Performance

Report

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| Name: | Heritage Botany |
| Commission ID: | 0519 |
| Address: | 31 Edgehill Avenue, BOTANY, New South Wales, 2019 |
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| Activity date: | 5 September 2023 to 8 September 2023 |
| Performance report date: | 20 October 2023 |
| Service included in this assessment: | Service: 532 Heritage Botany |

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 Heritage Botany (**the service**) has been prepared by Katherine Richards, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management, and others.
* the provider’s response to the Assessment Team’s report received on 6 October 2023.

# 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 Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers and representatives said they were treated with dignity and respect and their identity, culture and diversity was valued. Staff accurately recalled consumers’ life history and cultural background and explained how this influenced care. Care planning documents included respectful language and reflected consumers’ identity and diversity. The service’s diversity, equity and inclusion policies demonstrated the service’s commitment to supporting a diverse and inclusive environment.

Consumers and representatives confirmed the service valued and respected their cultural backgrounds and provided culturally safe care. Staff identified consumers from a culturally and linguistically diverse background and explained how they catered to these consumers and supported them to celebrate their culture. Care planning documents specified details about consumers’ culture and how to deliver their care.

Consumers were supported to make choices about their care, involve others in the care decisions, and maintain relationships of choice. Staff described how they consulted consumers about their care and supported them to make informed choices about how it is delivered. Care planning documents identified consumers’ independent care choices, who was involved in their care, and how the service supported them to maintain important relationships.

Consumers described how the service supported them to understand and engage in risks to live the life they chose. Management explained how the service supported consumers to exercise choice and take risks in order to live their best life. Management and staff described the risks taken by consumers and the risk mitigation strategies. Care planning documents outlined how the service supported consumers to understand and make informed choices involving risks.

Consumers and representatives described how they received accurate and current information to help them make informed decisions. Management and staff described how current information was provided to consumers, tailored to their assessed communication needs and preferences. A copy of the current monthly activities calendar was observed on display in consumer rooms. Current, easy to understand information about upcoming events and activities was displayed at reception and on notice boards throughout the service.

Consumers and representatives reported their privacy was respected and their personal information was kept confidential. Staff outlined practical ways they respected consumers’ privacy and confidentiality such as knocking on doors before entering bedrooms, locking nurse’s stations, and using password protection on all 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

This Quality Standard is Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said they received safe and effective care and services in line with their specific needs. Care planning documents showed assessment and planning was used to identify and address the specific needs and risks to each consumer and informed the delivery of safe and effective care and services. Staff were aware of individual consumer’s assessed care needs and described how they managed risks in accordance with their documented care plans. Management and staff described the assessment and care planning process which included consideration of risks to consumers health and well-being.

Consumers and representatives said their needs, goals, and preferences, including their advanced care and end-of-life wishes, were outlined in their care plans, and that staff were aware of these when providing care. Care planning documents reflected consumers’ needs, goals and preferences, as well as advanced care and end-of-life directives for consumers who had chosen to communicate them. Management and staff described how they approached end-of-life discussions with consumers and ensured assessment and care planning captured consumers’ current needs, goals, and preferences.

Management and staff described how the service partnered with consumers, representatives, and other providers of care, to ensure they met the needs, goals and preferences of all consumers. Consumers and representatives confirmed they were involved in the planning and review of consumers’ care, and that other providers of care were also involved where required. Care planning documents showed consultation with consumers and representatives, and the involvement of a variety of external providers such as Medical officers, Allied health professionals, and specialist providers.

Consumers and representatives said they had access to consumers’ care planning documents and were informed about the outcomes of assessments and any changes to their care plans. Management and staff described how the service updated consumers and representatives about the outcomes of assessments during regular care plan reviews, routine phone calls, and ad hoc conversations during daily rounds and when providing care. Management advised that consumers and representatives could request a copy of the consumer’s care plan at any time.

Consumers and representatives confirmed that care and services were reviewed regularly and when a consumer’s needs, goals or preferences changed. Care planning documents showed evidence of regular review, and when circumstances changed, or incidents occurred. Management and staff described how care plans were reviewed during resident of the day reviews, 4-monthly case conferences, and when circumstances changed, or incidents occurred.

# 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 Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives said the personal and clinical care provided was tailored to consumers’ individual needs and preferences and optimised their health and well-being. Care planning documents demonstrated provision of safe and effective care that aligned with consumers’ needs, goals preferences. Management and staff described how they delivered best practice personal and clinical care that was safe, effective, and tailored to the needs and preferences of consumers.

Overall, consumers and representatives were satisfied with how risks were managed by the service. Management was able to explain consideration and responsive actions taken in response to one representative’s concerns on management of a consumer’s risks, and staff familiar with effective management strategies. Management and staff demonstrated high impact and high prevalence risks were effectively managed through regular monitoring and analysis of clinical data and the implementation of suitable risk mitigation strategies for each consumer. Care planning documents showed appropriate identification and management of high impact and high prevalence risks to consumers.

