

Enforceable Undertaking

Aged Care Quality and Safety Commission Act 2018

Section 74EC

Regulatory Powers (Standard Provisions) Act 2014

Section 114

The commitments in this undertaking are offered to the Aged Care Quality and Safety Commissioner by:

Warrina Innisfail

ABN 21 290 070 553

RACS 5076

Warrina Street Innisfail QLD 4860

1 General information

1.1 Details of the provider

Item	Details
Provider name	Warrina Innisfail ABN 21 290 070 553 (the Provider)
Registered address	Warrina Street, Innisfail QLD 4860 (the Service)
Telephone	(07) 4030 2500

1.2 Commencement

This Enforceable Undertaking (**Undertaking**) comes into effect when the Aged Care Quality and Safety Commissioner (**ACQSC**) accepts the Undertaking.

On and from that date, the Provider undertakes to assume the obligations in Clauses 3 and 4.

2 Background

2.1 Statement regarding non-compliance

The Provider acknowledges that the care and services provided by it do not meet the Aged Care Quality Standards (**the Standards**) and its failure to comply with the Standards has resulted in harm to residents. The Provider is continuing to address the non-compliance, to ensure the Service returns to compliance, and any risks to the safety, health and wellbeing of residents are addressed.

2.2 Circumstances leading to the sanction

On 1 November 2022 and 2 November 2022, ACQSC quality assessors conducted an unannounced performance assessment at the Service following episodes of sub-standard care and clinical outcomes for residents.

The ACQSC determined that four (4) of the Standards were not met by the Provider, as outlined below in bold text:

- Standard 1 – Resident dignity and choice
- **Standard 2 – Ongoing assessment and planning with residents**
- **Standard 3 – Personal care and clinical care**
- **Standard 4 – Services and supports for daily living**
- Standard 5 – Organisation's service environment
- Standard 6 – Feedback and complaints
- Standard 7 – Human resources
- **Standard 8 – Organisational governance**

2.3 Sanction and Provider requirements

Severe and immediate risk was identified and attributed to the failure under Standards 3 and 8. The Provider subsequently received a Notice of Decision to Impose Sanctions and Notice of Requirement to Agree to Certain Matters dated 3 November 2022 (**Notice**) with an expiry date of 3 March 2023, which details the sanction imposed on the Provider (**Sanction**) pursuant to section 63N of the *Aged Care Quality and Safety Commission Act 2018* (**Commission Act**).

During the Sanction period, the Provider was not eligible to receive Commonwealth Government (**Commonwealth**) subsidies for new care recipients and was required to complete actions to address the risks to residents.

On 6 February 2023, ACQSC assessors commenced an onsite performance assessment. The final report on this assessment was released on 14 March 2023, and found that although the 'immediate and severe risk to the safety, health and well-being of care recipients' relating to the prior assessment on 3 November 2022 was no longer present, the service remained non-compliant with Standards 2, 3, 4 and 8.

2.4 Admissions of the Provider

The Provider admits that it has not complied with its responsibilities under Chapter 4 of the *Aged Care Act 1997 2014*, specifically the following Standards under Schedule 1 of *Quality of Care Principles 2014*, and that these failures have caused harm and risk to the safety, health and wellbeing of residents at the Service. The specific requirements within Standards 2, 3, 4 and 8 with which the Service remains non-compliant are:

- Standard 2, Requirement (3)(a): Assessment and planning, including consideration of risks to the residents' health and well-being, informs the delivery of safe and effective care and services.
- Standard 3, Requirement (3)(e): Information about the residents' condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.
- Standard 4, Requirement (3)(c): Services and supports for daily living assist each resident.
- Standard 8, Requirement (3)(c): Effective organisation wide governance systems within the key areas of:
 - (i) Information management;
 - (ii) Continuous improvement;
 - (iii) Financial governance;
 - (iv) Workforce governance – including assigning clear responsibilities and accountabilities;
 - (v) Regulatory compliance; and
 - (vi) Feedback and complaints.
- Standard 8, Requirement (3)(d): Effective risk management systems and practices.
- Standard 8, Requirement (3)(e): Where clinical care is provided – a clinical governance framework.

The Provider is continuing to address the non-compliance, including for any risks to the safety, health, and wellbeing of residents.

3 Undertaking

In accordance with the operation of section 114 of the *Regulatory Powers (Standard Provisions) Act 2014 (Regulatory Powers Act)* and section 74EC of the Commission Act, the Provider has offered, and the Commissioner has agreed, to accept the following undertakings.

The Provider undertakes that it will:

1. In respect of policy, internal audit, monitoring and performance reporting of the Service against the Standards, including organisational governance, workforce and the key clinical areas:
 - a. Develop and implement a framework by **30 April 2023**. This framework will include a calendar, audit tools and education for key personnel responsible for undertaking the audits, monitoring and reporting. This framework will support the Board of the Provider to actively monitor progress for continuous improvement and to remain accountable for ensuring the quality of care delivered to residents.
 - b. Embed the framework at the Service, and monitor the implementation of the framework, by **31 December 2023**.
2. In respect of lifestyle activities:
 - a. Develop and implement a strategy to improve the lifestyle activities and supports for daily living available to residents by **31 May 2023**. This strategy aims to move towards a more holistic model of care from the residents' perspective and support residents to be engaged in activities that are important to them. The lifestyle program will include tailored activities for the residents with dementia.
 - b. Embed the strategy at the Service, and monitor the implementation of the strategy, by **31 December 2023**.

