement 3(3)(a) where wounds are identified and require ongoing treatment and monitoring ensure documentation reflect treatment recommendations and management strategies, ensure updates to the EMCS allow for appropriate recording of neurological observations
* Requirement 3(3)(b) monitor, manage and ensure accurate records are completed for high impact high prevalence risk requirements, specifically those related to wounds and falls.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers and representatives confirmed they are treated with dignity and respect and feel they are valued. Care staff demonstrated knowledge of consumer needs and preferences which is documented in care documentation. Celebrations, anniversaries and interests that are important to consumers are documented and staff have completed dignity and respect training.

Management explained that religious representatives visit the facility, and frequent religious services are conducted in the chapel. Consumers and relatives are invited to attend services and celebrate in accordance with their religious beliefs. Consumers confirmed they are provided a choice regarding when their care is provided, and their choices are respected. Care documentation is personalised and includes a ‘who knows me best’ section that details the people of significance to the consumer and the nominated decision maker.

Staff demonstrated they are aware of the risks taken by consumers and indicated they support consumer wishes to take risks to live the life they choose. There was evidence of dignity of risk documentation to support individual identified risk and there is a risk management policy supporting a consumer directed care approach.

Information about care and services is provided to consumers and representatives in a timely manner and in a clear, easy to understand way, and allows them to make informed choices. Consumers indicated they are provided with a monthly activities calendar, and monthly newsletters which keep them informed of what is happening around the service.

Staff described how information is kept confidential and secure and confirmed personal information is not discussed in front of other consumers. Each staff member has their own login for the electronic care management system (ECMS) and staff said conversations relating to consumer care are conducted in a private location.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 1.

# 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. | Not 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. | Not Compliant |

Findings

I have considered the Assessment Team report and the Approved Provider’s response, following review of the available information I find that the service does not comply with Requirement’s 2(3)(a) and 2(3)(e), and as a result does not comply with Standard 2.

Requirement 2(3)(a)

Not all risks had sufficiently detailed information to facilitate adequate management of identified risks. Care planning documentation was often generic and not detailed, with some information missing. Staff were aware of risks to consumers and described the processes of minimising risk, although these strategies were not always successful. There was evidence of inconsistent strategies with examples identified in the Assessment Team report of ongoing falls and inadequate documentation to support alternate prevention or management strategies.

Where there was increased risk to skin integrity, care plans offered generic strategies without consideration to individual circumstance. Recommendations by external specialists to manage challenging behaviours had not been implemented and assessments relevant to further contributing factors to risk were not explored or reflected in records.

The Approved Provider submitted a response to the Assessment Team report (the response) as well as supporting evidence of clinical oversight relevant to Requirement 3(3)(f) and awareness of risk to named consumers not reflected in the Assessment Team report. The response also accepts that interventions and recommendations had not been added to a consumer care plan which was addressed at the time of the Site Audit. Following the Site Audit the service is conducting a falls management audit and establishing a falls management team to meet at regular intervals. Additional staff monitoring has been implemented for an identified consumer at increased risk of falls and further consultation with family members arranged.

I accept the Approved Providers assertion that there is evidence of constant and ongoing clinical and allied health oversight in challenging circumstances. I note the absence of important information in care plans which should be accurate and reflect contemporaneous care needs. I further note that there are discrepancies between care plan review records in the documents submitted in support of the response, progress notes and assessment contradictions related to skin integrity and pressure injury risks. I am reassured that the service is commencing adequate falls related review and monitoring, however, find that documentation of risks remains inconsistent and inadequate. As a result, I find this Requirement non-compliant.

Requirement 2(3)(e)

While some consumers received care that was effective and met the needs of the consumer, there were incidences of care that was not effectively managed to meet consumer needs. Where risks had been identified such as falls and compromised skin integrity, ineffective strategies had not been reviewed or updated to reflect additional strategies or alternate investigation or considerations. The Assessment Team report included examples of changes to a consumer’s condition which had not resulted in adequate assessment following hospital admission, deterioration or repeated events.

There was evidence of complications experienced by consumers as a result of inadequate strategies to address changes in condition and lack of implementation of appropriate recommendations by health professionals.

The response provided additional supporting evidence of updated records for identified consumers and indicates the implementation of a post hospitalisation check list to benefit the broader consumer group. I note the Approved Providers assertion that the Assessment Teams recommendations weigh heavily on a single consumer example, however, consider the Assessment Team report reflected concerns greater than individual accounts and effectively established instances of where reviews were ineffective.

