Performance

Report

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| Name: | Estia Health Camden |
| Commission ID: | 2079 |
| Address: | 78-82 Old Hume Highway, CAMDEN, New South Wales, 2570 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 9 January 2024 to 10 January 2024 |
| Performance report date: | 14 March 2024 |
| Service included in this assessment: | Provider: 5951 Estia Investments Pty Ltd  Service: 641 Estia Health Camden |

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 Estia Health Camden (**the service**) has been prepared by Therese Solomon, 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 Assessment contact (performance assessment) – site 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 25 January 2024 and 6 February 2024.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not Compliant |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Not Compliant** |
| **Standard 6** Feedback and complaints | **Not 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.

Requirement 1(3)(a)

* Ensure each consumer is treated with dignity and respect and their individual needs are supported and met, specifically related to consumers with changing behaviours.

Requirement 3(3)(a)

* Ensure each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care that is best practice and tailored to their individual needs, specifically related to behaviour management, wound management, and pain management.

Requirement 4(3)(a)

* Ensure 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.

Requirement 4(3)(f)

* Ensure meals are varied and of suitable quality and quantity, including being served at an appropriate temperature and according to each consumer’s selected preferences.

Requirement 6(3)(a)

* Ensure consumers, their family, friends, carers, and others are encouraged and supported to provide feedback and make complaints.
* Ensure consumers, their family, friends, and carers are aware to complaints mechanisms and feel safe and confident to utilise them.

Requirement 6(3)(d)

* Ensure feedback and complaints are reviewed and used to improve the quality of care and services.
* Ensure feedback and complaints are captured in a readily available format to demonstrate actions taken to address the feedback and allow for the evaluation of the effectiveness of implemented actions.

Requirement 7(3)(a)

* Ensure 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 behaviours.
* Ensure adequate number of staff available to deliver safe and effective care and services, including on the weekend.

Requirement 8(3)(d)

* Ensure effective risk management systems and practices are in place, specifically related to managing high impact or high prevalence risks, identifying and responding to abuse and neglect of consumers, and managing and preventing incidents.

# 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. | Not Compliant |

Findings

The performance report dated 12 June 2023 found the service non-compliant in Requirement 1(3)(a) with deficiencies related to consumers’ not being consistently treated with respect, consumers spoke of feeling disregarded and experiencing delays in the delivery of care and services.

The Assessment Contact Report dated 23 January 2024 contained information of observations and interviews with consumers, representatives and staff that identified consumers are not always treated with dignity and respect.

Deficiencies included:

* Consumers not being assisted with meals, and food not meeting consumers’ needs and preferences.
* Consumers spoke of management and staff being rude and disrespectful.
* One named consumer advised that they had raised feedback in relation to feeling harassed by another consumer at the service, however, nothing had been actioned.
* Observations show interactions with staff not being consistently respectful, including staff speaking in raised voices to consumers and referring to a consumer in a disrespectful manner. Consumers were observed calling out for assistance, and staff were observed to not respond; consumers were observed to be sitting for extensive periods of time with no engagement, and for one named consumer staff were observed to be inhibiting the consumer from exiting a door to the external patio area of the service.
* Service documentation identified notifications under the Serious Incident Response Scheme involving consumers subject to aggression by other consumers, and notifications relating to the poor treatment by staff.
* Aspects of the service environment, including the room of a consumer at end of life being cared for in a room that was located in a busy and noisy area of the service.

The Approved Provider’s response submission did acknowledge some of the findings contained in the Assessment Contact report, however, for some of the examples further information was unable to be provided as due to lack of understanding of the context and/or situation. The response submission provided clarifying information, including commentary relating to an apology being offered to one named consumer and notification under the Serious Incident Response Scheme for one of the observed examples; and the reallocation of staff to other areas of the service. However, the response submission did not agree with a number of the findings, stating for some observations, close circuit television was reviewed and refuted what had occurred. As there are two different versions of some events, I am unable to come to a view, however, I have placed weight on the feedback from consumers, representatives and staff who advised consumers are not always treated with respect.

