

**Performance Report**

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| Name: | Disability SA Northgate |
| Commission ID: | 6203 |
| Address: | 78-96 Dumfries Avenue, NORTHGATE, South Australia, 5085 |
| Activity type: | Site Audit |
| Activity date: | 11 November 2024 to 13 November 2024 |
| Performance report date: | 16 December 2024 |
| Service included in this assessment: | Provider: 1021 Department of Human Services Service: 5338 Disability SA Northgate |

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 Disability SA Northgate (**the service**) has been prepared by Alla Kasyan, 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, consumers/representatives and others; and
* the provider’s response to the Assessment Team’s report received on 5 December 2024.

# 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 | **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 | **Not Compliant** |
| **Standard 8** Organisational governance | **Not 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.

**Standard 3 Requirement (3)(b):**

* Ensure all risks associated with the care of consumers are timely identified, mitigated and managed, including in relation to restrictive practices.

**Standard 7 Requirement (3)(d):**

* Ensure training provided to staff help them to deliver the outcomes required by the Quality Standards.

**Standard 8 Requirement (3)(e):**

* Ensure effective clinical governance framework and effective systems and processes to minimise restrictive practices.

# 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 are treated with dignity and respect, with their identity, culture, and diversity valued. Interviews with consumers and representatives confirmed respectful treatment and staff awareness of individual life stories, cultural backgrounds, and preferences. Observations showed respectful care during assistance and meal support. Documentation, including admission packs and policies guides staff on how to support consumers' rights to dignity and respect. Care planning documentation reflected consumers’ personal histories and cultural considerations.

Information about consumers’ cultural backgrounds is gathered during admission and integrated into care plans. Staff showed knowledge of accessing and applying this information to provide person-centred care. Cultural awareness training supports staff in helping consumers make choices and access resources. Interviews with consumers and representatives confirmed confidence in culturally respectful care. Observations and examples showed staff supporting consumers’ cultural needs aligned with their backgrounds and preferences.

Consumers confirmed they are supported to make choices about their care, daily routines, and relationships. Interviews with consumers and representatives confirmed decisions are made by consumers, with family involvement as needed. Care plans reflect consumer preferences, and staff demonstrated how they assist in decision-making and maintaining important relationships.

Consumers are encouraged to take risks to live independently. Staff and management described processes for supporting risk-taking, including assessments involving consumers and strategies to minimise risks. Care documentation showed consumer consultation and signed acknowledgements of risks and mitigation plans. While few consumers participate in high-risk activities, examples such as smoking or dietary choices demonstrate risk management practices. Staff showed their ability to support consumer independence safely, ensuring consumers’ preferences are respected.

Consumers receive timely, accurate, and clear information through emails, noticeboards, and one-on-one visits. Consumers and representatives confirmed they are kept informed about care, lifestyle options, and daily activities. Representatives reported they receive timely updates that are clear and accurate, which help them make informed decisions about consumer care.

Consumers expressed satisfaction with the service’s respectful approach to their personal space and confidentiality. Staff were observed maintaining privacy by knocking before entering rooms and closing doors during care. Interviews with consumers and representatives confirmed satisfaction with privacy practices. Secure storage of personal information was observed during the site audit, with nurses’ stations locked, no visible personal details, and computers locked when not in use. Observations showed systems are password protected, and staff place signage on doors indicating privacy preferences.

Based on the Assessment Team’s report, I find all requirements in this Quality Standard compliant.

# 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 reported satisfaction with assessment and planning processes, including around management of risks, such as fall minimisation and pressure injury prevention. Staff use validated assessment tools to ensure assessments and planning manage risks effectively.

Assessment and planning reflect consumer needs, goals, and preferences, including end-of-life care. Consumers with Advance Care Directives follow a 7-step pathway. Staff consult consumers and families during reviews, ensuring care aligns with consumer’s personal goals. Documentation shows a holistic approach, covering meals, psychosocial well-being, and clinical needs.

Assessment and planning involve consumers, representatives, and external specialists. Consumers and representatives confirmed satisfaction with the partnership approach and said plans help achieve goals. Staff described working with physiotherapists, podiatrists, and volunteers. Documentation demonstrates collaborative planning, incorporating relevant individuals and organisations to optimise outcomes for consumers.

Outcomes of assessments are clearly communicated and documented in care plans accessible to staff and consumers. Consumers and representatives reported satisfaction with communication, including updates on incidents and changes in care needs. Staff confirmed timely access to up-to-date care plans, ensuring effective delivery of personalised care.