Consumers and representatives expressed satisfaction with how the service provided care and support to consumers nearing the end-of-life. Care planning documents for a late consumer demonstrated timely communication and transition to end-of-life care, with comprehensive care planning for management of pain, comfort, dignity, and emotional support. Management and staff described the measures taken to maximise consumers’ comfort and dignity during end-of-life care, including consultation with specialists, Allied health professionals and a palliative care team.

Consumers and representatives said they were kept informed about changes in a consumer’s health and the service responded appropriately and promptly to a deterioration in condition. Care planning documents showed timely recognition of, and response to, deterioration and changes in consumers’ condition. Management and staff described how they recognised, monitored, and responded to a deterioration in condition, such as weight loss and declining mobility, in partnership with relevant health professionals.

Consumers and representatives said staff communicated effectively with them and those involved in providing their care and services. Care planning documents showed sufficient and individualised information was documented and communicated to those involved in providing consumers’ care and services. Staff explained how information was effectively communicated between staff and with others through documentation and handover processes.

Consumers and representatives confirmed they had timely referrals to other providers of care and services. Care planning documents evidenced timely referrals to appropriate Allied health professionals. Management and staff described the range of individuals and organisations involved in consumers care and the referral process for each.

Consumers and representatives were satisfied with the service’s infection prevention measures and how they were communicated. Care planning documents showed the appropriate use of antibiotics to manage confirmed infections. Management and staff demonstrated an understanding of antimicrobial stewardship and described the measures in place to prevent and manage infectious outbreaks. Staff were observed following all infection control procedures and the COVID-19 screening procedure was being strictly adhered to by those entering the service.

# 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 Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives confirmed they were provided with appropriate supports to optimise their independence and quality of life and participate in activities they liked. Staff explained how they partnered with consumers to conduct a lifestyle assessment which recorded their individual needs, likes/dislikes, interests, and social, emotional, cultural, and spiritual needs. Staff could explain services and supports to meet the needs and preferences of specific consumers and this aligned with the information recorded on their care plan.

Consumers and representatives said the service promoted their emotional, spiritual, and psychological well-being and they were supported when they were feeling low. Staff explained supports provided to meet consumers’ emotional, social, and psychological needs. Management explained the ongoing efforts made to have the Greek Orthodox priest resume services on-site to meet consumer needs. Care planning documents showed there were suitable services and supports for consumer's emotional, spiritual and psychological well-being.

Consumers and representatives said they were supported to participate in events inside and outside the service, keep in touch with people who were important to them, and do things of interest to them. Staff described how they helped consumers to maintain important relationships and participate in their community both inside and outside the service. Care planning documents showed important relationships and detailed how consumers wanted to be involved in their community. Consumers were observed interacting with others in various areas of the service.

Consumers said current information about their condition, needs and preferences was communicated effectively within the organisation, and with others responsible for supporting their care and services. Staff explained how they documented changes in the electronic care management system and communicated consumers’ current needs with other staff at shift handovers. Care planning documents provided adequate information to support the delivery of safe and effective services and supports for daily living.

Consumers described timely referrals made to volunteers and counsellors to meet their needs. Care planning documents showed there were appropriate referrals to other organisations and services such as volunteers and pastoral care officers. Staff described how they engaged other organisations and services such as counselling, religious organisations and volunteers to enhance consumers' lifestyle and experience at the service.

Most consumers and representatives expressed satisfaction with the quality and quantity of food provided. In addition to the menu, consumers could request alternatives such as salads, sandwiches, and other snacks. Staff knew consumer’s individual dietary needs and preferences and explained how these were documented and accommodated. The service had mechanisms which allowed consumers to provide feedback on the food. Management described recent improvements they had made to the meal service in response to consumer and representative feedback, including offering a double choice menu and hosting food focus meetings.

Consumers reported having access to suitable, clean, and safe equipment to assist them with their daily living activities. Staff could describe how equipment was kept safe, clean, and well maintained. The equipment throughout the service was observed to suitable, clean, and well-maintained.

# 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 Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers and representatives said the service environment was welcoming, easy to navigate and they were encouraged to personalise their rooms. Management and staff described features of the service that helped consumers to feel welcome and optimise their sense of belonging, independence, interaction, and function. Bright yellow navigation signs assisted consumers to navigate, and hallways had handrails and were well lit, wide, and unobstructed. Consumers and were observed spending time socialising in the common areas and outdoor shaded areas.