In coming to my decision for this requirement, I acknowledge the service has implemented some improvements including further education and observations of staff practices; and have taken immediate action in response to areas of the Contact Assessment report included following up with all consumers named in the report and are committed to understanding consumers feedback and working with them towards resolving their concerns. This requirement requires that each consumer is treated with dignity and respect, with their identity, culture and diversity valued. The service has not demonstrated that all consumers are treated with respect, and the response submission acknowledged these examples. Therefore, it is my decision requirement 1(3)(a) is non-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. | Not Compliant |

Findings

The Assessment Contact Report dated 23 January 2024 contained information of observations and interviews with consumers, representatives and staff that identified consumers do not consistently get safe and effective personal care and clinical care, that is best practice, tailored to their needs and optimises their health and well-being.

Deficiencies included:

* The service did not consistently demonstrate the prevention of the development of pressure injuries or pressure injuries were identified at a late stage.
* Incidents are not always reported and those that are reported are not thoroughly investigated to identify contributing factors.
* Observations show consumers with responsive behaviours were not effectively supported by staff to minimise the impact of the behaviours on consumers and staff.
* Behaviour support is not best practice with the reasons for behaviour not thoroughly investigated and limited information provided to guide staff in how to effectively support and respond to behaviours.
* Observations show consumers who are subject to chemical restraint were either sleeping for lengthy periods of time or were displaying verbally disruptive behaviour and were not being provided with meaningful activities.
* Staff had limited knowledge in relation to best practice, specifically related to wound management, pain management, restrictive practices, and behaviour management.
* Consumers and/or representatives provided mixed feedback in relation to the care and services they receive, with some stating that care could be improved to enhance their quality of life.

The Approved Provider’s response submission did acknowledge some of the findings contained in the Assessment Contact report, however, for some of the examples further information was unable to be provided due to lack of understanding of the context and/or situation. The response submission provided clarifying information, including evidence of progress notes for consumers, updated care and services plans for named consumers, confirmation of education provided to all staff on pressure area and skin care, consultations occurring with consumers and/or representatives to discuss identified concerns. However, the response submission did not agree with a number of the findings, stating for some feedback provided by consumers and/or representatives, the Approved Provider had followed up conversations with the named consumers and/or representatives and they refuted what had been reported to The Assessment Team. I am not persuaded by this, as the Assessment Team brought forward evidence relating to 10 named consumers under this requirement. While the response submission provided a record of some of the follow-up conversations, I note these occurred after the Assessment Contact. I have placed weight on the feedback from consumers, representatives and staff who advised consumers do not consistently receive safe and effective care and services. This was corroborated on review of consumers’ care documentation, for example:

* For one named consumer assessed as at risk for falling, the physiotherapists recommendations for the use of a low-low bed had not been implemented.
* For a second named consumer, physiotherapist recommendations dated December 2023, recommended heat pack therapy. However, at the time of the Assessment Contact this had not been implemented, and feedback from the consumer identified ongoing follow up with the service had not been actioned.
* For a third named consumer who experiences changed behaviours, documentation does not demonstrate that effective measures are in place to support the consumer, or to guide staff in delivering care. Observations showed the consumer calling out for assistance on several occasions without response from staff, and staff did not demonstrate an understanding of how they would provide individualised personal and/or clinical care to the consumer.

In coming to my decision for this requirement, I acknowledge the service has implemented some improvements including further education and observations of staff practices; and have taken immediate action in response to areas of the Contact Assessment report including following up with all consumers named in the report and are committed to understanding consumers feedback and working with them towards resolving their concerns. This requirement requires that each consumer receives safe and effective care and services, that is best practice, tailored to their needs and optimises their health and well-being. The service has not demonstrated that all consumers receive safe and effective care and services, that is best practice, tailored to their needs and optimises their health and well-being, and the response submission acknowledged these examples. Therefore, it is my decision requirement 3(3)(a) is non-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. | Not Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not Compliant |

Findings

The performance report dated 12 June 2023 found the service non-compliant in Requirement 4(3)(a) with deficiencies related to daily living supports provided to consumers, specifically for consumers living with dementia. Consumers and/or representatives felt that staff did not understand their care needs and goals, and consumers did not enjoy the lifestyle program.