Care and services are reviewed regularly, including in response to changes or incidents. Consumers and representatives confirmed effective communication about incidents, including following falls or diet changes. Clinical staff, and documentation reviewed confirmed staff follow documented review processes.

Based on the Assessment Team’s report, I find all requirements in this Quality Standard compliant.

# 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. | 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 assessed this Quality Standard as non-compliant as I am satisfied requirement 3(3)(b) is non-compliant.

The Assessment Team found the provider did not effectively manage high-impact or high-prevalence risks, specifically around restrictive practices. Staff did not demonstrate sound knowledge of certain practices considered restrictive, and consumer representatives were not informed about the risks associated with these practices. Documentation reviewed did not evidence effective risk management and minimisation strategies for restrictive practices.

For example, representatives stated care provided was appropriate but noted they were not informed about the risks related to the use of restrictive practices, nor were they consulted on ways to reduce restraints. The assessment tool used to determine safety and risks involved consultation with clinical staff and a medical officer, but it did not address the risks of using restrictive practices, which resulted in consumer representatives being unable to make informed decisions. One representative advised no consultation took place regarding the use of bed rails, and they were not given any information on reducing this practice.

Additionally, documentation for other consumers showed bed rails were used to prevent falls or injury related to medical conditions, but no risk assessments were documented regarding the use of the restraints. Care files of sampled consumers showed dignity suits were used as a behaviour management strategy without any prior trial of alternative methods. No review by external behaviour specialists was documented for these consumers.

The Assessment Team found staff did not have sound knowledge regarding the use of mechanical restraints such as bed rails, dignity suits, and seat belts. Some staff members advised restrictive practices were sometimes implemented due to staffing shortages, particularly when adequate supervision was not possible at night.

In response, the provider acknowledged the importance of minimising restrictive practices and highlighted their commitment to reducing or eliminating them wherever possible. They shared a comprehensive continuous improvement plan detailing their ongoing efforts, which includes assessing all consumers with identified mechanical restraints and evaluating their needs, as well as working with a behaviour support practitioner and occupational therapists to explore alternative strategies. The provider also highlighted their understanding of the importance of obtaining informed consent for the use of restraints, ensuring relevant risks and alternatives are fully explained to consumers and their representatives.

The provider has summarised several actions in their continuous improvement plan, such as conducting occupational therapy assessments and risk evaluation for all consumers by December 2024, and implementing strategies to reduce or remove restraints by January 2025. Staff training on the use of restrictive practices is also planned for completion by February 2025.

I acknowledge the provider’s response, plan for continuous improvement and commitment to improve risk management systems and practices. However, I find the provider has not established effective systems and processes to ensure effective management of high impact risks associated with restrictive practices. While the provider has taken steps to address the use of restrictive practices and is actively working to reduce their application, the evidence shows corrective actions have yet to demonstrate consistent or effective application.

Insufficient assessment and management of risks associated with restrictive practices and the use of dignity suits and bedrails without exploring alternative strategies highlights ineffective management of risks associated with the care of each consumer.

Based on the reasons summarised above, I find requirement 3(3)(b) non-compliant.

In relation to requirements 3(3)(a), 3(3)(c), 3(3)(d) and 3(3)(e), 3(3)(f) and 3(3)(g), the Assessment Team found consumers receive personalised care tailored to their needs, ensuring health and well-being. Staff respect consumers’ preferences, such as shower or mealtimes, and use non-pharmacological strategies before administering “as required” medications for management of changed behaviours. Observations showed consumers appear well-presented. Clinical staff address pain or infection when responding to behavioural changes in line with best practice guidelines.

Staff said end-of-life care is focused on comfort and dignity, addressing physical, emotional, and spiritual needs. Policies support staff, who personalise care for palliative consumers and meet family emotional needs. Consumers and representatives feel confident in staff’s ability to provide compassionate palliative care.

Consumer deterioration or condition changes are promptly recognised and addressed. Clinical staff monitor changes and respond effectively, such as referring consumers to specialists when needed. Consumers and representatives reported their satisfaction with staff competence and timely action in managing deterioration.

Staff receive updates during handovers. Documentation review showed consumer information is well-documented and communicated within the organisation. Consumers and representatives confirm staff are informed about consumers’ preferences.