I note that there continues to be evidence of inconsistencies contained in care plans related to skin integrity risks, particularly where reviews have occurred and reflect skin integrity is well maintained where a consumer had a known chronic pressure injury. I also note evidence by way of a skin assessment which indicates no defined risk of a pressure injury under assessed current situations and yet in the following lines indicates there is a very high risk of a pressure injury.

I am reassured that the service is commencing measures to address post hospitalisation checks and ongoing review in circumstances of change, although the current documentation does not reflect effective improvement in the current systems. As a result, I find this Requirement non-compliant.

Compliance with remaining Requirements

Assessment and planning identify consumer needs, goals and preferences including advance care planning and end of life planning. Consumers and representatives confirmed they are asked about advance care plans and document review showed most consumers had advance care plans in place, with this information included in care planning documentation. The Assessment Team report reflected examples of where personal hygiene preferences had been considered, respected and documented.

Consumers confirmed they were involved in the assessment and care planning process. The service uses case conferencing to discuss care with consumers and family on at least a yearly basis and documentation reflected information such as medical summaries and discharge summaries were within consumer’s files and informed assessment and planning.

Outcomes of assessment and planning were effectively communicated to consumers and documented in care planning documentation. Consumers confirmed the care they received which was generally consistent with care planning documentation. Representatives were kept informed of changes to consumer needs, which was also reflected in documentation. Staff were able to access care planning information needed to perform their role and provide care to consumers.

# 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. | Not Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not 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 have considered the Assessment Team report and the Approved Provider’s response, following review of the available information I find that the service does not comply with Requirement’s 3(3)(a) and 3(3)(b), and as a result does not comply with Standard 3.

Requirement 3(3)(a)

There were inconsistencies in management of consumer care needs, and instances of recommendations for care were not always implemented. Some information was noted to be missing or incorrectly documented. The Assessment Team report included examples of where direct medical instructions were not included in care planning documentation and staff delivered care contrary to directions. Wound management documentation was inadequate to inform appropriate dressing regimes for a consumer and records related to hydration and maintenance of complex care requirements were inconsistent. Neurological observations for post-fall monitoring of multiple consumers were not seen to be consistently followed, with timing of observations unable to be seen within the documentation system.

There were deficiencies in the recording and documentation of recommended treatments, hydration and neurological observations, and best-practice care that is tailored to the needs of consumers was not demonstrated.

The response accepts that there were inconsistencies in wound management and charting of neurological observations post falls with actions commenced at the time of the Site Audit. I note the technical limitations of the EMCS and accept that the service has raised this as an issue for repair with the system vendor. I also note that the response indicates that the inconsistencies identified did not cause direct impact to consumers. I accept that the service has now implemented strategies where recording of hydration is required, and system updates will allow for additional observations to be recorded. I do not accept the assertion that as there was no direct impact to consumers, this diminishes the Assessment Teams concerns. I have placed weight on the observations and recommendations of the Assessment Team and consider this Requirement is non-compliant.

Requirement 3(3)(b)

Despite meeting weekly to discuss high-impact, high-prevalence risks such as wounds, falls, restrictive practices and psychotropic medications gaps were identified in the management of risks for consumers. There was evidence of incorrect identification of restrictive practices with misinterpretation of the definition of a chemical restrictive practice. Where behaviour support plans had been implemented strategies were noted to be generic in nature and not tailored to individual needs.

Wound care documentation was not always recorded and there was evidence of complications as a result of inadequate wound management strategies and implementation of care recommendations. Where falls had occurred, there was inconsistency between the services policy and practice as well as staff knowledge of the correct process following falls. The Assessment Team report noted examples of where neurological observations had not occurred following an unwitnessed fall. The Assessment Team report noted concerns with effective strategies to manage consumer weight gain particularly in complex care scenarios.

The response provided additional information regarding clinical oversight of consumers with noted weight gain and the previously identified discrepancies with the psychotropic register. I accept that the service had identified and proactively addressed the issues with the psychotropic register and have added this to their Plan for Continuous Improvement to monitor. I accept that the consumers identified with noted weight increases were actively being monitored by the service and treating practitioners.

I do not accept that the failure to accurately document ongoing wound management and recommendations did not directly impact consumers where there was direct evidence of a fall following pooling of oedematous fluid and further skin deterioration for an identified consumer. I have placed weight on the Assessment Teams recommendations and observations and find this Requirement non-compliant.

