Performance

Report

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| Name of service: | Glenmore Park Care Community |
| Service address: | 5-7 Floribunda Ave GLENMORE PARK NSW 2745 |
| Commission ID: | 8208 |
| Approved provider: | DPG Services Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 16 May 2023 to 19 May 2023 |
| Performance report date: | 20 July 2023 |

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 Glenmore Park Care Community (**the service**) has been prepared by D. McDonald, 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 26 June 2023, including a plan for continuous improvement.
* 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 | **Compliant** |
| **Standard 3** Personal care and clinical care | **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 | **Compliant** |

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# 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

Most consumers said they were treated with dignity and respect, however one consumer described feeling undignified when staff did not attend to their toileting in a timely manner. Staff were respectful when discussing consumers and were familiar with their background and life history. Staff practice was guided by a diversity and inclusion policy.

Consumers and representatives said care provided to consumers was consistent with their cultural traditions and preferences. Staff gave practical examples of, and were observed using, various strategies adapted to meet consumer’s individual needs.

Consumers said they were able to maintain important relationships and were supported to exercise their independence when making care choices. Consumers, who were married were observed to share a room and spent their time together. Care documentation identified who was involved in consumers care decisions and how care was to be delivered.

Consumers said they were supported, and were observed, to take risks which enabled them to live their best lives. Care documentation evidenced risks were assessed with the consumer, strategies to minimise the risk were implemented and consent to engage in risk was obtained.

Consumers and representatives said they received current, accurate and timely information. Staff described various ways consumers were informed of daily activities including through newsletters, menus’ and activity calendars, which were displayed on noticeboards.

Consumers confirmed their privacy was respected, and their personal information kept confidential. Staff confirmed a privacy policy guides their practice and practical examples given to support its implementation included closing doors prior to providing care and storing care information on password protected computers.

# 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

An assessment and care planning policy guided staff to comprehensively assess a consumer on entry to identify health and wellbeing risks. Staff accurately described their role in completing assessments and developing consumers care plans. Care documentation evidenced risks had generally been identified and strategies planned to minimise those risks.

Consumers and representatives said, and care documentation evidenced, consumers current needs, goals and preferences including for advance and end of life care had been captured. Staff confirmed end of life is discussed during entry and the consumers wishes are regularly revisited.

Staff described how they partner with consumers and representatives in the assessment and planning process. Consumers and representatives confirmed, those nominated to be involved in the consumers care, generally participate in ongoing discussions regarding care and services. Care documentation evidenced involvement of allied health professionals and medical officers.

Consumers and representatives confirmed they have copies of the consumer’s care plan and they are kept updated when care changes. Management confirmed meetings are conducted regularly to evaluate the care provided. Care plans were readily available through an electronic care management system.

Management and staff described how and when consumers care was reviewed, or reassessment occurred. Care documentation evidenced care was reviewed every 4 months, or when a change or incidents occurred. Consumer representatives confirmed care reviews were routinely scheduled.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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

The assessment team recommended Requirement 3(3)(a) was not met. I have considered the assessment team’s findings; the evidence documented in the Site Audit report and the provider’s response and have found:

The Site Audit report recommended consumers were not receiving safe and effective personal and clinical care, evidenced by concerns raised from 4 consumers in relation to their continence care, catheter management, repositioning and toileting assistance needs not being met. Consumer feedback also included allegations of rough handling by staff, which I have considered under Requirement 8(3)(d) where it is most relevant.

For 2 consumers, they described episodes of adverse continence care, where continence aids were soiled, and staff did not assist with changing the aids in a timely manner. For another consumer, who requires 2 staff to assist with transfers, they advised delays were experienced when they requested assistance from staff with toileting, resulting in them being incontinent.

For another consumer, they advised they were not repositioned overnight, unless they called for staff, despite the need for 2 hourly repositioning being recorded in their care plan. Additionally, the care plan included directives to empty the consumer’s catheter bag at the same time as conducting repositioning, or when it was half full. However, monitoring records evidenced, on 2 occasions, the consumer’s catheter bag was not emptied overnight, as it was at capacity or had exceeded its capacity, when drained.

The provider’s response of 26 June 2023 acknowledged the recommendations made in the Site Audit report, however, additional clarifying information and documentation, including evidence of completed remedial actions, was submitted in support of compliance with this requirement.

