Performance

Report

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| Name: | Hahndorf Residential Care Services |
| Commission ID: | 6937 |
| Address: | 1A Main Street, HAHNDORF, South Australia, 5245 |
| Activity type: | Site Audit |
| Activity date: | 25 June 2024 to 27 June 2024 |
| Performance report date: | 8 August 2024 |
| Service included in this assessment: | Provider: 2979 Hahndorf Holdings Pty Ltd  Service: 4346 Hahndorf Residential Care Services |

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 Hahndorf Residential Care Services (**the service**) has been prepared by Denise 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 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 July 2024
* other information and intelligence held by the Commission in relation to the performance of 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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant, as:

Most consumers and representatives said consumers identity, culture and diversity were valued and most staff treated consumers with dignity and respect, however, others raised concerns with staff attitudes, or the way staff spoke to them or others, prompting management to issue a memorandum to staff. Staff gave examples of being respectful as asking for consent, acknowledging consumers choices and taking time to understand consumers background, life history and needs. Staff were observed to speak about consumers and interact with them interacting in a respect manner, during the Site Audit.

Consumers and representatives said care was provided consistent with their cultural traditions and preferences. Staff demonstrated knowledge on how consumers’ cultural needs influenced the delivery of day-to-day care and services. Policies and procedures on diversity and inclusion guided staff on culturally safe care.

Consumers and representatives said they were supported to make decisions about their own care, including when family, friends and carers should be involved and how they wanted to maintain their intimate relationships. Staff demonstrated knowledge of consumer’s care decisions and their choices regarding how their care was delivered. Care documentation recorded who was involved in decision making processes and what supports consumers required to maintain relationships of choice.

Consumers and representatives said they were supported to live life as they chose including by taking risks. Staff demonstrated awareness of how consumers have chosen to live their life and how consumers were supported to make informed choices regarding risk-based activities. Care documentation reflected activities which presented a risk, were assessed and responsive strategies were planned to promote consumer safety.

Consumers and representatives said they were able to make choices as they received printed information and were given verbal reminders by staff. Staff advised information such as menus and activity calendars were displayed, consumer meetings were held, and newsletters were distributed to ensure consumers received current and timely information. Staff understood how to adapt communication methods to ensure information was provided to consumers in a way that was easily understood.

Consumers said their privacy was respected. Staff were knowledgeable of how to protect consumers privacy and the confidentiality of their information. Staff were observed seeking consent prior to entering consumers rooms and the electronic care management system (ECMS) used to store consumer’s personal information was password protected.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Staff understood the care planning process, confirming a suite of assessments were conducted to identify risks to consumers such as pressure injury, malnutrition and falls, with the outcome of assessments used to develop the consumers care plan. Care documentation evidenced assessments were completed as scheduled and responsive strategies planned to inform care delivery, when risk was identified. Staff confirmed the completion of assessment and care planning was monitored through a checklist embedded within the ECMS, however staff did not consider security measures in place at the service’s entry, placed consumers at risk of inappropriate environmental restrictive practices. This is further considered under Requirement 8(3)(e) as it relates to clinical governance.

Staff advised they consulted consumers on their end of life wishes at entry and supported consumers and representatives to complete an Advance care directive (ACD) if they felt comfortable to do so. Care documentation included consumers goals, their current care needs and preferences including for advance care. Consumers and representatives confirmed staff knew consumer’s care needs and supported them with their care goals.

Consumers and representatives confirmed their ongoing involvement in the assessment, planning and review of consumer’s care, with additional documentation submitted as part of the provider’s response evidencing ongoing care consultations occur with consumers and their chosen medical officer is involved in the assessment and planning of their care. Staff advised care consultations were scheduled with consumers and their nominated representatives. Care documentation evidenced care consultations occurred as a scheduled, with medical officers and allied health professionals having contributed to assessment and care planning processes.

Consumers and representatives said they had been offered a copy of the consumer’s care plan. Care documentation evidenced outcomes of assessment and changes to planned care were communicated to consumers and their representatives. Staff described mechanisms used to ensure consumers and representatives knew what was in the consumers care plan and confirmed this was readily accessible via the ECMS.