Consumers and representatives said the service environment was safe, clean, and well-maintained and allowed them to move around freely. One representative reported their room had not been cleaned several days however, management promptly arranged for the room to be cleaned once it was brought to their attention. Staff described how the service environment was cleaned and maintained in accordance with a cleaning schedule. The service environment appeared to be clean and well maintained with identified hazards promptly rectified.

Consumers and representatives confirmed the furniture, fittings and equipment were safe and well maintained. Staff described the processes for cleaning and maintaining equipment, furniture, and fittings, and how they ensured they were suitable for consumers. Equipment, fittings, and furniture appeared to be clean and in good condition.

# 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 assessed as Compliant.

The Assessment Team recommended Requirement 6(3)(d) was Not Met. While some consumers and representatives said their feedback was used to improve services the Assessment Team identified 8 complaints that had not been reflected in the services feedback and complaints register and therefore management was unable to demonstrate how complaints would be used to improve the quality of care and services. Evidence brought forward included:

* One consumer described an incident where a staff member had muttered profanities under their breath whilst providing care. The consumer said they had reported this to another staff member however, management advised they were unaware of the incident.
* One representative said they had raised a complaint regarding a lack of communication about an incident, with management explaining the matter was reflected in the incident report and therefore they did not consider it necessary to also record it in the feedback and complaints register
* One representative said they complained to multiple staff, however, issues relating to meals were still occurring.
* One consumer said they feel there is no longer any point in complaining because nothing ever changes. Management advised some of the consumer’s feedback had been considered as suggestions raised within case conferences rather than a complaint, had they been aware of the consumer’s ongoing concerns, these would have been recorded in the feedback and complaints register.
* Management demonstrated they had logged the complaints and initiated a continuous improvement action and additional staff training in relation to managing and escalating complaints in response to the Assessment Team’s feedback
* Other consumers were able to describe changes made in response to feedback and complaints, with management giving examples including actions taken to improve meals in response to consumer feedback.

The provider’s response refuted the not met finding and provided additional clarifying information and evidence in relation to their approach to managing and preventing incidents. The provider advised:

* Issues raised during the Site Audit had not been brought to the attention of staff or management prior to receiving feedback from the Assessment Team.
* Investigation was undertaken in relation to feedback detailed within the Assessment Team’s report, with 2 of the consumers advising there was no complaint but at best a ‘misunderstanding’.
  + Clarifying details were provided in relation to not notifying the representative of the incident, explaining this was the consumer’s choice, and it was identified the discussion of the matter constituted a breach of confidentiality, which was addressed directly with the consumer. Attempts to further communicate with the representative to better understand their feedback had been unsuccessful, and the matter was closed prior to the Site Audit.
  + There is no record of one named consumer providing any feedback to staff, management, or through consumer meetings or forums which were regularly attended.
* The service follows organisation policies and procedures in relation to feedback and complaints, including capturing information, acknowledging receipt, investigating, taking responsive actions, and reviewing outcomes with the complainant.

I acknowledge some requests/complaints were identified during the Site Audit, that were not recorded on the service’s complaints register. I note the service’s explanation that some of these were newly identified issues and others were considered to be requests rather than complaints. While a gap was identified in staff recognising and recording complaints on the register, the provider was addressing the issues appropriately, in consultation with the consumers and representatives. The provider had also initiated education and continuous improvement actions aimed at addressing any gap in staff knowledge and practices around handling complaints. A working group is being formed to better improve terminology, perception, and education of staff in relation to feedback and complaints. I consider the provider demonstrated feedback and complaints were generally used to improve the quality of care and services. Therefore, on the balance of the evidence before me, I find Requirement 6(3)(d) Compliant.

I am satisfied the remaining 3 Requirements in Standard 6 Feedback and complaints are Compliant.

Consumers and representatives described various ways they could provide feedback and complaints and said they felt safe and supported doing so. Management and staff were able to describe the processes in place to encourage and support consumers and representatives to provide feedback and complaints. The service had policies, procedures, and systems in place to support and manage feedback and complaints.

Most consumers and representatives said they were not interested in finding out about advocacy and complaints services, as they did not feel the need to use these services. Management and staff could describe the advocacy, language, and complaint services available to consumers and representatives. Posters and information resources related to the Aged Care Quality and Safety Commission (Commission) and external advocacy services were observed around the service.

Most consumers and representatives said staff and management address and resolve their feedback and complaints or responded appropriately when an incident had occurred. Staff showed an understanding of open disclosure, explaining how they would notify consumers and representatives and apologise and explain what will be done. Management explained how staff were guided by documented policies and procedures on open disclosure and complaints handling.

# 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 Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Most consumers and representatives were satisfied with the number of staff and the speed at which care needs were responded to. Staff felt they were well supported by management and there was enough staff. Management described how they ensured the workforce was planned and adequate including by filling rostered shifts, ongoing recruitment and actively reviewing call bell response times. Documents showed adequate staffing levels and call bell response times were monitored by management.