In relation to continence care, I note for both consumers, the evidence brought forward related to each consumer having a singular historical episode, which the service evidenced was followed up and corrective actions implemented. I consider the documentation submitted by the provider and the consumer’s feedback, supports compliance with this requirement, as these consumers experienced isolated episodes of incontinence, which have not been repeated.

In relation to repositioning, I acknowledge the care documentation includes a directive for 2 hourly repositioning overnight, and there was a gap in care as the consumer confirming this does not always happen. However, the care consultation completed post the site audit, supports additional mechanisms to monitor the consumer’s repositioning have been implemented to the consumer’s satisfaction.

In relation to catheter management, the complaints documentation submitted evidenced these concerns had been identified and addressed to the consumers satisfaction at the time these incidents occurred. Therefore, in the absence of subsequent entries indicating the catheter was not emptied, I consider this supports compliance.

In relation to delays in toileting assistance, the service evidenced the consumer’s care plan was updated during the site audit with additional scheduled toileting, continence care measures and monitoring processes to enable evaluation of these improvements. While, this consumer may have been experiencing delays, wound monitoring documentation supported the consumers chronic and pre-existing incontinence associated dermatitis was healing and the service responded appropriately when an area of excoriation was identified, which supports compliance with this requirement.

Based on the evidence before me, I am satisfied, consumers were receiving personal and clinical care which was tailored to their needs as there was evidence to support while incidents had occurred, they were isolated to a single individual or episode and corrective actions undertaken by the service were sufficient and sustainable.

Therefore, I find Requirement 3(3)(a) compliant.

I find the remaining 6 requirements of Quality Standard 3 compliant as:

Staff gave practical examples of how high impact and high prevalent risks to individual consumers was managed. Care documentation evidenced staff were informed of strategies to minimise risks to consumers. Staff management of high impact risk was guided by a suite of policies and procedures.

Care documentation for a consumer who recently passed away reflected the consumer was kept comfortable and their representative confirmed the consumers end of life wishes had been respected. Policies and procedures supported staff to deliver appropriate end of life care.

Staff demonstrated knowledge of, how to identify and respond to, signs of deterioration. Consumers and representatives said response to changes in consumers conditions was timely. Care documentation evidenced escalation and monitoring pathways were enacted when changes were detected.

Consumers and representatives said consumers’ needs and preferences were effectively communicated between staff. Care documentation evidenced adequate information is shared to support delivery of care. Staff were observed handing over updates the consumer care between shifts.

Consumers and representatives said timely referrals to a range of health professionals occurred as required. Staff demonstrated knowledge of referral pathways. Care documentation evidenced referrals to wound specialists, physiotherapists and palliative care services were actioned quickly.

Consumers and representatives said staff used personal protective equipment and practiced safe hand hygiene techniques. Staff demonstrated knowledge of practices to reduce antibiotic resistance and prevent or control infection, relevant to their duties. Visitors were screened for infectious diseases prior to entry and antivirals were accessible, if required.

# 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 able to do things of interest which optimised their independence and quality of life. Staff described how they tailor provision of and support consumers to participate in independent activities such as changing their own beds. Consumers were observed participating in a variety of scheduled events as outlined in the activities program.

Consumers confirmed their emotional, spiritual, and psychological well-being needs were met. Staff gave practical examples of how they support consumers who were feeling low. Care documentation contained consumers religious preferences and consumers were observed being escorted to church services.

Consumers said they accessed the external community to engage with their friends while undertaking their chosen hobbies or sports. Staff confirmed they facilitated phone and video calls to support consumers to maintain relationships with those important to them. Care documentation outlined the supports required to promote community participation.

Representatives confirmed staff were aware of consumers preferences. Staff gave practical examples of how consumers daily living needs were communicated between different service areas, including handover and meetings. Care documentation contained consistent information on consumers individual support and food modification needs.

Consumers said other support services such as hairdressers were available. Staff confirmed priests, entertainers and volunteers are engaged to provide services and support consumers. The activities calendar evidenced religious services and concerts were scheduled.

Most consumers gave positive feedback on the availability, variety, quality and quantity of food provided; however, a representative said their only concern was the consumers food was not always cut up as required. Staff described how the menu is planned, including with input from consumers. The menu displayed contained a variety of meals including gluten free and alternate options were available during meal service.

Consumers said they had access to safe, clean, and well-maintained equipment. Staff described their role in ensuring shared equipment was kept clean. Equipment to support mobility and manual handling was observed to be clean and maintenance documentation evidenced, it was regularly serviced.

