Performance

Report

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| Name of service: | Emmerton Park Aged Care Facility |
| Service address: | 2-10 Seniors Drive, Smithton, TAS 7330 |
| Commission ID: | 8006 |
| Approved provider: | Emmerton Park Inc |
| Activity type: | Site Audit |
| Activity date: | 23 August 2022 to 25 August 2022 |
| Performance report date: | 14 October 2022 |

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 A Redden, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the Assessment Team’s report for the Site Audit, the site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 19 September 2022.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-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 | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 2(3)(a) – the Approved Provider ensures assessment and planning considers risks to the consumer’s health and well-being and informs the delivery of safe and effective care and services.
* Requirement 2(3)(e) – the Approved Provider ensures care and services are reviewed regularly for effectiveness, and when circumstances change, or incidents occur, that impact on the needs, goals or preferences of the consumer.
* Requirement 3(3)(a) – the Approved Provider ensures each consumer gets safe and effective personal and clinical care, that is best practice, tailored to their needs and optimises their health and well-being.
* Requirement 3(3)(b) – the Approved Provider ensures effective management of high impact or high prevalence risks associated with the care of each consumer, including falls, behaviours, and use of restrictive practices.
* Requirement 3(3)(e) – the Approved Provider ensures information about consumers’ condition, needs and preferences is documented and communicated effectively within the organisation.
* Requirement 7(3)(d) – the Approved Provider ensures training, learning and development needs of the workforce are regularly reviewed to ensure their practice is improving care outcomes for consumers and the service’s training program meets the outcomes required by the Quality Standards.
* Requirement 8(3)(c) – the Approved Provider ensures there are effective organisation wide governance systems relating to information management and regulatory compliance.
* Requirement 8(3)(d) – the Approved Provider ensures there are effective risk management systems and practices related to managing high impact or high prevalence risks associated the care of consumers and managing and preventing incidents, including the use of an incident management system.
* Requirement 8(3)(e) – the Approved Provider ensures where clinical care is provided, there are effective clinical governance systems in place that improve the outcomes for 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 their representatives said consumers are treated with dignity and respect, and their identity, culture and diversity are valued as individuals. Staff were mostly observed treating consumers with respect and demonstrated understanding of individual choices and preferences. Staff provided examples of how they support consumers to make decisions. Care planning documentation reviewed reflected consumers’ interests, including interests of cultural significance.

Consumers and their representatives said they are satisfied consumers are supported to exercise their own choice, independence, and decision making about how care and services are delivered to meet their needs. Staff were observed assisting consumers to maintain relationships with their family and friends. Consumers are supported to take risks and live their best life. Staff provided meaningful examples of how they assist consumers in doing what they want to do.

Consumers expressed satisfaction that information provided by the service is current, easy to understand, and enables them to exercise choice. Staff described how they use different methods to communicate with consumers. Consumers, staff and observations confirmed consumers’ privacy is respected and personal information is 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. | Non-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. | Non-compliant |

Findings

I have found this Quality Standard non-compliant as I am satisfied the requirements 2(3)(a) and 2(3)(e) are non-compliant.

* Regarding requirement 2(3)(a)

The Site Audit report identified four named consumers where assessment and planning did not adequately address or consider risks to consumer’s health and well-being, including risks related to falls, pain, mobility, specialised nursing care and restrictive practice. For new consumers at the service, interim care planning was not always completed to inform safe care. The service’s procedure of completing documentation for new consumers did not prioritize completing risk assessments for known risks or specialised nursing care needs for consumers.

The Approved Provider response included some supporting information and clinical record extracts. Regarding the service’s procedure, the Approved Provider stated they have recognised gaps in their policies and procedures and are in the process of implementing a new system. While I acknowledge the Approved Provider’s commitment, I consider actions implemented will require time to demonstrate effectiveness. Consequently, I find inconsistent procedure supports non-compliance as it does not support staff in consideration of risks during assessment and planning.

One named consumer who recently entered the service did not have an interim care plan to inform their care. The consumer demonstrated signs of pain, however, completion of pain or medication assessments was not considered. The Approved Provider said the consumer’s entry to the service was an emergency. While the interim care plan was missed due to unknown reasons and pain charting was not completed, progress notes referred to basic care needs and evidenced pain monitoring. The consumer’s extended care plan is now being compiled. While I accept some information may have been documented in progress notes, I find this example supports non-compliance as it demonstrates ineffective assessment and planning to inform safe care delivery.