Most consumers and representatives confirmed consumers care and services were reviewed regularly and when changes occurred. Staff demonstrated knowledge of care plan review processes confirming reviews were undertaken 4 monthly. Care documentation evidenced care and service plans were generally reviewed as scheduled and reassessment of consumers to evaluate effectiveness of care strategies, occurred in response to incidents such as falls.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers and representatives said consumers mostly received the care they needed to promote their skin integrity, pain management strategies were tailored to optimise their wellbeing and restrictive practices were implemented following the trialling of alternate behaviour support strategies. Staff knowledge of the care to be delivered to individual consumers was consistent with the strategies noted within the consumer’s care plan. Policies and procedures guided staff to deliver personal and clinical care in line with best practice principles. However, 2 consumers who received psychotropic medication without a recorded clinical diagnosis, hadn’t been identified as having a chemical restrictive practice or that consumers with a cognitive impairment were potentially subject to environmental restrictive practice. These are further considered under Requirement 8(3)(e).

Staff demonstrated knowledge of consumer’s high-impact, high-prevalence risks, and the strategies required to be delivered by them to manage and minimise those risks. Consumers and representatives advised staff implemented falls prevention strategies when a risk of falls had been identified. Care documentation evidenced staff actively monitored consumers to identify emerging risks and ensure timely management.

Care documentation, for a consumer who had recently passed away evidenced staff provided comfort care regularly and pain relief medication was administered when needed to promote the consumer’s comfort. Staff demonstrated knowledge of the importance of providing holistic care when consumers neared end of life including clinical, emotional and spiritual care strategies. Policies and procedures guided staff practice in palliative and end of life care.

Care documentation evidenced when consumers experienced a change in condition or became unwell this was identified and responsive actions were taken in a timely manner. Staff demonstrated knowledge of signs and symptoms which may indicate deterioration and when detected, their role in ensuring the consumer was monitored and reviewed. Policies and procedures supported staff to understand their role in managing acute or terminal deterioration.

Consumers and representatives said consumers needs and preferences were effectively communicated, as they did not have to repeat themselves. Staff confirmed meetings, handover and the ECMS were used to share information between themselves and visiting medical and health professionals. Care documentation evidenced consumers conditions, needs and preferences were recorded.

Staff knew referral processes, understood their role in progressing referrals and were aware of the variances depending on the type or referral being made. Care documentation evidenced consumers who required assessment by an allied health professional were referred quickly and review occurred in a timely manner. Consumer and representatives confirmed they had access to a range of medical specialists and allied health professionals.

Consumers and representatives said staff used the appropriate personal protective equipment (PPE), practiced hand hygiene and initiated isolation strategies when consumers were infectious. Staff demonstrated knowledge of strategies used for infection prevention and control strategies and how to reduce the antimicrobial resistance. All visitors, staff and consumers returning from the community, were observed to participate in wellness screening to confirm they were free from infection prior to entry.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers and representatives gave positive feedback about the services and supports provided to consumers and how these promoted their independence and quality of life. Care documentation evidenced activities consumers wished to undertake independently were recorded. Staff demonstrated knowledge of consumer’s daily living needs, preferences and what was important to individual consumers.

Consumers and representatives said consumers were supported when they felt low, and they had regular access to spiritual services. Staff knew what supports consumers required to maintain their psychological wellbeing including when they needed one-on-one support and what may cause them distress. The activities calendar evidenced wellness groups, church service and pet therapy were held to promote consumers emotional wellbeing.

Consumers and representatives confirmed consumers participated within the service and external community and they were supported to do things which interested them and maintain personal relationships. Staff confirmed consumer’s access the community independently and they assisted consumers to engage in activities aligned with their interests. Consumers were observed participating in a variety of individual or group-based leisure activities and spending time with their visitors or other consumers.

Staff advised they document changes to consumers service and support needs or preferences within the ECMS and verbally communicate this information between staff through verbal and written handovers. Care documentation contained information on consumers dietary needs, food preferences and interests of consumers and staff were observed exchanging consumer information between care and catering staff. Most consumers and representatives said information on consumer’s needs and preferences for daily living was effectively shared, while others said their dietary preferences were not understood and staff don’t know their likes and interests. The providers response included additional information supporting consumer’s like and interest were known, or their care documentation had been updated to reflect newly expressed preferences.

Consumers and representatives said consumers were referred to volunteer organisations to support their socialisation. Care documentation evidenced staff were prompt to refer consumers to other organisations when they required additional supports or services. Policies and procedures guided staff in referral processes to optimise daily living support.