The Assessment Contact Report dated 23 January 2024 contained information of observations and interviews with consumers, representatives and staff that identified consumers are not always receiving safe and effective services and support of daily living, that meets the consumer’s needs, goals and preferences and optimises their independence, health, wellbeing, and quality of life.

Deficiencies included:

* The service was unable to demonstrate that consumers have effective supports that optimise their independence, health, well-being, and quality of life.
* Negative feedback received from consumers and/or representatives in relation to lifestyle and meal services, including that there is no effective process in place to support consumers to make choices regarding their lifestyle activities or meal service.
* Observations and documentation review demonstrates some consumers experience a poor quality of life at the service including in relation to meals, meaningful engagement and ensuring they are treated with dignity.
* Consumers and/or representatives reported there was limited meaningful activities.
* Consumers and/or representatives provided negative feedback in relation to the laundry service.
* No access to a wheelchair accessible bus, limiting the opportunities for consumers to go on outings and engage in community activities.
* The service was unable to provide evidence to indicate that actions implemented to improve meaningful engagement with consumers with cognitive decline has been effective.

The Approved Provider’s response submission did acknowledge some of the findings contained in the Assessment Contact report, however, for some of the examples of the information provided in the Assessment Contact report further information was unable to be provided due to a lack of understanding of the context and/or situation. The response submission provided clarifying information, including activity charting and care plans, and an acknowledgment that some consumers are not completely satisfied with activities and meals at the service. The Approved Provider also reported working closely with the local community to source a wheelchair accessible bus to facilitate social outings for the service, and that an arrangement is close to being finalised. However, the response submission did not agree with a number of the findings, stating that some feedback received from consumers were related to previous complaints, and that these complaints are either resolved or close to being resolved. The Approved Provider also reported follow up conversations had occurred with the named consumers and/or representatives and that the Approved Provider was provided with contradictory information. While the response submission provided a record of the follow-up conversations, I note these occurred after the Assessment Contact, and I have placed weight on 7 named consumers feedback under this and Requirement 6(3)(a) which identified feedback from consumers in relation to the dissatisfaction with the lifestyle program, with consumers speaking of not feeling listened to.

In coming to my decision for this requirement, I acknowledge the service has implemented some improvements including further education and observations of staff practices; and have taken immediate action in response to areas of the Contact Assessment report included following up with all consumers named in the report and are committed to understanding consumers feedback and working with them towards resolving their concerns. This requirement requires that 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. The service has not demonstrated this for each consumer with consumers and/or representatives expressing dissatisfaction with the lifestyle service including supported in choices regarding their lifestyle activities. Therefore, it is my decision requirement 4(3)(a) is non-compliant.

The performance report dated 12 June 2023 found the service non-compliant in Requirement 4(3)(f) with deficiencies related to the meal service provided to consumers, consumers provided negative feedback in relation to the meal services and felt that strategies implemented did not effectively address the concerns raised.

The Assessment Contact Report dated 23 January 2024 contained information of observations and interviews with consumers, representatives and staff that identified consumers are not always receiving meals that are varied and of suitable quality and quantity.

Deficiencies included:

* Most consumers and/or representatives provided negative feedback in relation meal services, specifically regarding the quality of the meals, as well as the temperature of meals.
* One consumer representative spoke of the lack of quality and suitable meals provided to the consumer, and that the consumer does not consistently receive assistance with meals.
* Most consumers stated they do not receive the meals they ordered.
* Staff reported insufficient care staff to assist consumers with their meals.