For the second named consumer, interim care plan or assessments did not include interventions to manage risks associated with falls, mechanical restrictive practice, and two of the consumer’s specialised nursing care needs. For the third named consumer, the interim care plan did not include non-pharmacological strategies for behaviour management. For the fourth named consumer who displayed inappropriate behaviours, risks related to the behaviours were not considered during assessment or planning, and one behaviour management strategy was noted for all behaviours.

Risks for some consumers having built-in mechanical restrictive practice in their beds were not considered and appropriate assessments were not completed.

The Approved Provider’s response identified it takes around a month to complete comprehensive assessment and planning for new consumers. The response stated for some named consumers, some information was documented in their care plan, however, overall acknowledged documentation and assessment processes needs improving. The service have since completed comprehensive assessments and planning for the identified consumers.

I consider further improvement and time is required to demonstrate compliance with this requirement. As such, I find overall assessment and planning for identified consumers did not contain sufficient information or considered risks to inform the delivery of safe and effective care for consumers. Therefore, I find requirement 2(3)(a) is non-compliant.

* Regarding requirement 2(3)(e)

The Site Audit report brought forward examples of three named consumers whose care and services were not always reviewed when circumstances changed, or incidents occurred.

Regarding one named consumer whose falls risk assessment was not completed until several days after a fall, the Approved Provider’s response provided clarity. As such, I have not considered this example in determining non-compliance.

For the second named consumer, their care planning documentation was not reviewed after a behavioural incident impacted on the consumer. For the third named consumer, reviews were not completed to implement new or evaluate existing preventative strategies after several inappropriate behavioural incidents occurred towards staff and other consumers. The response indicated it has been difficult to find the right intervention for the consumer. The consumer has been referred to advocacy services since the audit. I consider these examples demonstrates non-compliance as ineffective reviews of care and services have continued to impact on consumers.

Overall, I consider care and services are not reviewed for effectiveness when consumers’ circumstances change, or incidents occur. Therefore, I find requirement 2(3)(e) is non-compliant.

The Assessment Team recommended requirement 2(3)(b) was not met. I have considered the Assessment Team’s findings; the evidence documented in the Site Audit Report and the Approved Provider’s response and find the service compliant for requirement 2(3)(b).

* Regarding requirement 2(3)(b)

The Site Audit report reflected assessment and care planning documentation identified advance care planning and end of life planning as per consumers’ needs and wishes. However, for three named consumers, their interim or ongoing care planning did not always identify or address consumer’s needs or include sufficient strategies to minimise behaviours. I have considered and further discussed the deficits relating to the three named consumers under requirement 2(3)(a). I do not consider it relevant to also record non-compliance for the same issues at this requirement.

Overall, I consider assessment and planning identifies and addresses current needs, goals and preferences for most consumers, including advance care planning and end of life planning. Therefore, I find requirement 2(3)(b) is compliant.

Regarding the remaining requirements, consumers and their representatives described how they have been involved in assessment and planning of care. Care documentation includes other organisations or individuals where relevant. Outcomes of assessments generally informs consumers’ care plans and staff described how they make care plans readily available for consumers or their representatives when requested.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-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. | Non-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 found this Quality Standard as non-compliant as I am satisfied the requirements 3(3)(a). 3(3)(b) and 3(3)(e) are non-compliant.

* Regarding requirement 3(3)(a) and 3(3)(b)

The Site Audit report identified deficits regarding personal and clinical care provided to consumers and management of high impact high prevalence risks. This included deficits in management of wounds, falls, behaviours, medications, pain, use of psychotropic medications and restrictive practices.

Regarding one named consumer who had a fall with head strike, neurological observations were not completed as per the service’s policy, pain monitoring was not implemented, and some blood glucose levels were not recorded. For another fall, lack of investigation or actions to prevent reoccurrence was noted. While a strategy was implemented, an incident report or monitoring was not completed when the consumer’s foot was stuck in a mechanical restrictive practice equipment. Deficits were also identified in the process of administering glucose level managing medication, which the Approved Provider clarified were only documentation errors and did not have an impact on the consumer. Overall, I consider the identified deficits reflect clinical care that is not best practice, does not optimise well-being and ineffective management of associated risks.