Referrals to individuals, organisations, or service providers are appropriate and timely. Consumers and representatives express satisfaction with the effectiveness of referrals and the care delivered by referred providers. Files showed referrals to and reviews by specialists, such as dentist, dietitian, speech pathologist, physiotherapist, and podiatrist. Clinical staff described clear referral pathways to medical officers and allied health professionals.

Infection risks are minimised through staff training, hand hygiene, and personal protective equipment protocols. Clinical staff promote antimicrobial stewardship, ensuring appropriate antibiotic use. Observations confirm good infection control practices, with consumers and representatives satisfied with how the service prevents and controls infection. Pathology testing guides antibiotic prescriptions.

Based on the Assessment Team’s report, I find requirements 3(3)(a), 3(3)(c), 3(3)(d), 3(3)(e), 3(3)(f) and 3(3)(g) compliant.

# 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 confirmed services align with the consumers’ needs, goals, and preferences, enhancing independence and quality of life. Staff explained how they support consumer independence by tailoring services based on individual preferences. Lifestyle staff use assessments, like the ‘Leisure and Lifestyle Information’ form, to document preferences and adapt services, including assistance levels for activities and celebrations.

Consumers and representatives expressed satisfaction with the emotional, spiritual, and psychological support provided. Staff demonstrated empathy through actions like listening and offering companionship. Programs such as Christian fellowship, sensory activities, and pet therapy address emotional and spiritual needs. Care documentation detailed consumers’ life stories to ensure staff provide tailored support.

Consumers actively participate in activities that foster community involvement, relationships, and personal interests. Representatives confirmed consumers have opportunities for forming connections. Activities such as group programs and walks, are tailored to consumers’ needs and optimise their health and wellbeing.

Consumers’ needs and preferences are effectively communicated through care plans and daily handovers. Documentation and staff interviews showed good communication practices.

Timely referrals are made in consultation with consumers and representatives when needs change. Documentation confirmed clear processes for engaging external services, which was corroborated through positive feedback from consumers and representatives regarding prompt referrals.

Consumers provided positive feedback about the quality, variety, and quantity of meals. Dietary needs are accommodated, with adjustments made by dietitians or speech pathologists as required. Meals are reviewed for nutritional value, and staff and management adhere to food safety standards. Observations showed mealtimes as calm and engaging.

Consumers reported access to safe, suitable, and clean equipment. Staff maintain equipment cleanliness for infection control and ensure items are well-maintained. Observations confirmed equipment, such as mobility aids, is clean and functional. Activities like karaoke were conducted using well-maintained resources.

Based on the Assessment Team’s report, I find all requirements in this Quality Standard compliant.

# 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

The service environment fosters a sense of belonging, independence, and interaction. Consumers and representatives expressed their satisfaction with the homely atmosphere, ease of navigation, and personalisation of rooms. Observations confirmed well-lit spaces, wide corridors, open kitchens, and accessible gardens. Communal areas, like the activity room, were well-used during the site visit.

The service environment is safe, clean, and well-maintained, with proactive maintenance and cleaning schedules. Consumers and staff confirmed consumers can move easily indoors and outdoors. Maintenance staff detailed reactive and preventative systems, while cleaning staff described high-touch cleaning during outbreaks. Observations confirmed cleanliness of the environment.

Furniture, fittings, and equipment are safe, clean, and well-maintained. Staff are trained in equipment use and hazard reporting. Observations confirmed clean mobility aids and well-maintained furniture. Management detailed regular testing and tagging of electrical items. Cleaning schedules ensure shared equipment is sanitised between uses.

Based on the Assessment Team’s report, I find all requirements in this Quality Standard compliant.

# 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 described various feedback mechanisms, including management’s open-door policy, forms, and meetings. Staff support verbal feedback, and feedback forms are readily available. Notices and forms are displayed prominently, and documentation confirms effective escalation processes.

Consumers and representatives are aware of advocacy services and the Commission, with contact details in the consumer handbook and throughout the service. Although not utilised, representatives acknowledged the availability of these resources if needed.

The service uses open disclosure practices, with policies guiding staff in complaints resolution. Consumers and representatives expressed confidence in management’s ability to resolve complaints effectively. While some staff were unfamiliar with the term “open disclosure,” they described transparent practices, including incident notifications and apologies when issues arise.

Feedback and complaints are reviewed to drive continuous improvement. Management tracks trends, with actions incorporated into the improvement plan. Representatives expressed satisfaction with the service’s responsiveness and openness to feedback.