Consumers and representatives indicated staff were kind, caring, respectful and gentle when providing care. Staff were observed to interact with consumers respectfully during the Site Audit. Staff showed they were familiar with each consumer’s individual needs and identity and were aware of the service’s policies and procedures related to staff practice and behaviour. Staff meeting minutes recorded discussion of Code of Conduct and measures to support consumer freedom of expression and self-determination.

Consumers and representatives considered staff were skilled and competent in their roles. Management described the mandatory and ongoing training provided to staff, including onboarding processes. Staff were confident the training provided had equipped them with the knowledge and skills necessary to perform their duties. The service has documented core competencies and qualifications or registrations for distinct roles.

Consumers and representatives were satisfied staff had the appropriate skills and knowledge to ensure the delivery of safe and quality care and services. Management explained the mandatory trainings and other non-mandatory trainings required to be completed by relevant staff to ensure staff had sufficient knowledge and skills for consumer needs. Staff interviewed said the service provides training, policies, and procedures to support them to provide quality care. Training records demonstrated staff compliance with mandatory training expectations.

Staff described how their performance was regularly reviewed and they set development goals. Management described how the performance of staff was monitored through formal performance appraisals and informal monitoring and discussions. Management had processes for identifying and managing performance issues. The service had a suite of policies and training related to the expected performance and behaviour of staff.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

The Assessment Team recommended Requirement 8(3)(d) was not met. Whilst consumers were supported to live their best life and risk management systems were mostly effective however, the service did not demonstrate the incident management system was always effective in managing, preventing, and responding to incidents, including ensuring incidents were escalated and reviewed appropriately. Evidence brought forward included:

* Incidents relating to one consumer behaviour impacting upon another consumer had been captured in incident reporting, however, the service’s documentation did not demonstrate how a decision was made in relation to reporting through the Serious Incident Response Scheme (SIRS).
* One consumer provided feedback of staff being disrespectful, however, there were no incident reports and therefore, no investigation on whether this required reporting through SIRS.
* One representative expressed dissatisfaction relating to the management of an incident, including using open disclosure processes with the family.
* Continuous improvement actions did not identify the change in risk correlating from SIRS reporting and staff meeting minutes recording concerns about managing increasing numbers of consumers with changed behaviours and/or complex care needs.

The provider’s response disputed the not met finding and provided additional clarifying information and evidence in relation to their processes for managing and preventing incidents. The provider advised:

* A number of the issues identified in the Site Audit had not previously been brought to the attention of the provider. Once management was made aware of the issues, appropriate action was taken in accordance with the organisation’s documented policy and procedure in relation to managing feedback and complaints which includes recording, investigating, and responding promptly to complaints.
* Incidents which required reporting under the Serious Incident Response Scheme had been reported.
* In response to staff feedback regarding increased complexity of consumer care, this was used to identify supportive training and skill development. The provider refutes the meeting minutes reflected staff concern about the increase of consumers with complex needs or behaviours, just an interest in current admission trends within the sector.
* In consultation with consumers and representatives, the service has implemented new measures to address wandering behaviours and there are currently no complaints related to dementia consumers exhibiting wandering or disruptive behaviours.

I acknowledge the provider’s additional information clarifying the circumstances around the incidents identified in the Site Audit and whether they required reporting under the Serious Incident Response Scheme (SIRS). I also note the provider’s additional training for staff in relation to the escalation and management of complaints and incidents, and consider the provider has appropriate systems and practices in place for managing and preventing incidents. Therefore, on the balance of the evidence before me, I find Requirement 8(3)(d) compliant.

I am satisfied the remaining 4 Requirements in Quality Standard 8 are compliant.

Consumers and representatives said they were engaged in the development, delivery and evaluation of care and services. Management gave examples of consumer driven changes and explained various ways consumers and representatives were supported to improve their care and service delivery, including through care plan reviews, feedback, and complaints systems, surveys, and discussions. Documents confirmed consumers were engaged and supported in providing input on service delivery.

The service demonstrated how the organisation structure and the governing body promoted a culture of safe, inclusive, and quality care and services and the Board was accountable for their delivery. Management described various ways the Board oversees the service and ensured the Quality Standards were met, including working with quality teams, who undertake regular visits, review audits, and incidents.

The service demonstrated appropriate governance systems were in place covering information management, continuous improvement, financial governance, the workforce, regulatory and legislative compliance, and feedback and complaints. Management and staff were familiar with the governance arrangements and knew how to access the relevant policies and procedures. Management explained how the Board engaged with the service and monitored the governance arrangements.

The organisation had an effective clinical governance framework which included appropriate policies and processes related to antimicrobial stewardship, minimising the use of restraint, and open disclosure. Management and most staff could explain how these policies and procedures were applied in the delivery of care and services.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)