Performance

Report

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| Name of service: | Jack Lonsdale Lodge |
| Service address: | 232 Spencer Street SEBASTOPOL VIC 3356 |
| Commission ID: | 4414 |
| Approved provider: | Grampians Health |
| Activity type: | Site Audit |
| Activity date: | 14 February 2023 to 16 February 2023 |
| Performance report date: | 4 April 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 Jack Lonsdale Lodge (**the service**) has been prepared by J Earnshaw, 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 15 March 2023
* other information and intelligence held by the Commission regarding 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

Consumers said they are treated with dignity and respect and their culture is valued. Staff described how they acknowledge consumer choices and how awareness of their choices and background influences care and services. Care planning documentation included information regarding cultural backgrounds and spiritual needs.

Care and service delivery was demonstrated to be culturally safe, with consumers feeling safe and supported to maintain their identities and do things that are meaningful to them. Staff described how care was structured to support consumers’ wellbeing and function. Care documentation was individualised and included relevant information relating to ethnicity, cultural practices, and spiritual needs.

Consumers reported they were supported to exercise choice and independence, communicate their decisions, and decide who is involved in their care. Consumers said they felt supported to make and maintain connections or relationships with people outside the service.

Consumers said they were supported to do things which enhance their overall well-being, including activities which may involve risk. However, whilst consumers are supported to take risks, these risks had not been assessed by the service to identify, mitigate and minimise risk to support consumer choice and dignity of risk. Documentation did not include risk assessments and intervention strategies developed in consultation with consumers and relevant health professionals.

Consumers and representatives said information provided to them is clear, timely and supports them in making choices, including about meals and activities. Consumers advised their privacy and dignity was respected by those providing care. Staff described how they ensure privacy is maintained. Care planning documentation was secured and accessible by approved persons. Staff were observed respecting consumers’ privacy.

The service has policies and procedures relating to this standard, such as to promote inclusiveness, cultural diversity, and safe spiritual care.

The Approved Provider in its response, evidenced smoking assessments, dignity of risk forms and mobility assessments have been completed for the named consumers and has provided information evidencing that the service has committed to further education for staff regarding supporting consumers to take informed risks, including supporting consumers who wish to smoke, to do so in line state and organisational policy.

In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the Approved Providers’ response. Therefore, it is my decision that the overall quality standard is compliant.

# 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

Whilst most consumers’ care planning documentation demonstrated assessment and planning included consideration of risks to consumers’ health and wellbeing, the Assessment Team report described instances where the service was unable to demonstrate assessment and planning includes consideration of risks to consumer’s health and wellbeing, specifically in relation to ensuring behaviour support plans for consumers’ subject to a restrictive practice and assessments/associated care plans for consumers who choose to take risks such as smoking and mobilising independently using an electric wheelchair.

Consumer care documentation identified staff have not consistently documented consumer behavioural support needs of consumer’s subject to restrictive practices and had not completed an assessment and/or dignity of risk considerations for consumers who choose to take risks. incidents in the consumer’s progress notes. Management advised the Assessment Team that a new organisational behaviour support plan, which will be recorded within the electronic care management system, is under development.

Consumers and representatives reported consumers receive the care and services they need, and they are involved and have a say in the care planning processes. Staff described how care planning informs the delivery of care and services. Care planning documents identify consumers current needs, goals and preferences including end of life care.

Care plans are developed in partnership with consumers, their representatives and other relevant health care providers. Outcomes of assessment and planning are communicated to consumers and their representatives, who expressed satisfaction with communication regarding the process.

Staff demonstrated an understanding of the service’s assessment and care planning processes, and the organisation had policies, procedures, and guidelines in regard to assessment and planning to guide staff practice, including a suite of evidence-based assessment tools. Staff advised they have access to care planning documentation related to consumers they provide care and services to, through the electronic care management system and handover records.

The Approved Provider in its response, advised smoking assessments, dignity of risk forms and mobility assessments have been completed for the named consumers and provided information evidencing that the service has committed to further education for staff regarding supporting consumers to take informed risks, including supporting consumers who wish to smoke, to do so in line state and organisational policy. The Approved Provider’s response demonstrated behaviour support plans are in place for consumers as appropriate and included a plan for continuous improvement.