3. In respect of a communications strategy:
 - a. Develop and implement a communications strategy, including enabling and acting on feedback regarding residents, families, and the Innisfail community, by **31 May 2023**. This strategy will also provide information in relation to the lifestyle activities and supports for daily living available to residents.
 - b. Embed the strategy at the Service, and monitor the implementation of the strategy, by **31 December 2023**.
4. In respect of the physical footprint of the Service:
 - a. Develop and implement a strategy which is based on available staff resources and supports long term sustainability for the Provider by **30 June 2023**. This strategy aims to consolidate the workforce and reduce the reliance on agency staff to improve the viability of the Service, provide consistency of care to residents and reduce the risk of harm to residents.
 - b. Embed the strategy at the Service, and monitor the implementation of the strategy, by **31 December 2023**.
5. In respect of a clinical governance framework:
 - a. Develop and implement a clinical governance framework by **30 June 2023**. This framework will enable the Provider to support the workforce and visiting practitioners in providing safe, quality clinical care based on the needs, goals and preferences of residents.
 - b. Embed the framework at the Service, and monitor the implementation of the framework, by **31 December 2023**.
6. In respect of a new clinical information system:
 - a. Develop and implement a new clinical information system by **31 July 2023**. This system will capture information about each resident, including their clinical assessment and individual care plans based on needs, goals and preferences, and facilitate communication within the organisation to those responsible for care and service delivery.
 - b. Embed the system at the Service, and monitor the implementation of the system, by **31 December 2023**.
7. In respect of a risk management system:
 - a. Implement a risk management system by **31 July 2023**. This system will be a centralised repository for employees to report risks and incidents and provide a reporting pathway for frontline staff through to the Board of the Provider. The system will also provide key personnel with a single point of reference to access information and manage incidents.
 - b. Embed the system at the Service, and monitor the implementation of the system, by **31 December 2023**.
8. Complete a comprehensive and detailed self-assessment of item (b) of the above undertakings and provide the Commissioner with a report by **31 December 2023**, which is endorsed by the Board of the Provider and demonstrates, with clear evidence, the following in relation to each Undertaking:
 - what steps the Provider has taken to give effect to each Undertaking;
 - the impact of those steps on improving compliance with the Standards; and
 - a statement explaining how improved compliance will be sustained.
9. Provide to the Commissioner regular progress reports, with the timeframe for those reports to be agreed with the Commissioner.

4 Costs of Compliance

The Provider undertakes that it will pay all costs associated with its compliance with this Undertaking.

5 Acknowledgements

The Provider acknowledges that the Commissioner:

- will make this Undertaking publicly available, including by publishing it on ACSQC's website;
- will make public reference to the Undertaking from time to time, including in media statements and in ACSQC publications, where that is considered appropriate;
- has the power to enforce the Undertaking under section 115 of the *Regulatory Powers Act* and may exercise this power if any term or condition of the Undertaking is breached;
- will continue to monitor the Provider's performance against the Standards during the period of the Undertaking.

The Provider acknowledges that:

- This Undertaking has no operative force until accepted by the Commissioner.
- The date of this Undertaking is the date on which it is accepted by the Commissioner.
- This Undertaking is given by the Provider voluntarily and it has obtained legal advice in relation to its obligations under, and the effect of, this Undertaking.
- This Undertaking in no way derogates from the rights, remedies and powers available to the ACSQC, or the Commonwealth.
- The Commissioner's acceptance of this Undertaking does not affect any rights, remedies and powers available to the Commissioner, or the Commonwealth.
- If any part of this Undertaking is held invalid, that part shall be severed from this Undertaking and the remainder of this Undertaking will continue to be valid and enforceable.
- The references to provisions of Commonwealth Acts and Legislative Instruments of Parliament in this Undertaking shall include references to those provisions as amended from time to time and in the event of a repeal of any of them, any equivalent provision from time to time.

6 Provision of documents

The address for providing the Commissioner with any notice or document which this enforceable undertaking requires to be provided is:

Aged Care Quality and Safety Commission
GPO Box 9819
CANBERRA ACT 2601
Attention: Scott Rumbold

Or via email: compliance@agedcarequality.gov.au

Signing page

Executed by WARRINA INNISFAIL
ABN 21 290 070 553 in accordance with
its constitution



Signature of president

MARIA JASICEK

Name of president
(please print)



Signature of Public Relations

Johanno Stitt


Name of Public
Relations (please
print)

Date accepted by the Commissioner: 28 April 2023

ACCEPTED by the **AGED CARE**
QUALITY AND SAFETY
COMMISSIONER under section 74EC of
the Commission Act, section 114 of the
Regulatory Powers Act.



Aged Care Quality & Safety Commissioner



Witness

Amanda Innes-Brown

Witness full name (please print)