Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Glenview Community Services Inc. |
| Service address: | 2-10 Windsor Street GLENORCHY TAS 7010 |
| Commission ID: | 8060 |
| Approved provider: | Glenview Community Services Inc |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 2 February 2023 |
| Performance report date: | 23 February 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 Glenview Community Services Inc. (**the service**) has been prepared by L Glass, 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 - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff.

# Assessment summary

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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 8

|  |  |  |
| --- | --- | --- |
| 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. | Compliant |

Findings

This assessment is based on the following evidence:

This requirement was found non-compliant following a Site Audit conducted 20 July 2021 to 23rd July 2021 following the identification of one consumer leaving the service undetected in the early hours of the morning, and another placed at risk of choking when becoming entangled in cords, whilst their bed was placed against a wall. The consumer who absconded from the service was identified as having anxiety. Consequently, the service did not demonstrate how it supported consumers’ high impact high prevalence risks related to absconding and living in a safe environment. The Assessment Team also found, the service did not demonstrate effective incident reporting, how incidents are managed and prevented, and how incidents are used to inform service improvement for other consumers who may be at risk.

In response to the non-compliance identified at the Site Audit 20 July 2021 to 23 July 2021, the organisation has developed a plan for continuous improvement and implemented several actions which have been effective. During the Assessment Contact – desk 2 February 2023 the service provided responses and documentation that demonstrated an effective risk management system is in place related to high impact high prevalence risks related to absconding and living in a safe environment, and that staff and consumers/representatives are supported to better understand and have increased awareness of incident reporting and the Serious Incident Response Scheme (SIRS).

The service has reviewed its security around entry and exit. The service access is now coded and requires the use of a swipe card with a single-entry point requiring signing in and out while after hours coded entry and exit is required. Consumers wishing to have access to the community, have care plans reflecting the individual goals. Completed dignity of risk forms are in place for all relevant consumers.

The service has a more focused approach to managing changed behaviour, including anxiety, with supports in place such as behaviour support and care plans and more frequent consumer referral to specialist services for review.

The service’s asset team conduct regular auditing of cord placement and have secured cords away from beds. Beds are no longer placed against walls and motion detection sensors and floor mats are used to alert staff to consumer movement as appropriate.

The Assessment Team reviewed appropriate behaviour support plans to help guide staff in managing consumers experiencing changed behaviour, and dignity of risk forms supporting consumers in their decisions and choices.

The Assessment Team reviewed an environmental audit which included the checking of electrical cords for damage or placement across walkways, however, it did not stipulate checking for placement near beds or bed placement.

The service’s quality and risk team provide workshops for service managers on incident management and SIRS to ensure staff are aware of role accountability for SIRS reporting and regular weekly meetings are held to review incidents and trends and actions to be taken.

The service provided documentation evidencing training and provision of resources for staff on incident management and SIRS including SIRS criteria, timeframes for reporting and reporting responsibilities. Documentation also evidences SIRS information provided to staff in a staff newsletter and incident reporting and SIRS as an agenda item at a staff meeting.

Consumers and representatives have been given information on incidents and SIRS through posters displayed at the service, a pamphlet provided to consumers on admission to the service, at a consumer meeting and included in a consumer newsletter.

The Assessment Team’s review of the service’s plan for continuous improvement, evidenced reference to the monthly insight reports detailing the report to include a summary of incident, incident outcomes, learnings from the incident, the actions taken and progress made and a selection of monthly insight reports.

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