The Approved Provider’s response submission did acknowledge some of the findings contained in the Assessment Contact report, however, for some of the examples further information was unable to be provided due to a lack of understanding of the context and/or situation. The response submission provided clarifying information, including examples of recent improvements implemented at the service related to the dining experience, including a clean and inviting environment, comfort of the room and food delivery. However, the response submission did not agree with several of the findings, stating that some feedback received from consumers were historical, and that these complaints have not been raised recently by consumers and/or representatives. The Approved Provider also reported follow up conversations had occurred with named consumers and/or representatives and that the Approved Provider was provided with contradictory information. As there are two different versions of some events, I am unable to come to a view, however, I have placed weight on the feedback from consumers, representatives and staff who advised consumers are not always treated with respect. While the response submission provided a record of the follow-up conversations, I note these occurred after the Assessment Contact. I have placed weight on the feedback provided from 4 named consumers (and other consumer feedback) that raised concern about the meal service. This was corroborated by interviews with staff who spoke of insufficient staff to assist consumers with meals and deficiencies in the meal ordering processes which has resulted in consumers not receiving the meals they requested or met their need including specialised diets.

In coming to my decision for this requirement, I acknowledge the service has implemented some improvements including further education and observations of staff practices; and have taken immediate action in response to areas of the Contact Assessment report included following up with all consumers named in the report and are committed to understanding consumers feedback and working with them towards resolving their concerns. This requirement requires that where meals are provided, they are varied and of suitable quality and quantity, however this is not consistently occurring for all consumers. The service has not demonstrated that where meals are provided, they are varied and of suitable quality and quantity. Therefore, it is my decision requirement 4(3)(f) is non-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. | Not Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Not Compliant |

Findings

The performance report dated 12 June 2023 found the service non-compliant in Requirement 6(3)(a) with deficiencies related to the process for consumers and/or representatives providing feedback, with consumers stating their experience in providing feedback involved repeated unsuccessful attempts to engage with the service.

The Assessment Contact Report dated 23 January 2024 contained information of observations and interviews with consumers, representatives and staff that identified consumers and/or representatives are not consistently supported and encouraged to provide feedback and make complaints.

Deficiencies included:

* Consumers are not happy with the complaints process and feel their complaints are ignored.
* Consumers feel they have raised issues multiple times however have unsatisfactory results and will therefore stop providing feedback.
* Consumers and/or representatives reported issues with communication with the service and experienced delayed or generic responses with no outcomes.
* One named consumer advised that they are aware of the complaints process, however felt that issues raised through complaint forms or at consumer meetings, were not addressed and did not change anything.
* One named consumer stated if they raised feedback they will do so with management, however, will receive a generic response but feels that nothing changes.
* Consumers stated they will raise concerns and feedback at consumer meetings but feel that the services does not listen to them.
* One representative reported they have stopped attending consumer meetings or providing feedback as nothing gets done regarding the feedback.
* Several consumers stated they have provided feedback regarding missing clothing, but this has not been resolved.

The Approved Providers response submission did acknowledge some of the findings contained in the Assessment Contact report, however, for some of the examples further information was unable to be provided as due to lack of understanding of the context and/or situation. The response submission provided clarifying information, including actions implemented through commencing quality activities as a commitment to working with consumers and/or representatives to resolve their concerns. However, the response submission did not agree with a number of the findings, stating for some feedback follow up conversations with consumers and/or representatives show consumers do not have any concerns. I am not persuaded by this, the Assessment Contact report identified 7 named consumers (and other consumer feedback) who spoke of dissatisfaction with the management of feedback and complaints at the service. The plan for continuous improvement provided as part of the response submission identified improvement actions and how these would be measured, including feedback through surveys, feedback processes added to all meeting agendas, a seniors' rights advocacy service to visit and meet consumers, complaints to be addressed and acknowledged within 48 hours and the organisation of family case conferences to support better understanding of feedback and discuss the actions to be implemented. However, the implementation of these actions and evaluation of these are not evidenced in the response submission, for example, the 7 named consumers who provided feedback, a case conference discussion was not evidenced.