Regarding the second named consumer, non-pharmacological interventions have not been recorded prior to the administration of as required chemical restrictive practice medication, and no informed consent is in place for the use of the medication. Deficits were also identified in behaviour management. An incident report was not completed, and no preventative strategies were implemented after a behavioural incident impacted on the consumer. The Approved Provider clarified the medical officer is in the process of reviewing the consumer’s medications. The response stated strategies were implemented to support the consumer after the incident. I acknowledge the Approved Provider’s response, however, overall consider deficits identified need further improvement and management. I find this example does not reflect best practice care or effective management of behaviours and associated risks.

The third named consumer continued to display inappropriate behaviours towards other consumers and staff. In addition to lack of behaviour management strategies, the service have not completed any assessments or engaged with external resources to determine the consumer’s capacity or implemented supports to manage the behaviours. Staff reported not feeling safe around the consumer. The response indicated it has been difficult to find the right intervention for the consumer. The consumer has been referred to advocacy services since the audit. I consider the deficiencies have not been pre-emptively addressed by the service and actions taken require time to demonstrate effectiveness. As such, I find this example reflects ineffective management of behaviours.

Regarding the fourth named consumer, wound photos were not always taken consistently to monitor wound progression. The efficacy of as required pain relieving medications was not always recorded. I find this example reflects clinical care that is not best practice.

The remaining evidence brought forward in the Site Audit report was clarified by the Approved Provider’s response and have not been considered in determining my decision of non-compliance.

For the reasons outlined above, I consider consumers did not receive safe, effective and best practice personal and clinical care, and their high impact or high prevalence risks were not effectively managed. Therefore, I find requirements 3(3)(a) and 3(3)(b) are non-compliant.

* Regarding requirement 3(3)(e)

The Site Audit report discussed sufficient information about consumers’ care needs was not documented and communicated between staff. Verbal and written handover process was not effective in informing staff of consumers’ care needs or changes. Information in monitoring charts, care planning documentation, assessments, and medication charts was not always consistent, as also discussed under Standard 2 and 3.

The report brought forward examples of impact on two named consumers whose wishes or changes about medications were not addressed as they were not communicated between staff. The Approved Provider stated changes in consumers’ care needs are written in the communication book, however, at times, staff may not have followed the process of checking progress notes or the communication book.

I have placed weight on the evidence presented in the Site Audit report with examples of impact evident on consumers. I find information about consumers’ condition, needs and preferences is not documented or communicated effectively within the organisation. Therefore, I find requirement 3(3)(e) is non-compliant.

I am satisfied the remaining four requirements of Quality Standard 3 are compliant.

The service has a suite of palliative materials and resources to provide comfort care to consumers, including specialists palliative care services. A consumer representative expressed satisfaction regarding the delivery of end of life care for the consumer. Care documentation showed changes in consumers’ condition are identified and responded to in a timely manner. Staff explained how they report changes to senior staff or medical officers.

The service has access to a range of other providers of care and services, which generally meet the needs of consumers. Staff interviewed demonstrated an understanding of practices to promote appropriate antibiotic prescribing. Staff were generally observed to follow infection prevention and control practices.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | 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 confirmed they are supported to achieve their individual goals, and their needs and preferences are met. Staff were observed assisting consumers to participate in activities and social events. Consumers said their emotional, spiritual and psychological needs are supported and they can stay in touch with their family and friends. Staff described familial and personal relationships of consumers and knew their interests.

Consumers are supported to participate in their community within and outside the service environment and expressed satisfaction with the supports provided by the service. Care planning documents mostly contained information regarding consumer interests and relationships. Lifestyle staff said they are mostly informed of changes to consumer needs through handover meetings and written notes. Staff described how they liaise with other organisations and community groups to meet consumer needs, and referrals occur in a timely manner.

Most consumers expressed satisfaction with the quality and quantity of meals provided by the service. Inconsistencies were noted in dietary documentation used by the catering staff for some consumers, however, no consumer impact was brought forward. Equipment was observed to be safe, clean, and well-maintained for consumer and staff use.