Compliance with remaining Requirements

Goals and preferences of consumers nearing end of life are recognised and addressed with their comfort maximised and dignity preserved. Most consumers had advance care plans in place and policies and procedures were available to guide staff practices with end-of-life care. Consumers confirmed staff were responsive to their changing care needs. Staff indicated they assess consumers baseline health and are therefore able to identify deterioration or changes when they occur. The Assessment Team report included examples of where consumer conditions had deteriorated requiring escalation of care.

The service utilises an electronic documentation management system which has levels of use/views dependent on staff roles. Generally, staff were aware of consumer care needs, although there were inconsistencies in communication provided. Allied health and medical officers having access to, and document within, the progress notes which provides continuity of care information. The Assessment Team noted while gaps in information sharing were observed, there are systems in place for the sharing of information. Timely and appropriate referrals are made for consumers to other providers of care and services. There was evidence of involvement in care by a range of allied health professionals as well as general practitioners.

Staff have completed education on infection control practices, including donning and doffing of PPE and hand hygiene, and could describe how standard and transmission-based precautions are used, including during the recent outbreaks. For consumers with symptoms of infection, including wound and urinary tract infections, documentation demonstrated collaboration with medical officers for pathology testing to ensure antibiotic prescribing was appropriate.

# 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

The service supports consumer independence and encourages them to participate in activities that reflect their interests and daily living lifestyle needs. On admission to the service consumers complete a ‘getting to know me’ questionnaire that assists in ensuring services and supports offered are meeting the consumer’s needs, goals and maintains quality of life. Care documentation reflected preferences, needs and goals are recorded and supported, and time is made available for consumers to enjoy their preferred activities, hobbies, and pastimes.

Staff provided examples of how the service promotes the psychological wellbeing of the consumers. The service provides a Catholic mass services in the chapel and a religious streaming service available in each consumer’s room every Sunday morning. In partnership with the Uniting church, consumers are accompanied by church volunteers to attend a friendship lunch once a month.

Staff attend morning and afternoon handovers where there is an update on consumer conditions, needs and preferences. Care planning documentation included consumer lifestyle and well-being assessments. Consumer information appears individualised and is inclusive of the consumer’s background and life history, cultural preference, emotional and spiritual needs, likes and dislikes, activities of interest, and persons of significance.

Services available to consumers are displayed on the activities schedule and consumers can engage in these services or are referred to them. Men from the serv ice are also able to attend the local men’s shed and the service engages with local church volunteers.

Consumers said meals are satisfying, varied, and of suitable quality and quantity. Alternative meal options are offered to consumers if they do not want any of the meals offered on the menu. A dietitian reviewed the menu to recommend options for consumers with diabetes and staff advised that they recommend the highlighted diabetic options as indicated, however the consumer can still choose the other dishes on the menu. Catering staff access consumer nutrition and hydration requirements and preferences by using the service’s ECMS. Access to hard copies of nutritional assessments is kept in the kitchen and a white board displays consumer dietary and hydration needs.

The service has appropriate arrangements for purchasing, servicing, maintaining, renewing and replacing personal equipment. Equipment used to support customers to engage in lifestyle activities was observed to be suitable, clean, and well maintained.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 4.

# 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 and representatives confirmed that the service environment is welcoming and easy to find their way around. Staff demonstrated how consumers can use the service environment to support their independence and ability. Management described aspects of the service environment that make consumers feel welcome and optimise their independence, interaction, and function. The service environment provides consumers with several areas to choose from to have privacy or spend time with their visitors including private lounge spaces, activity and dining areas and outdoor seating areas.

Consumer rooms and common areas are clean and well maintained. Maintenance, catering and cleaning staff described effective processes in place to ensure the environment is safe, well maintained and clean. Staff indicated that any maintenance requests by consumers are considered urgent and the maintenance officer is very quick to attend and resolve the request.

The electronic management system for maintenance requests demonstrated preventative and reactive maintenance schedules are in place. External contractors are scheduled to clean and maintain critical equipment and conduct tasks such as fire safety equipment testing and pest management. Hazards and incidents are investigated and escalated to management and contractors when required. Records reflected that scheduled maintenance had been carried out including pest control treatment every 3 months and fire extinguishers servicing every 6 months.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 5.

# 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 understand how to give feedback and feel comfortable providing feedback or making a complaint. Most consumers said if they need to provide feedback, they will just talk to the staff informally and it will be dealt with or fixed for them. The feedback and complaints register shows concerns that are raised are discussed by the facility service manager or care service manager with the consumer and their representative in a meeting and are rectified promptly.

Staff indicated that they have not needed to access language and advocacy services to support a consumer, however, if needed they would support the consumer to do so. The service plan for continuous improvement identifies the need for the service to develop strategies to be able to effectively support a consumer where English is not their first language. This includes access to language services.