In coming to my decision for this requirement, I acknowledge the service has implemented some improvements including further education and observations of staff practices; and have taken immediate action in response to areas of the Contact Assessment report including following up with all consumers named in the report and are committed to understanding consumers feedback and working with them towards resolving their concerns. This requirement requires that consumers, their family, friends, carers, and others are encouraged and supported to provide feedback and make complaints. The service has not demonstrated that all consumers, their family, friends, carers, and others are encouraged and supported to provide feedback and make complaints. Therefore, it is my decision requirement 6(3)(a) is non-compliant.

The performance report dated 12 June 2023 found the service non-compliant in Requirement 6(3)(d) with deficiencies related to consumers and/or representatives experiences in relation to feedback and complaints being utilised to implement improvements to their care and services.

The Assessment Contact Report dated 23 January 2024 contained information of observations and interviews with consumers, representatives and staff that identified that consumers and/or representatives felt complaints and concerns were ongoing, indicating that feedback and complaints are not effectively reviewed and used to improve care and services.

Deficiencies included:

* Limited evidence available to support that feedback and complaints are reviewed and used to improve quality of care and services.
* The service was unable to demonstrate that feedback and complaints are captured and processed through the complaint system and are analysed to improve care and services.
* Outcomes of trending and analysis not readily available at the service.
* Negative feedback received from consumers and/or representatives in regard to complaints resolution, indicating their complaints are ongoing and not resolved, highlighting deficiencies in relation to feedback and complaints being reviewed and used to improve care and services.

The Approved Providers response submission did acknowledge some of the findings contained in the Assessment Contact report, however, for some of the examples further information was unable to be provided as due to lack of understanding of the context and/or situation. The response submission provided clarifying information, including actions implemented by the service through a quality activity, evidence of their feedback register and information captured in the register. However, the response submission did not agree with a number of the findings, stating for some feedback follow up conversations with consumers and/or representatives show concerns have either been resolved or there are no concerns at all indicating effective complaints management.

I am not persuaded by this, Requirement 6(3)(d) requires that services review feedback and complaints and use these to improve the quality of care and services. Under this and other Requirements, consumer and representative feedback raised ongoing concerns about care and services. While I acknowledge the service has implemented some improvements, including implementing quality activities, further education, and observations of staff practices; and following up with all consumers named in the report with a commitment to understanding and working with them towards resolving their concerns. I have placed weight on the plan for continuous improvement provided as part of the response submission identified improvement actions and how these would be measured. However, the response submission (including the plan for continuous improvement) lacked examples of improvements that have come out of feedback or complaints, and while feedback and complaints has been added as an agenda item for meetings, a review of meeting minutes (dated 14 December 2023) reported 9 complaints relating to food however there was no evidence that this feedback has been used to improve the quality of care and services and consumers continue to raise feedback in relation to food as evidenced under my decision for Requirement 4(3)(f).

The service has not effectively demonstrated that feedback and complaints are reviewed and used to improve the quality of care and services. Therefore, it is my decision requirement 6(3)(d) is non-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. | Not Compliant |

Findings

The performance report dated 12 June 2023 found the service non-compliant in Requirement 7(3)(a) with deficiencies related to the workforce, with consumers reporting staff shortages impacting on the ability of staff to meet consumer needs.

The Assessment Contact Report dated 23 January 2024 contained information of observations and interviews with consumers, representatives and staff that identified that consumers and/or representatives felt the concerns related to adequate staffing are ongoing and impacting on consumer health and well-being.

Deficiencies included:

* Consumers and/or representatives reporting they felt the service had insufficient staffing levels, impacting on their care and services including waiting long periods of time for meals, and assistance with meals.
* High levels of agency staff usage impacting on consumer care as they are unfamiliar with consumer needs, preferences, and goals.
* Staff reported insufficient skilled and experienced staff, impacting their ability to provide quality care to consumers.
* Observations show consumers needing assistance, but no staff were present, meals left in consumer rooms for up to 30mins before staff assisted consumers with their meals.