# 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 provided feedback regarding the layout and functionality of the service environment. The environment was observed to be welcoming and offered a range of communal spaces that optimised consumer engagement and interaction. Staff described how they make consumers feel at home.

Consumers were observed to move freely around the service, and the environment was safe, clean, well-maintained and comfortable. Staff confirmed maintenance requests are completed in a timely manner and described how they escalate urgent maintenance requests.

Consumers and representatives expressed satisfaction in relation to the cleanliness and maintenance of furniture, fittings and equipment. A variety of equipment was observed to be available for individual consumer needs.

# 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 said they are encouraged and supported to provide feedback and make complaints. Consumers identified alternative ways to seek resolution of a complaint, including putting complaints in the service’s compliments and complaints box or raising concerns at the consumers’ meeting. Staff described consumers have access to advocacy services and how they support consumers with communication difficulties to provide feedback.

Consumers said appropriate action is taken in response to complaints. Staff described using open disclosure process in response to complaints. Continuous improvement log evidenced how feedback and complaints informs individual and service improvements. Staff identified changes made as a result of feedback or complaints, including the change in staff name tags.

# 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. | Non-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 found this Quality Standard as non-compliant as I am satisfied the requirement 7(3)(d) is non-compliant.

* Regarding requirement 7(3)(d)

The Site Audit report identified deficits in staff training related to managing of incidents, reporting of incidents to Serious Incident Response Scheme (SIRS), restrictive practices, open disclosure and additional education relevant to the Quality Standards. Staff have not completed formal catherization competencies. Staff said they are not aware of a resource to guide them in reporting outside of the usual incidents. Due to lack of a regular physiotherapist, staff complete mobility, equipment and falls assessments. Staff said they have limited experience and did not feel equipped to complete these assessments. Deficits in staff training and practice impacted on consumers, as discussed under Standard 3.

The Approved Provider said they have continually offered training to staff, however, COVID-19 has impacted on various training opportunities. However, the service has used virtual training as an option. The response stated registered staff are trained by the physiotherapist to complete assessments and manual handling training has also occurred after the audit. The response noted training has been provided on restrictive practices, SIRS reporting and other additional areas relevant to the Quality Standards.

I consider while training is provided, the service has not reviewed the training, learning and development needs of the workforce regularly to ensure their practice is improving care outcomes for consumers. I have placed weight on staff feedback and deficits identified in staff practice under Standard 3. I find the workforce is not trained, equipped or supported to deliver the outcomes required by the Quality Standards. Therefore, I find requirement 7(3)(d) is non-compliant.

The Assessment Team recommended requirement 7(3)(c) was not met. I have considered the Assessment Team’s findings; the evidence documented in the Site Audit Report and the Approved Provider’s response and find the service compliant for requirement 7(3)(c).

* Regarding requirement 7(3)(c)

The Site Audit report identified staff have the relevant qualifications but are not always competent or knowledgeable to perform their roles. Having regard the evidence presented in the report, I consider deficits in staff knowledge are related to lack of support and training provided to staff, which is better suited and dealt with under requirement 7(3)(d). The Approved Provider stated staff’s competency and training records are monitored.

Overall, the service has position descriptions for different roles for staff to know their responsibilities and accountabilities. The workforce is qualified, mostly competent and has the knowledge to perform their roles. Where deficits have been identified, they have been discussed under requirement 7(3)(d). Therefore, I find requirement 7(3)(c) is compliant.

Regarding the remaining requirements, consumers said the service has enough staff and most of their call bells are answered promptly. Staff said consumers receive adequate care, however, care documentation is not always completed due to lack of time. The service has recently employed two new care staff and is currently recruiting for more staff.

Consumers said they are treated with kindness, care and respect, which was consistent with the Assessment Team’s observations. Assessment, monitoring, and review of staff’s performance is completed annually through staff appraisals. Staff confirmed having an appraisal, and the process also included identification of their goals and targets for the upcoming year.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Non-compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Non-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. | Non-compliant |

Findings

I have found this Quality Standard as non-compliant as I am satisfied requirements 8(3)(c), 8(3)(d) and 8(3)(e) are non-compliant.