All consumers and representatives gave positive feedback in relation to the quantity of meals, and most said the meals were varied and were of suitable quality, while others said meals tasted bland, it had an unpleasant texture or options for vegetarians were limited. Meal service was observed to be undertaken in a timely and organised manner, with the menu displayed promoting choice of meals. Staff demonstrated knowledge of consumer meal preferences, dietary needs and confirmed consumers influenced the menu and meals served, through feedback given at food focus meetings. The providers response advises the winter menu has since been introduced which increased the availability of vegetarian meals.

Consumers said the equipment they used for daily living, such as mobility aids were kept clean and were well maintained. Wheelchairs and 4-wheeled walkers were observed to be in good condition and were clean. Staff confirmed they had access to suitable equipment and supplies which were suitable for use by consumers.

# 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

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been found Compliant, as:

Consumers confirmed their sense of belonging was promoted by being able to personalise their room and being able to use communal areas when they had visitors. Staff said when consumers entered care, they provided orientation and transition assistance to encourage them to feel welcome. Communal areas were observed to be furnished in a home like fashion, consumer rooms were personalised, and directional signage was installed to assist with independent navigation.

Staff were knowledgeable of cleaning, preventative and reactive maintenance processes and documentation evidenced these tasks were completed as scheduled. Staff advised the safety of the environment was monitored through regular audits to ensure any hazards or repairs required were identified and attended to promptly. Consumers and representatives confirmed consumers were able to move around as they wished, the service environment was kept clean and they had access to indoor and outdoor areas, however, security mechanisms installed restricted consumers ability to freely leave the service as they were reliant on staff to release the locking mechanism. This is further considered under Requirement 8(3)(e).

Furniture was observed to be clean and in good condition. Staff said fittings were routinely inspected and serviced to ensure they were safe. Consumers and representatives said the furniture, equipment and fittings were safe, clean and well maintained, however, one representative raised a concern regarding the suitability of the call bell mechanism within a consumer’s room. The approved providers response confirms this issue has been rectified.

# 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

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been found Compliant, as:

Most consumers and representatives said they knew the various avenues available for them to provide feedback and make complaints and most felt comfortable doing so, while others said it depended on the staff member. Staff said consumers and representatives were encouraged to provide verbal feedback at meetings or by speaking directly to staff and written feedback could be submitted via feedback forms or emails. Feedback forms and lodgement boxes were readily accessible supporting feedback to be lodged anonymously, if required.

Most consumers and representatives confirmed they were made aware of external complaints mechanisms and advocacy services available to them, however one said they had not been informed about advocates. Staff demonstrated knowledge of these services and knew how to assist consumers to access their support, if required. Posters and brochures displayed promoted the availability of advocacy, complaints and interpreter services to consumers.

Most consumers and representatives gave positive feedback on how complaints were addressed and resolved. However, others said a complaint regarding missing clothing, remained unresolved, with a memorandum on laundry processes issued to staff in response. Staff knew the principles of open disclosure confirming apologies are given when things went wrong. Complaints documentation evidenced when complaints were lodged, action was taken quickly, and outcomes of investigation were communicated to the complainant.

Consumers and representatives said their feedback and complaints had led to improvements in the temperature of meals served. Staff advised feedback and complaints were trended to identify areas where potential improvements may be needed. Complaints and continuous improvement documentation consistently identified concerns raised by consumer and the actions taken to improve the quality of care and services were being monitored and evaluated.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Most consumers and representatives felt there was sufficient staff deployed to meet their care and needs, confirming staff come quickly when they call for assistance. However, others said they had experienced delays with continence care, upon investigation this was identified to be a one-off experience. Management confirmed various strategies were used in response to unplanned leave to ensure a full allocation of staff was rostered, with processes in place to continuously review the sufficiency of allocations. Staff confirmed they were able to complete their delegated tasks as adequate staff were deployed to meet consumer’s needs.

Most consumers and representatives said staff were kind, they knew consumers well and their interactions were respectful; however, 4 consumers and representatives raised concerns with staff conduct, with management to address the issues with staff. Staff confirmed receiving training on diversity, cultural safety, dignity and respect which informed their practice. Staff were observed interacting with consumer in a kind and gentle manner.

Consumers and representatives said staff were competent, performed their roles effectively and staff were appropriately skilled. Management advised competency was assessed through orientation processes, with qualifications and suitability to work in aged care, checked prior to commencement and monitored for currency. Personnel records evidenced position descriptions outlined essential qualifications, skills and knowledge requirements, however, a deficit in staff knowledge on restrictive practices was identified. This is further considered under Requirement 8(3)(e).