In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the Approved Providers’ response. Therefore, it is my decision that the overall quality standard is compliant.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | 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 Site Audit Report reflected most consumers received safe and effective care. However, the Assessment Team brought forward deficits regarding behaviour support plans and monitoring/ management of restrictive practice.

As considered under Standards 1 and 2, the Approved Provider’s response demonstrated actions taken to implement a new documented behaviour support plan and review of consumers since the Site Audit. I note the approved provider disagreed with the Assessment Team’s analysis of restrictive practises in use at the service and I have taken into consideration that the service had self-identified and commenced remedial action for the deficits identified prior to the Site Audit. Information and actions were included to the service’s plan for continuous improvement.

Therefore, I find requirement 3(3)(a) is compliant.

I am satisfied the remaining 6 requirements of Quality Standard 3 are complaint.

Care documentation showed high impact and high prevalence were identified and interventions to manage these risks were applied. Staff described relevant risks for consumers and clinical indicator reports/ meeting minutes showed how these risks trended.

Care documentation showed the needs, goals and preferences of consumers nearing the end of life were recognised and addressed. Staff described how they deliver end of life care to maximise comfort and dignity.

Consumers and representatives said the service recognises and responds to changes in a timely manner. Staff described how they monitor deterioration, communicate changes and make referrals if necessary.

Information about consumers’ needs, preferences and condition is communicated effectively through progress notes, care plans and staff handover.

Overall appropriate referrals are made to other providers and organisations. Care plans and progress notes confirm input and directives from other health professionals.

The service embedded infection prevention and control practices and antimicrobial stewardship principles into service care and delivery. Staff demonstrated knowledge of these practices.

The service had policies and procedures, available to staff related to this Quality Standard.

# 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 and representatives said consumers receive services and supports for daily living optimise consumers’ emotional, spiritual and psychological well-being, however they expressed dissatisfaction with the activities program. Overall consumers advised the lifestyle program does not provide activities of interest and that volunteers and external lifestyle support services, such as entertainers have not returned to the program since the commencement of COVID-19. Management acknowledged they had identified the need to review the lifestyle program and had engaged the organisation’s Meaningful life manager to reshape the program, with a new activity calendar for implementation in March 2023.

The Approved Provider in its response, advised documented ‘life story’ assessments have been completed for consumers, the service has increased rostered lifestyle staff hours and committed to further education for staff, including enrolling staff in dementia specific education scheduled in July to be facilitated by Dementia Australia.

The Approved Provider advised the service has consulted with consumer’s leading to the forming of a consumer led social committee to hold their first meeting in April 2023 which has been included in the agenda of the consumer meeting for discussion and information.

Consumer care documentation demonstrated assessment processes capture who and what is important to individual consumers to promote their well-being and quality of life, and included information about external services, individuals and community groups who support consumers to maintain their interests and participate in the community outside the service.

Staff were able to describe what is important to consumers, what is of interest to them, and their social, emotional, cultural, and spiritual needs.

Staff described how changes in consumers’ care and services needs or preferences are communicated within the service, and with other healthcare providers as required.

The service was able to demonstrate timely and appropriate referrals occurred for consumers, to individuals, other organisations and providers of other care and services. Lifestyle staff described how the service works in conjunction with external parties and organisations to supplement the services and supports for daily living offered to consumers.

Consumers provided positive feedback in relation to the meals. Consumers’ dietary needs and preferences are accommodated, and staff demonstrated an awareness of consumers’ nutrition and hydration needs and preferences which are available and recorded within the electronic care management system.

The service demonstrated effective arrangements for purchasing, servicing, and maintaining equipment. Mobility and lifestyle equipment were observed to be clean and well maintained.

In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the Approved Providers response. Therefore, it is my decision that each requirement and the overall quality standard are compliant.

# 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 were satisfied with the living environment and felt it supported their sense of belonging and their function. Consumers provided feedback that included ‘they love living at the service’, and that their room was decorated with personal items that ‘makes it feel like home’.

Consumers and representatives said the service was clean and that consumers felt safe and comfortable.