The Approved Providers response submission did acknowledge some of the findings contained in the Assessment Contact report, however, for some of the examples further information was unable to be provided as due to lack of understanding of the context and/or situation. The response submission provided clarifying information, including stating agency usage has reduced over the last several months due to successful recruitment, progress notes capturing consultations with consumers and/or representatives indicating staffing has improved. However, the response submission did not agree with a number of the findings, stating some of the concerns are historical concerns, and that follow up conversations occurred with consumers and/or representatives who provided contradictory feedback to what is captured in the Assessment Contact Report.

While the response submission provided a record of the follow-up conversations, I note these occurred after the Assessment Contact. I have placed weight on the feedback from consumers, representatives and staff who advised the number and mix of members of the workforce deployed does not enable the delivery and management of safe and quality care and services. In the response submission, the approved provider acknowledges some of the comments made in relation to staffing at the service may be historical concerns, advising with the successful recruited additional staff, agency use has decreased, call bells are showing an average response time of 2.28 minutes.

In coming to my decision for this requirement, I acknowledge the service has implemented some improvements including ongoing recruitment, reducing reliance on agency staff, further education and observations of staff practices; and have taken immediate action in response to areas of the Contact Assessment Report included following up with all consumers named in the report and are committed to understanding consumers feedback and working with them towards resolving their concerns. However, I am of the view that it will take time to ensure improvements are sustained, including the evaluation of their effectiveness. The service has not demonstrated that 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, and the response submission acknowledged these examples. Therefore, it is my decision requirement 7(3)(a) is non-compliant.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

The performance report dated 12 June 2023 found the service non-compliant in Requirement 8(3)(d) with deficiencies related to the effective implementation of risk management systems at the service, including deficiencies in incident management.

The Assessment Contact Report dated 23 January 2024 contained information of observations and interviews with consumers, representatives and staff that identified ongoing deficiencies in relation to risk and ineffective corporate oversight of risk management at the service.

Deficiencies included:

* Lack of consistent thorough investigation of incidents resulting in ineffective measures to prevent future incidents occurring.
* Lack of evidence to demonstrate organisational monitoring of the effectiveness of incident management.
* The organisation has not ensured that effective measures were implemented to rectify identified deficiencies.
* Limited evidence to support effective trending of incidents.

The Approved Provider’s response submission did acknowledge some of the findings contained in the Assessment Contact report, however, for some of the examples further information was unable to be provided as due to lack of understanding of the context and/or situation. The response submission provided clarifying information, including actions implemented to address previously identified non-compliance, such as implementing a new Continuous Improvement Framework and a new audit program, and creating a quality activity containing actions to address non-compliance. However, the response submission did not agree with a number of the findings, stating adequate evidence was provided to the Assessment Team to demonstrate compliance with the Requirement, including the organisation’s risk framework, extracts from clinical governance meetings, the corporate governance statement and the Continuous Improvement Framework. The response submission included further clarifying information, including Terms of Reference for the Clinical Governance Committee and a copy of the Continuous Improvement Framework.

In coming to my decision for this requirement, I acknowledge the service has implemented some improvements including further education and observations of staff practices; and have taken immediate action in response to areas of the Contact Assessment report included following up with all consumers named in the report and are committed to understanding consumers feedback and working with them towards resolving their concerns. However, the service has not demonstrated the effective implementation of processes at a service level. As evidenced in examples under this and Requirement 1(3)(a), Requirement 4(3)(a) and Requirement 4(3)(f), the service has not consistently responded to abuse and neglect of consumers or supported consumers to live the best life they can. For example, feedback from consumers, and feedback from representatives and staff (supported by observations) who advised consumers are not always treated with respect. I have also considered the effectiveness and sustainability of improvements, and the approved providers response submission asserts that improvements have been made in areas. However, as considered under my decision for Requirement 6(3)(a) and Requirement 6(3)(d) consumer and representative feedback raised ongoing concerns about care and services including supports for daily living to ensure consumers' live their best life. Therefore, it is my decision requirement 8(3)(d) is non-compliant.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)