# 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 said the service environment was welcoming and easy to understand. Consumers said, and observations confirmed, consumer’s rooms were personalised to make them feel at home. Staff described aspects of the service that optimised each consumer’s sense of belonging and promoted navigation.

Consumers said their rooms were cleaned regularly and they knew how to request repairs if required. Staff advised routine cleaning and maintenance, is undertaken through scheduled programs. Cleaning and maintenance documentation evidenced cleaning is attended and repairs occurred quickly.

Furniture, equipment, and fittings were observed to be safe, clean and well maintained. Most consumers confirmed they equipment is checked; however, a consumer gave negative feedback regarding the proximity of their call bell. Staff advised internal audits are carried out to monitor the cleanliness of equipment and fittings are inspected and serviced regularly to ensure safety.

# 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

The assessment team recommended Requirements 6(3)(c) and 6(3)(d) were not met. I have considered the assessment team’s findings; the evidence documented in the Site Audit report and the provider’s response and have found:

In relation to 6(3)(c), the Site Audit report brought forward 7 consumers, or their representatives said they had raised complaints, however, these remained unresolved. While 7 consumers or representatives were identified as having unresolved complaints, the evidence contained in the Site Audit report related to 5 consumes/representatives, including 3 consumers whose concerns regarding delivery of personal and clinical care were considered under Requirement 3(3)(a) and based on complaints records submitted by the service, I have found these were actioned at the time the complaint was raised.

The remaining unresolved complaints included, concerns raised by a representative relating to delays in continence care, and for a named consumer, their concerns related to the layout of the dining room and were voiced to staff, on the day prior to the site audit.

The complaint, care consultations and education records, submitted as part of the provider’s response, evidence management discussed the layout of the dining room with those involved and staff were provided with education on continence care. Additionally, remedial actions undertaken in response to the matters raised during the Site Audit also supports appropriate and timely actions occur when feedback is raised.

Based on the evidence before me, I am satisfied, the providers response supports when complaints or feedback has been lodged, this had led to timely appropriate action being undertaken and the matters have been resolved.

Therefore, I find Requirement 6(3)(c) compliant.

In consideration of Requirement 6(3)(d), the Site Audit report evidenced the complaints of 5 consumers or representatives, and the results of consumer surveys were not collated within the complaints management systems to enable the service to accurately identify where systemic improvements might be required.

However, the Site Audit report contained numerous examples of continuous improvement activities undertaken in response to feedback from consumers and their representatives and the continuous improvement plan evidenced, planned or completed, improvement actions were sourced from consumer meetings or in response to trending complaints.

The providers response acknowledged, the records contained within the complaints management system were not inclusive of all complaints and corrective actions including the creation of an additional 51 feedback records, had been added into the system and coaching has been provided to management to ensure documentation of complaints is undertaken accurately have been completed.

Based on the evidence before me, I am satisfied there is sufficient information to support consumer feedback was being reviewed and used to improve the care and services provided to consumers and the corrective actions implemented are sufficient and sustainable to demonstrate compliance this requirement.

Therefore, I find Requirement 6(3)(d) compliant.

I find the remaining 2 requirements of Quality Standard 6 compliant as:

Management described consumers are encouraged to give feedback through forms, meetings and directly with staff. Various written methods were displayed and supported consumers to raise concerns. Most consumers knew how to give feedback or make a complaint, however, one consumer described feeling ‘unheard’ following raising complaints.

Some consumers stated they were aware of advocacy services, while others who said they weren’t, confirmed they were comfortable approaching staff directly. Staff were familiar with how to access language or interpreter services if needed. Posters and brochures displayed promoted access to external complaint support agencies.

# 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

The assessment team recommended Requirement 7(3)(a) was not met. I have considered the assessment team’s findings; the evidence documented in the Site Audit report and the provider’s response and have found:

The Site Audit report evidenced all rostered shifts were allocated to staff, unplanned leave had been filled, staff responded to calls for assistance promptly and staff were not observed to be in a hurry or rushed. However, 9 consumers said there was not enough staff or staff were rushed, with 4 consumers stating this impacted their continence care, including experiencing long wait times, requiring them to managing their catheter bag themselves or not being able to access continence aid changes when desired.

I have considered the evidence provided in relation to toileting, continence care and catheter management under Requirement 3(3)(a) and have found that these were isolated to single incidents or individual consumers, which had been resolved prior to or during the Site Audit.

While 3 other consumers also advised there was not enough staff, there was no further information brought forward to support this statement, and therefore I am unable to determine how this supports non-compliance.

