

**Performance Report**

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| Name: | Emmerton Park Aged Care Facility |
| Commission ID: | 8006 |
| Address: | 2-10 Seniors Drive, SMITHTON, Tasmania, 7330 |
| Activity type: | Site Audit |
| Activity date: | 3 December 2024 to 5 December 2024 |
| Performance report date: | 21 January 2025 |
| Service included in this assessment: | Provider: 622 Emmerton Park Inc Service: 4979 Emmerton Park Aged Care Facility |

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 Emmerton Park Aged Care Facility (**the service**) has been prepared by M Murray, 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 approved provider’s response to the Assessment Team’s report received by the Commission on 18 January 2025 acknowledging and accepting the evidence of Assessment Team.
* attachments to the approved provider’s response including a detailed continuous improvement plan.

# 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 | **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**

Ensure clinical staff deliver wound management and pain management in line with a best practice approach and that the resolution of consumers’ wounds and levels of pain are appropriately monitored, documented and managed. Where strategies being used are not resolving a wound or reducing pain seek further advice to promote good skin integrity and optimise pain relief.

Ensure staff are aware of high-risk events in aged care generally, and specifically those occurring at the service, being, falls and swallowing difficulties. Ensure care is delivered in line with the service’s clinical protocols and where any part of the protocol is not undertaken as directed ensure that this decision is based on sound clinical judgement and the reason documented.

**Standard 8**

Ensure all workers understand their specific responsibilities for incident management, how to recognise incidents and near misses, how to assess, record, investigate and respond to incidents and how to support consumers and others affected by incidents.

Ensure workers feel comfortable reporting incidents. Following any incident ensure remedial action is taken. Support the leadership team, when developing any remedial action plan, to consider how to prevent similar incidents occurring and what can be learnt from the incident to improve care and services for other consumers.

# 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 said staff know the consumers well, know what is important to them, and respect their individual cultures, identities and diversity. Lifestyle staff described meeting with consumers and/or representatives to seek information in relation to each consumer’s life story and to understand their cultural needs and wishes. Documentation review evidenced this information is captured to inform the delivery of care and services.

Management undertakes audits to monitor that care and services are delivered in a culturally safe way for consumers. Staff refer to care planning documents to inform themselves about how care and services need to be delivered to ensure culturally safety for each consumer. Consumers are satisfied staff deliver care and services in a culturally safe way.

Staff described the importance of understanding consumers’ choices about how care and services are delivered. Staff are providing support to ensure all consumers understand their right to make choices, including consumers with communication barriers and those living with dementia.

Consumers and representatives were confident consumers are encouraged and supported to have care delivered in line with their preferences, and are encouraged to make choices, maintain relationships and remain as independent as possible.

The service has policies on risk management and dignity of risk. Staff said they talk to consumers and representatives to determine what is important to each consumer and how they can support them to live their best lives. Consumers described making informed choices about balancing their independence and risk, such as the risk of falling while still actively gardening. Consumers described being satisfied with the options offered when making decisions. Documentation evidenced consumers being offered choices around care and services and their decisions.

Consumers and representatives said they receive information that is current and easy to understand, describing receiving newsletters and verbal updates, and checking noticeboards to keep up to date. Representatives said they receive regular financial updates.

Staff said they have received education on privacy and confidentiality and the service has a policy on privacy and confidentiality. Consumers and representatives said they were confident consumers’ privacy is respected and information kept confidential.

# 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

Clinical staff explained utilising admission forms to ensure timely completion of risk-based assessments on entry to the service. Assessment and care planning documentation reflected up-to-date assessments. Documentation review confirmed risk-based assessments are undertaken, including for the use of restrictive practices, with suitable strategies being developed to minimise risk, limit their use and inform safe care delivery.

Consumers and representatives said they are involved in assessment of consumers’ needs and planning, and were confident the information captured was reflective of the consumer’s current needs, goals, preferences and decisions.

Clinical staff described the service’s process of developing advance care directives and recording end of life wishes on admission. A review of consumer files identified advance care wishes are recorded, as and when, consumers and representatives are comfortable to have these conversations.

The Assessment Team reported care planning is undertaken in partnership with consumers, representatives, general practitioners, allied health professionals, social workers and dementia support services.

Consumers receive a copy of their care plan, and it is provided to other people nominated by the consumer. Staff have easy access to relevant care planning and lifestyle information via the service’s electronic care management system.

Care plans are kept up to date with amendments made as required for any changed needs, following for example a stay in hospital, a fall or any deterioration in the consumer’s health or well-being.