* Regarding requirement 8(3)(c)

While the service has functional governance systems in place for financial governance, feedback and complaints, continuous improvement systems, the Site Audit report brought forward deficits relating to information management, workforce governance, and regulatory compliance governance systems.

Regarding information management systems, information provided to the workforce is not always current or accurate. Some policies contained incorrect or outdated information. Staff handbook does not entail all the information about priority one SIRS reportable incidents. Senior staff were not aware of how to access policies. Inconsistent information was noted in consumers’ care planning documentation as discussed under Standard 2. The Approved Provider stated they have recognised gaps in their policies and procedures and are in the process of implementing a new system. I consider further improvement is required and actions implemented will require time to demonstrate effectiveness. As such, I find this this evidences ineffective information management systems and processes.

Regarding regulatory compliance, the service’s policy on restrictive practices and SIRS does not reflect the current legislative requirements. Some consumers did not have an informed consent, appropriate assessment or a behavioural support plan in place for the use of restrictive practices, including the consumers having built-in bed rails in their beds. Restrictive practice was not always used as a last resort as discussed under Standard 3. The service did not follow SIRS reporting guidelines and did not report 2 relevant SIRS incidents. During the Site Audit, management stated they would report these incidents within the allowable time frame. I find this evidences ineffective regulatory compliance systems.

The Site Audit report identified deficits in staff training resulted in failure of workforce governance systems. I do not consider these deficits are sufficient to demonstrate governance wide failure as there was evidence in the Site Audit report of workforce planning, review, and monitoring processes. I have considered staff training deficits under requirement 7(3)(d). As such, I find the service has effective workforce governance systems.

I am satisfied some of the organisation’s governance systems were not operating effectively to pre-emptively identify and address deficiencies, specifically in relation to information management and regulatory compliance governance systems. Therefore, I find requirement 8(3)(c) is non-compliant.

* Regarding requirement 8(3)(d)

The Site Audit report reflected the service’s systems and process related to management of high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, and management and prevention of incidents were ineffective. The service does not have a distinct policy or a process to guide staff on the identification and management of high impact and high prevalence risks. Risks related to falls, behaviours, restrictive practices and specialised nursing care were not always documented or managed effectively as discussed under Standard 3. Incident reports were not always completed, and incidents are not always effectively managed, as discussed under Standard 3. Some related policies contained incorrect or outdated information.

The Approved Provider’s response is noted under relevant standards. I find the evidence presented in the Site Audit report is sufficient to demonstrate failure of the service’s risk management systems and practices as they did not identify and assess risks to the health, safety and well-being of consumers. The service did not effectively use the incident management system to prevent and manage some incidents. The service’s risk management systems did not pre-emptively identify and address deficiencies prior to the Site Audit. Therefore, I find requirement 8(3)(d) is non-compliant.

* Regarding requirement 8(3)(e)

During the Site Audit, the service did not provide a documented clinical governance framework inclusive of antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. However, the Approved Provider submitted their open disclosure policy, clinical governance reports, and antimicrobial stewardship reports.

While I acknowledge some clinical governance policies were in place, they were not effective to provide quality care to consumers. The service did not demonstrate it minimised the use of restrictive practices as restrictive practice was not always used as a last resort and the service’s policy did not align with the new legislative requirements of restrictive practice. Staff interviews demonstrated lack of understanding of restrictive practices and open disclosure process. The clinical governance meetings did not specifically discuss antimicrobial stewardship, restrictive practice or open disclosure. The Approved Provider said they could make improvements on their antimicrobial stewardship and restrictive practice reports.

Overall, the service did not demonstrate effective clinical governance, safety and quality systems. These systems did not maintain and improve the safety and quality of clinical care, or improved outcomes for consumers. Consumers were negatively impacted as a result of the deficits identified in the delivery of clinical care, as evidenced by non-compliance in Standard 3. The service’s clinical governance systems did not pre-emptively identify and address deficiencies prior to the Site Audit. Therefore, I find requirement 8(3)(e) is non-compliant.

I am satisfied the remaining 2 requirements of Quality Standard 8 are compliant.

Consumers are overall engaged in the design, delivery and evaluation of care and services, including through consumer meetings, representation in Board meetings, and surveys. The governing body makes changes as a result of consumer feedback and experience, and communicates with consumers, representatives and staff on updates and changes to legislation or standards.

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)