Consumers and representatives felt staff were trained well as they had not identified any areas where they thought additional training was required. Management advised staff were required to complete training at orientation, with education records confirming staff mostly completed mandatory and compulsory training modules as they were scheduled, written correspondence was sent to staff whose assigned training was identified as overdue. Staff confirmed they were provided with training relevant to the Quality Standards including open disclosure, infection control and incident management.

Management said formal processes of probationary reviews and an annual performance appraisal were used to assess staff performance, with monitoring occurring through observations and feedback from consumers and other staff. Personnel records evidenced most staff had completed their annual appraisal as scheduled, with management demonstrating actions already taken to follow up those who were overdue. Policies and procedures outlined performance monitoring and performance management processes.

# 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 Quality Standard is assessed as compliant, as 5 of the 5 specific requirements were assessed as compliant. The Assessment Team recommended one of these requirements was not met, however I have come to a different view. In coming to my finding, I have considered the information contained in the Site Audit report and the provider’s response submitted on 26 July 2024.

The Site Audit report evidenced a clinical governance framework was in place, which included policies and procedures to guide staff on their roles and responsibilities in antimicrobial stewardship and use of open disclosure, however deficits in restrictive practices governance were identified as staff were unable to identify all forms of restrictive practice and consumers who had restrictive practices applied were not accurately identified.

In relation to chemical restrictive practice, clinical monitoring processes had failed to identify when 2 consumers were listed as being prescribed psychotropic medications, these were documented as being for the purpose of managing behaviours rather than a clinical diagnosis.

In relation to environmental restrictive practices, the front door was secured and for any consumer who wished and was able to leave the premises, the security system was released by staff, or it required a code (not displayed) to be entered into a keypad to release the lock. Staff did not demonstrate an understanding that this was potentially a restrictive practice.

The provider’s response acknowledges the concerns raised and submitted clarifying information with additional documentation supporting a finding of compliance as staff training on restrictive practices has been completed and changes have been made to the security systems removing consumer dependence on staff to facilitate their exit from the service. This included the code being displayed so consumers were able to release the security system themselves and installing an additional keypad at the front door for any consumers who wish to re-enter the service after visiting the community afterhours.

Additionally, documentation was submitted confirming for one consumer they did have a clinical diagnosis supporting their use of psychotropic medication without it being classified as a chemical restrictive practice and for the other consumer, this medication was prescribed pre-entry and while consent was confirmed, staff had failed to identify this as restrictive practice. A behaviour support plan has also been completed.

I encourage the provider to continue to strengthen and embed its clinical monitoring processes to ensure omissions or errors in documentation relating to restrictive practices are identified and remediated promptly.

Based on the evidence detailed above, I find Requirement 8(3)(e) compliant.

In relation to the remaining 4 requirements of this Quality Standard, I find them compliant, as:

Consumers said the service was well run; they were able to provide feedback on its operation and confirmed consumer meetings were held regularly. Management gave examples of a variety of mechanisms in place which ensured consumers had input into designing, and were enabled to evaluate, the care and services provided to them. Meeting minutes evidenced consumer input was sought on laundry services, meals, events, activities and equipment supplied within the media room.

Management described a robust organisational and governance structure with reciprocal communication between the Board, its sub-committees and service management. Board reports evidenced the governing body monitors the performance of the service to ensure the safety and quality of care provided to consumers. Meeting meetings evidenced clinical outcomes, incidents, audit results and complaints are trended, with management confirming the governing body had made changes to care planning communication processes, based on this information.

Management described processes and mechanisms in place for effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints. Staff knowledge aligned with processes specified in the service’s policies and procedures, with documentation evidencing translation into practice.

Management described risk management systems, processes and practices which were effectively used to monitor and manage high impact-high prevalent risks, detect and report on potential abuse or neglect of consumers and enabled consumers to live their best life. Staff were knowledgeable of risk management procedures and understood their roles and responsibilities. Documentation evidenced risks and most incidents were effectively identified, and legislative timeframes for reporting serious incidents were met, however incidents involving inappropriate of restrictive practice or unreasonable use of force, had either not been identified or not reported within the required 30 days. The provider’s response evidenced these incidents have now been reported to the Commission.

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)