# 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

Requirement 3(3)(a)

The Assessment Team reported that while the service demonstrated systems in place to identify and monitor restrictive practices, clinical staff are not delivering wound management and pain management in line with evidence based best practice. The Assessment Team provided the following evidence relevant to my finding:

A consumer with a stage 4 pressure injury requiring daily wound dressings and specific wound products did not receive their care as planned or specified. Staff did not demonstrate that wound management had occurred daily and could not explain why specified wound products were not being consistently used. The Assessment Team, following a review of the consumer’s documentation spanning 2 weeks, could not ascertain the current staging of the pressure injury, its size or depth. The team noted pain management did not appear to have been considered as part of the consumer’s wound management regime and pain charting was not evident.

Staff do not, in their day-to-day practice, monitor the effectiveness of ‘as required’ pain relief medication when it is provided to consumers. A consumer with leg pain was provided pain relief 4 times over a 3-day period with no evaluation to determine if the medication was effective in reducing their pain. A second consumer who was commenced on a new style of medication in the form of a slow-release analgesic patch, did not have their level of pain monitored or charted. A general practitioner noted the consumer reported no reduction in their pain over the previous 7 days. The Assessment Team’s report acknowledges one file entry regarding a pain assessment for the consumer, made by a student on work placement.

The management of restrictive practices including the use of psychotropic medications is being undertaken in line with evidence based best practice.

In coming to my finding, I have considered the Assessment Team report, and the approved provider’s response.

I acknowledge the detailed continuous improvement plan submitted by the approved provider together with evidence of further clinical training events. I also note the engagement of a wound specialist to support the clinical staff at the service.

Based on the information summarised above, I am not satisfied the service’s practices are supporting optimal clinical care. I find the provider non-compliant with Requirement 3(3)(a) in Standard 3 Personal care and clinical care.

Requirement 3(3)(b)

The Assessment Team reported that the service is not effectively managing high impact and/or high prevalence risks.

The Assessment Team provided the following evidence relevant to my finding:

The service was unable to demonstrate the consistent reporting and/or escalation of consumer risks or that staff follow the service’s risk management policies and/or procedures.

Policies and procedures outline falls prevention and post fall management requirements, including that all consumers who fall are to be reviewed by a physiotherapist. The Assessment Team reviewed care planning documentation across several falls incidents and did not find evidence of physiotherapist reviews occurring. Registered nurses said they do not routinely notify the physiotherapist when a consumer has fallen. Physiotherapists said they only review a consumer if they receive a referral from a nurse.

A consumer who fell 5 times in a 6-month period was not reviewed by a physiotherapist following their falls.

The service’s policy outlines post fall management includes a pain assessment and/or pain charting is to occur. 3 consumers with recent unwitnessed falls did not have a pain assessment documented.

While care staff are writing progress notes if an event occurs which impacts the health of a consumer this information is not always captured in the service’s incident management system and the event is not always clinically reviewed and/or managed.

The Assessment Team, through progress note review, identified an incident of injury to a consumer allegedly as a result of poor practice. This incident was not appropriately investigated by clinical staff. Care staff noted for another consumer that the consumer had reported a choking episode while eating. This information was not captured in the service’s incident management system, and it was unclear if a clinical review of the consumer had occurred.

In coming to my finding, I have considered the Assessment Team report, and the approved provider’s response.

I acknowledge the detailed continuous improvement plan submitted by the approved provider. I note other documents submitted, including revised communication tools and policies, including the Falls Prevention Policy.

Based on the information summarised above, I am satisfied that consumers who have experienced falls and swallowing difficulties have not received optimal clinical review and care. I find the provider non-compliant with Requirement 3(3)(b) in Standard 3 Personal care and clinical care.

Requirements 3(3)(c), 3(3)(d), 3(3)(e), 3(3)(f), 3(3)(g)

Clinical staff said they have the resources and support to provide palliative care to consumers living at the service. They described how general practitioners review consumers approaching end-of-life and prescribe medication to manage pain and agitation. Clinical staff regularly refer consumers to a local palliative care specialist. Documentation review evidenced coordinated end-of-life care planning and delivery.

Consumers are observed by staff for any deterioration in their health and clinical staff either support the consumer at the service, liaise with the medical in-reach team and/or facilitate a transfer to hospital. Consumers experiencing deterioration, including those recently returned from hospital were satisfied with the timely response of staff.

Staff reported, and the Assessment Team found, information relating to consumers' conditions, needs and preferences is shared via the service’s electronic care management system, at shift handovers and via emails. Staff are satisfied they have the relevant information to undertake their roles and responsibilities. The system includes information from external organisations about consumers’ treatments and recommended care interventions. This information informs the delivery of clinical and personal care.