Most consumers and representatives were satisfied that the service addresses and resolves complaints or issues raised. Feedback records reflected that action is taken in response to complaints and an open disclosure process is followed. Staff described how they would apply open disclosure within their role if an incident arose. The service is taking appropriate action in response to complaints and an open disclosure process is being used.

The plan for continuous improvement (PCI) identifies issues from the complaints register as areas for improvement and the service has taken action to rectify issues and implement improvements.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 6.

# 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

Consumers and representatives indicated there were sufficient staff available to meet their care needs. Staff indicated that there are times during the day when they are busier than other times, but they work as a team to get the tasks completed. Management explained that they are attempting to recruit additional care staff and registered nurses to complement their current workforce. When staff take leave, the service has a small casual pool of staff but will still need to use agency staff to fill shifts.

Consumers spoke very highly of all the staff and said staff are kind and caring in their interactions with them. The service demonstrated the workforce are competent and supported by the management team. Personnel and service records evidenced staff are appropriately qualified and professional registrations are kept current. Competencies are role specific, and there was evidence that staff have completed mandatory training. Staff confirmed they have completed their training and said if they are due to complete training they will receive an email reminder. Management explained that the service has an education program that is responsive to identified risk and feedback and training is offered both face to-face and through online learning modules.

Performance is monitored and reviewed through observations, informal discussions with staff and annual formal performance appraisals. Staff confirmed their completion of an appraisal during the previous year or arrangements for upcoming annual review.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 7.

# 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. | 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 that Requirement 8(3)(d) was non-compliant. However, with consideration to the available information and Approved Provider response, I am satisfied that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Requirement 8(3)(d)

The organisation has a risk management framework and associated risk management policies which detail the process to identify, assess and manage risk. However, these were not always being followed by the service and staff were not aware of their responsibilities in relation to managing high impact high prevalence risk. The service has a locally held risk register for high impact high prevalence risks for consumers outside of the ECMS where data is drawn for reporting purposes. The information in the service’s high-risk register is used to discuss consumers at the weekly clinical meetings however, effective assessments to identify and respond are not always identified and responded to. Information regarding high impact high prevalence risks discussed at risk meetings are not being capture in the ECMS or used for quality assurance review or analysis, limiting the clinical oversight of high-risk consumers.

The response accepts that the previous link between high impact high prevalence meetings and timely updating to assessments and care plans was not robust. The response indicates that while analysis of data and trends was being conducted at a group level, more meaningful local analysis is required. I accept that the service has implemented additional strategies to ensure the reporting and review of high impact high prevalence risks will be managed in the future. I acknowledge the actions proposed and commenced in response to the Assessment Team report and encourage the service to ensure improvements and actions are evident on the services PCI for active monitoring and evaluation. As a result, I consider this Requirement compliant.

Compliance with remaining Requirements

The service has a consumer advisory body who meet biyearly. Key information discussed at this meeting is tabled to the board and the executive team follow up with any required actions and provide feedback to the consumer advisory body. A board member representative attends the service to seek informal feedback about the service provision as well as through the more formal channels. The organisation has a governance framework, the organisation’s strategic plan and other policy and procedure documents which reflect and promote safe, inclusive, quality care and services. Audits on the service’s ECMS and compliance checks on the service’s incident management system are carried out as well as observational audits. Any areas for improvement are identified and actioned accordingly.

Information systems were generally fit for purpose and the ECMS provided access to information, however there was evidence that staff found the systems challenging to navigate. This was evident in circumstances identified in Requirement 3(3)(b) where records were inconsistently entered to reflect treatment interventions and monitoring. The service has a PCI and management advised opportunities for improvement are identified through a range of mechanisms including consumer feedback and complaints, audits, surveys (consumers, families, and staff), consumer meetings and external surveys.

The service is well supported with financial governance and requests outside of the expected budget as evidence by the recent upgrade to the call bell system. Regulatory compliance is monitored through attendance at industry conferences held by the Aged Care Quality and Safety Commission. Feedback and complaints including trending of complaints is compiled and reported to the Board. There is a process to ensure consumer feedback and complaints are incorporated into the PCI.

The organisation demonstrated it has a clinical governance framework in place describing the organisations approach for ensuring the quality and safety of clinical care provision. The organisation has oversight of clinical care provision and further oversight of care at the service level. The clinical governance framework outlines antimicrobial stewardship, restraint, and open disclosure. Staff demonstrated an understanding of restrictive practices and were aware of the services related policies.

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