In relation to the information provided by staff, while 3 staff described insufficient staff, they identified this did not impact on the care provided to consumers, and without other deficiencies being brought forward throughout the report, I consider this insufficient to support non-compliance.

The provider’s response confirmed staff allocations have been planned to meet the needs of consumers who require a high level of care, despite some consumers requiring low levels of care, staffing minutes are being increased in line with legislative requirements and these increases evaluated with input from consumers. The providers response also evidenced the majority of calls for assistance are responded to within 3 minutes.

Based on the evidence, contained in the Site Audit report and the providers response, I am satisfied, the workforce has been planned and allocated with an appropriate mix of staff to meet consumer needs.

Therefore, I find Requirement 7(3)(a) compliant.

I find the remaining 4 requirements of Quality Standard 7 compliant as:

Staff were observed to be kind, gentle and caring when supporting consumers. Staff demonstrated knowledge of consumers identity and greeted consumers by their preferred name. Most consumers and representatives confirmed staff were kind and gentle, however negative feedback regarding manual handling and staff interactions was raised.

Consumers and representatives stated staff were sufficiently skilled to meet their needs and they performed their duties effectively. Position descriptions outlined the competencies and qualifications needed for each role and management described how the competency of staff was assessed. Personnel records evidenced competency, registration and security clearances were verified.

Staff confirmed they were required to complete mandatory and supplementary training. Management described mandatory training included elements of the Quality Standards and additional training was scheduled in response to adverse care trends being identified. Education records evidenced staff had completed mandatory training as required.

A staff performance and development framework guides staff performance monitoring processes. Management described the schedule of routine performance monitoring and gave practical examples of performance management undertaken in response to negative feedback. Staff demonstrated knowledge of when and why performance monitoring was scheduled.

# Standard 8

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

Findings

The assessment team recommended Requirements 8(3)(c) and 8(3)(d) were not met. I have considered the assessment team’s findings; the evidence documented in the Site Audit report and the provider’s response and have found:

In relation to Requirement 8(3)(c), the Site Audit report brought forward deficiencies from other requirements supported the service’s governance systems in the management of feedback/complaints impacted their ability to implement continuous improvement and regulatory compliance was not met when serious incidents were required to be reported.

However, I have found continuous improvement, feedback and complaint management systems to be effective.

In relation to regulatory compliance, the site audit report determined legislated reporting timeframes were met for the 3 serious incidents registered by the service, however, one incident involving neglect had not been reported and when allegations of unreasonable use of force were made, this was not considered as a reportable incident by management.

In response, the provider confirms the investigations into the alleged neglect incident were unable to substantiate the incident had occurred, however, due to the ongoing emotional distress observed during the audit, this, and the allegation of unreasonable use of force were reported within 30 days following the audit, and I am satisfied compliance with regulation has been met.

Therefore, I find this Requirement compliant.

In relation to Requirement 8(3)(d), the Site Audit report evidenced deficiencies regarding the functionality of the service’s risk and incident management systems with serious incidents not being recognised, reported, investigated, or actioned to prevent reoccurrence.

Consumers and their representatives confirmed they had reported allegations of neglect, and unreasonable use of force which were not evidenced within the service’s incident management system or reported to the Serious Incident Response Scheme as required.

However, I have found the service compliant, with its regulatory obligations in reporting serious incidents.

Based on the evidence before me, which supports risk and incident management systems have been effective as staff have reported incident, investigations have occurred, and responsive actions have prevented incidents from reoccurring.

Therefore, I find requirement 8(3)(d) compliant.

I find the remaining 3 requirements of Quality Standard 8 compliant as:

Consumers and representatives said they are engaged in deciding how care and services are delivered. Management confirmed consumer committees’ assist with designing and developing daily living services. The plan for continuous improvement evidenced suggestions from consumers are used to evaluate and improve care delivery.

Management described an organisational and reporting structure, headed by a governing body, who are responsible for overseeing the quality of care and service. Management confirmed reports evidencing the performance of the service are collated and provided to the Board through various clinical and risk committees. Policies and procedures promoting a safe and inclusive culture were accessible and guided staff.

A clinical governance framework consisting of policies and procedures supported staff to understand their role in antimicrobial stewardship, open disclosure and minimising restrictive practices. Staff demonstrated knowledge of, and confirmed they had received training, on these concepts, however consumers identified open disclosure is inconsistently undertaken.

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)