Staff discussed the various referral options available depending upon the consumer’s care needs. Consumers have been appropriately referred for review by the podiatrist, dietitian and speech pathologist.

The infection prevention and control lead explained how they advise on and oversee the measures the service has in place to prevent and respond to infectious diseases. Review of clinical meeting minutes demonstrated antimicrobial stewardship and infection control discussions. The service has policies and procedures for infection control and an up-to-date outbreak management plan for gastroenteritis, COVID-19 and acute respiratory infections in line with national guidelines.

# 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 said they were satisfied with the services and support provided to them and believed their needs, goals and preferences were met. Consumers said staff support them to live as independently as possible, and support them to maintain their health, well-being and quality of life. Management and staff described consumers’ needs and demonstrated knowledge of consumers’ preferences and goals. Staff provided examples of the service tailoring delivery of services and supports to meet consumers’ preferences and maintain their independence. Care plans are developed in consultation with consumers and/or their representatives with individual needs, goals, and preferences for support services documented.

The service has a policy on providing emotional support. Consumers and representatives were confident the way services and supports are provided to consumers promotes their emotional, spiritual and psychological well-being. Staff are sensitive to each consumer’s different situation and how being in aged care may impact them emotionally and psychologically.

Consumers reported being engaged with their local community and maintaining their social relationships in the town by attending local group activities, religious services and different events. Management said maintaining community connections is important to many consumers at the service, some of whom have lived in the small town most of their life. Lifestyle staff said they utilise the service’s bus to support ongoing community participation.

Staff reported, and the Assessment Team found, information relating to consumers' lifestyle preferences is shared via the service’s electronic care management system, at shift handovers and via emails. Lifestyle staff are satisfied they have the relevant information to undertake their roles and responsibilities. The system includes information from external organisations where responsibilities or funding for care delivery overlap. This information informs the delivery of support services.

Staff discussed the various referral options available depending upon the consumer’s support needs. Consumers have been appropriately referred to the service’s social worker who can facilitate referrals to other individuals and organisations who can support the consumer.

The chef explained that 2 main meal choices are offered each day at lunch with additional options being sandwiches and salads. There are processes to inform staff of consumers’ meal and drink preferences, as well as any allergies, food intolerances and modified food needs. Consumers and representatives said the meals were of a high quality and consumers had suitable and varied options every day.

The service has a nutritionist onsite who works with the chef to design the menu. The service has recently contracted a dietitian to assist with future menu planning.

The Assessment Team reported the equipment maintenance schedule for the current year was up to date. Maintenance staff provided evidence of contractors who attend the service to undertake specialised servicing and maintenance for example of hoists and electric wheelchairs.

# 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 described the service as easy to navigate and ‘homely’. Consumers said they are encouraged to use all communal areas and spoke of their preferred areas which included the gardens. Consumers described the communal area as welcoming and said they are comfortable using the nearby kitchen to prepare drinks and snacks for themselves during the day.

The Assessment Team reported the service was well lit with natural light. A communal area designed for consumers with a cognitive impairment had clearly identifiable boxes containing sensory items, memory games, puzzles, doll therapy, clothes and bandages to fold.

Cleaning staff described the cleaning schedule for consumers’ rooms and common areas and how they manage infectious outbreaks. Consumers and representatives were satisfied with the cleanliness of the service environment, saying it is well maintained, there is good signage to direct them, and consumers can move freely both inside and outside the building.

Management and staff outlined how ongoing assessments ensure furniture, fittings and communal equipment meet consumers’ needs and described the process of cleaning shared equipment after use. Consumers expressed satisfaction with the comfort of the furniture and said staff make the effort to keep up the appearance of the service. The Assessment Team observed furniture in communal areas to be in good condition, appropriate for consumers’ use and clean.

# 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 said they are encouraged and feel supported to provide feedback and make complaints. The Assessment Team observed feedback forms and confidential boxes around the service. Consumers reported being comfortable raising any concern directly with management.

Staff across various roles said they are aware of advocacy services available to consumers. Consumers and representatives said the service has access to advocacy services and often discusses accessing these services in resident meetings. The service has a complaints policy and process that includes information and contact details for advocacy and language services.

Consumers and representatives were satisfied with how complaints are followed up and actioned and said management and staff work with them to find a resolution.