Based on the Assessment Team’s report, I find all requirements in this Quality Standard compliant.

# 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. | Not Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

I have assessed this Quality Standard as non-compliant as I am satisfied requirement 7(3)(d) is non-compliant.

The Assessment Team found, while the service demonstrated an efficient onboarding process and ensured staff had necessary qualifications, training provided to staff did not always align with the Quality Standards.

The provider's training programs were found to be based on National Disability Insurance Scheme (NDIS) guidelines rather than the Aged Care Quality Standards. Staff interviews showed a lack of knowledge in Serious Incident Response Scheme (SIRS) and restrictive practices. Despite an identified training gap, management acknowledged the issue and outlined plans to roll out relevant training over the coming months. However, at the time of the site audit, only a small number of staff had completed the new training sessions.

The Assessment Team found the training plan included the implementation of aged care-specific courses, such as person-centred care, the code of conduct, and the Aged Care Quality Standards. However, these courses had not been completed by a sufficient number of staff. While staff had attended training on restrictive practices in July 2024, this training was based on NDIS guidelines, not aged care-specific guidelines.

The provider responded to the Assessment Team’s report and the findings by noting the complexity of the consumer cohort, which includes individuals over 65 years of age with complex disabilities, requiring a blended approach to standards. They outlined plans to update and revise their existing policies, including the Monitoring and Reporting the Use of Regulated Restrictive Practices document, to ensure compliance with both NDIS and the Quality Standards. This document will be updated to reflect the requirements of both standards, with the aim of embedding a culture of minimising restrictive practices into the clinical governance framework. Additionally, they committed to updating staff training and providing specific guidance on the risks associated with restrictive practices, including obtaining informed consent from consumers and their representatives.

The provider also provided evidence of ongoing training, with several education sessions already completed or planned, including specific Aged Care Quality Standards training. The training plan included a range of courses aimed at improving staff knowledge in infection control, falls prevention, restrictive practices and others. The provider also highlighted upcoming face-to-face training sessions and the completion of the staff training program by February 2025.

I have considered the Assessment Team’s report and the provider’s response, including continuous improvement plan and supporting evidence, and I find while the provider has made efforts to address the identified gaps in training, the evidence demonstrated these actions have not yet been fully implemented and embedded in practice. At the time of the site audit, only a small number of staff had completed the required training, and staff knowledge of key areas such as SIRS and restrictive practices was insufficient.

Based on the reasons summarised above, I find requirement 7(3)(d) non-compliant.

In relation to requirements 7(3)(a), 7(3)(b), 7(3)(c) and 7(3)(e), the Assessment Team found the workforce is planned and deployed to deliver safe and quality care. Consumers and representatives expressed satisfaction with staffing levels. Rosters are reviewed regularly, and adjustments, such as adding a support shift overnight, are made based on consumer needs. While agency staff are frequently used, regular staff are maintained to support continuity. Observations showed a calm environment with staff completing tasks without rushing. Staff acknowledged challenges with agency staff unfamiliar with consumers but confirmed no impact on care quality.

Staff interactions with consumers are kind, caring, and respectful. Consumers and representatives expressed satisfaction with staff conduct. Observations confirmed positive and respectful interactions, with staff demonstrating knowledge of individual consumer needs. Management monitors staff conduct through regular walkarounds and feedback mechanisms. Staff are aware of expectations and confident in escalating concerns if needed, although no incidents of misconduct have been reported.

Staff have the qualifications and knowledge to effectively perform their roles. Consumers and representatives reported satisfaction with staff competency. Competencies are monitored via incident reviews, audits, and practice observations. Management ensures staff are prepared for new consumer care needs, adapting training as required.

Staff performance is regularly assessed and reviewed. Staff confirmed participating in performance reviews and receiving ongoing feedback. While some reviews are overdue, an action plan is in place to address this. Performance monitoring is integrated into daily operations through audits, incident reviews, and feedback. No staff are currently under performance management, but processes for addressing underperformance are clearly established.

Based on the Assessment Team’s report, I find requirements 7(3)(a), 7(3)(b), 7(3)(c) and 7(3)(e) compliant.

# 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.
 | Not Compliant |

**Findings**

I have assessed this Quality Standard as non-compliant as I am satisfied requirement 8(3)(e) is non-compliant.

The Assessment Team found while the provider’s clinical governance framework identified accountabilities within the organisation, the service did not demonstrate a culture that fully supported the minimisation of restrictive practices. Despite having policies to guide staff on the implementation of restrictive practices, these were based on the National Disability Insurance Scheme (NDIS) guidelines, which did not align with aged care-specific requirements. Management acknowledged the high use of restrictive practices within the service and expressed their commitment to reducing these practices. However, at the time of the site audit, no significant reduction had been achieved.

Specifically, the use of mechanical restrictive practices, such as bed rails, dignity suits, and lap belts, continued without evidence these were used as a last resort. For example, 10 consumers had bed rails in place, 5 wore dignity suits, and 9 used lap belts. These practices were often described by staff as strategies for managing falls and behaviours, rather than being justified as last-resort interventions. Furthermore, staff did not demonstrate an adequate understanding of the risks associated with these practices, which further highlighted the lack of an evidence-based approach to minimising restraint.

The restrictive practices policy, dated May 2022, did not align with the Quality Standards, as it did not identify the use of restrictive practices as a last resort. Although the organisation had initiated a review of these practices, there was no clear timeline for when the review would be completed. Staff training in restrictive practices, undertaken in July 2024, was based on NDIS guidelines rather than those appropriate for aged care services. While some progress had been made in other areas of clinical governance, such as antimicrobial stewardship and open disclosure, the evidence showed the provider did not have an effective clinical governance framework addressing the minimisation of restrictive practices.

In response, the provider submitted a detailed action plan outlining their commitment to reducing restrictive practices. They acknowledged the high use of restraint within their service and advised a continuous improvement plan was already in place to address this issue. The provider has reviewed and updated several policies and procedures, including those related to restrictive practices, and has prioritised further reviews to ensure alignment with the Strengthened Aged Care Standards. Additionally, the provider has introduced a Behaviour Support Practitioner to work with consumers requiring support for changed behaviours, with a focus on reducing restrictive practices and providing staff with appropriate training and support.

The provider also shared evidence of behaviour support plans for two consumers identified in the Assessment Team’s report, which included strategies for reducing the use of dignity suits and other restrictive measures.

I acknowledge the provider’s response and supporting evidence demonstrating improvement actions in progress. While the provider has acknowledged the need for improvement and has initiated a number of positive changes, these actions have not yet been fully implemented or shown measurable results, with key actions not expected to be completed until later in 2024 or early 2025. Despite the provider’s commitment to improvement and the implementation of positive changes, the provider has not established effective systems and processes to minimise restrictive practices as a last resort.

Based on the reasons summarised above, I find requirement 8(3)(e) non-compliant.

In relation to requirements 8(3)(a), 8(3)(b), 8(3)(c) and 8(3)(d), consumers and representatives confirmed involvement in care planning and regular surveys. Documentation and interviews demonstrated active engagement in improving services, with a consumer survey using pictures and emoticons to assist consumers in answering the questions. Management ensures consumer feedback informs continuous improvement. Day-to-day engagement of staff with consumers supports consumer decisions.

The governing body fosters a culture of safe, inclusive care through policies, oversight committees, and reporting. Sub-committees monitor quality indicators, complaints, and continuous improvement, reporting to the executive group. Policies and a vision statement emphasise accountability and consumer-focused care.

The organisation has governance systems for information management, continuous improvement, financial and workforce governance, regulatory compliance, and feedback. Consumer information is securely managed through paper and electronic systems, with gaps in documentation being addressed by a transition to electronic records. Continuous improvement plans focus on specific service needs, such as wound management and risk tools. Financial processes ensure budgets address care minutes and necessary upgrades, with delegated approvals for out-of-budget spending. Workforce policies ensure staff have the required skills, training, and checks. Feedback and complaints are systematically managed and reported to inform quality improvements across the organisation.

Risk management systems address high-impact risks, incident prevention, and consumer well-being. Policies support managing falls, wounds, and behaviours, with data regularly analysed and reported to the executive group. An incident management system tracks incidents, near misses, and Serious Incident Response Scheme reporting, ensuring timely investigations and compliance with legislative timeframes. Staff are trained to identify and respond to abuse and neglect, fostering a strong reporting culture. Policies encourage consumer autonomy by supporting safe risk-taking and helping consumers live fulfilling lives. Regular high-risk meetings and ongoing staff training support continuous improvements in care quality and risk management practices.

Based on the Assessment Team’s report, I find requirements 8(3)(a), 8(3)(b), 8(3)(c) and 8(3)(d) compliant.

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)