Management described how feedback and complaints are reviewed and used to inform the service’s continuous planning and improve the quality of consumer care and services. Management said they manage complaints as they arise, including undertaking open disclosure. Consumers described being involved in the resolution of their complaints and receiving an apology from the service. The Assessment Team reported timely action is taken to resolve feedback and complaints and management and staff were knowledgeable about the complaints process, including undertaking open disclosure.

The service demonstrated feedback, compliments and complaints are used to improve the quality of care and services. The Assessment Team viewed various documents reflecting feedback from consumers has resulted in service improvements, such as an increased number of buffet breakfasts days.

# 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 were satisfied the service has enough staff to ensure the provision of safe and quality care. Care and clinical staff provided positive feedback on the level of staffing at the service and said they have enough time to provide quality care to consumers.

Management described the workforce is made up of full and part time staff as well as a casual staff pool. They explained the roster is reviewed regularly to ensure the appropriate mix of qualified staff are rostered on daily, and staff said shifts are backfilled for planned and unplanned leave as required. Documentation review showed appropriate levels of staffing over the preceding 4-week period with all shifts filled.

Consumers and representatives said staff are kind and caring, and do not rush consumers. Staff were observed engaging with consumers in a kind, gentle and respectful manner.

Staff described the employment onboarding process and the requirement to provide evidence of their qualifications and vaccination status prior to being offered a role at the service. Management said staff are required to complete mandatory training as well as being offered training throughout the year, and the service’s training calendar reflected feedback from consumers and staff. Training calendars showed a range of relevant training in line with the Aged Care Quality Standards and Requirements.

Management and staff described the annual performance reviews for each staff member and the opportunity to provide and receive feedback during this time and throughout their employment.

# 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.
 | Not 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**

Requirement 8(3)(d)

The Assessment Team reported that the service does not have effective risk management systems and practices in relation to managing high-impact or high-prevalence risks associated with the care of consumers, or for managing and preventing incidents.

The Assessment Team provided the following evidence relevant to my finding:

The service has a risk management framework including policies in relation to risk, abuse and neglect of consumers, incident management, mandatory reporting and supporting consumers to live their best lives and uses an incident management system.

While individual incidents, if reported, are managed, members of the governing body are not fully informed of all incidents as they are not being recorded in the incident management system. Deficits in risk management systems mean the governing body does not have line of sight to the quality of care being delivered by the service for all consumers. Strategic decisions by the governing body to direct the service are not fully informed.

The Assessment Team reported that an incident which occurs for one individual is not more broadly considered across the consumer cohort. Broader consideration may prevent or minimise the risk of other consumers being impacted by sub optimal clinical care, a lack of nursing interventions and/or delayed intervention by allied health professionals.

Internal continuous quality improvement systems such as audits have not been effective in identifying the under reporting and/or lack of management of clinical events.

The Assessment Team reported the service does have effective risk management systems for identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can.

In coming to my finding, I have considered the Assessment Team report, and the approved provider’s response.

I acknowledge the detailed continuous improvement plan submitted by the approved provider. I note in the approved provider’s response that the governing body is taking steps to ensure it has a clearer line of sight to the quality and safety of clinical care being delivered to consumers. Steps include strengthening the effectiveness of the incident management system and reviewing the risk policy and risk framework.

Based on the information summarised above, I am satisfied the service’s practices have not demonstrated the governing body has implemented an effective incident management system. I find the provider non-compliant with Requirement 8(3)(d) in Standard 8 Organisational governance.

Requirements 8(3)(a), 8(3)(b), 8(3)(c) and 8(3)(e)

Consumers and representatives said the service is, in various ways, consistently seeking their feedback. Consumers said they always provide input and are encouraged to take part in regular consultations and meetings. Management demonstrated it is forming a Consumer Advisory Body with an initial meeting scheduled for February 2025.

Management and the clinical governance committee provide regular monthly and quarterly reports to the Board which detail incident trends, feedback, complaints and continuous improvement. Where incident trends and gaps in systems and/or staff practices are identified, they are included in the service’s plan for continuous improvement (PCI) for action and reported to the relevant committee for consideration of required changes to policies and procedures. Results are communicated to the service through reports to the Board and the clinical governance committee. The Board communicates with consumers, representatives and staff through meetings, newsletters and other communications.

The Assessment Team report outlines there are effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service has a clinical governance framework and a medication advisory committee in place. There are accessible policies and procedures in relation to antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff spoke to these topics with confidence. The Assessment Team noted systems to record, monitor, trend and analyse antimicrobial usage, that an apology is provided to consumers if things go wrong, and that the service is using restrictive practices as a last resort and for the least amount of time possible.

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)