Access to the various residential areas of the service is restricted via keypad code. Consumers who have been assessed as being able to safely enter and exit the service have been provided with the code; those consumers who are unsafe to do this have the appropriate authorisations and consents in place. Consumers can freely access enclosed gardens and courtyard areas and the Assessment Team observed these areas to be unlocked.

Management staff said and the plan for continuous improvement confirmed that serveries in each residential area are being refurbished to enable consumers to make their own breakfast, thereby supporting consumer independence and function. Management advised the organisation replaces furniture, fittings and equipment as needed and evidence of recent purchases was provided including the purchase of new recliners and mobility equipment.

Maintenance staff could describe the processes for undertaking scheduled preventative maintenance and responding to reactive maintenance requirements. Staff were familiar with their responsibilities in the event they identified a hazard or faulty equipment.

Staff who support cleaning and kitchen duties said that the laundry is now outsourced to an external contractor and this has improved their ability to complete their work.

In the event of an infectious outbreak, the Assessment Team were advised the organisation has access to a team of cleaning staff who can be immediately deployed to undertake a deep clean of the service.

The Assessment Team observed the service’s living environment and found:

* consumers’ rooms are personalised and decorated with photographs and other items of interest to the consumer
* furniture, fittings, and equipment were safe and generally clean and well-maintained
* consumers had access to call bells
* there are communal areas including lounge rooms and dining areas
* consumers have access to gardens and courtyards
* residential areas are connected by covered walkways, and
* fire safety equipment, fire evacuation diagrams and illuminated exit signage was in place

In one area of the service, the Assessment Team found an outdoor area that required attention as there was dust on the outdoor furnishings and hedges were overgrown impacting pathways. The service has a smoking area with undercover seating, signage and a fire blanket however an ashtray was not available and a garden pot was being used to collect cigarette butts and ash. Following discussion with management these areas were attended promptly including the provision of an ashtray. One consumer was observed not smoking in the designated smoking area and this is considered under Standard 1. I am satisfied the service living environment is clean, safe and meets consumers’ needs.

# 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

Consumers and representatives said they were satisfied with complaints processes. One consumer provided feedback that they rarely needed to complain and that when they had provided feedback, they felt comfortable doing so either by talking directly with staff or by emailing management. A representative said they attend consumer meetings where they have an opportunity to discuss, comment and provide feedback on issues raised by consumers and representatives.

Consumers and representatives explained they knew how to make complaints to the Aged Care Quality and Safety Commission and said staff had provided them with information about advocacy services. One consumer reported they had resided at the service for some time and that advocacy services were regularly invited to attend the service and educate consumers.

Consumers provided examples of how their feedback and complaints had been managed with one consumer saying that their complaint had been managed promptly by management, that an apology was made and that the principles of open disclosure had been applied. The consumer further stated they were satisfied with the outcome and that they had not experienced any further issues.

The service has policies and procedures relating to managing feedback, complaints and open disclosure and staff were familiar with their responsibilities and provided examples of how they had applied the policies to their work in a practical way.

Management spoke of the service’s procedure for handling and recording complaints, explaining that when consumers provide feedback directly to staff, information is recorded, discussed with other staff and escalated as required. They said feedback and complaints are used to improve the quality of care and service delivery and that this information is collected through consumer and representative meetings, feedback forms, verbal feedback, audits and surveys. The Assessment Team reviewed the complaints register and plan for continuous improvement which captured information on feedback, complaints and suggestions received via different avenues, and actions implemented to improve outcomes and prevent recurrence.

Staff said it is not uncommon for consumers to provide direct feedback to themselves or the management team. All staff interviewed were familiar with the service’s procedure for receiving and recording feedback and complaints and stressed the importance of recording, reporting and escalating complaints when needed.

The Assessment Team observed the consumer and representative meeting and noted that there was feedback provided by consumer representatives and that attendees were being actively encouraged by management to provide feedback. Pamphlets about the older person’s advocacy network were distributed and those present were invited to attend an upcoming information session. Posters were displayed throughout the service providing information about advocacy and external complaints bodies. Complaints boxes and forms were observed distributed across multiple locations within the service.

# 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

Consumers said that staff had sufficient time to attend to their care and services in a way that did not leave consumers feeling rushed. Consumers provided feedback that ‘there was always plenty of staff available when required’ and that when staff were busy they always communicated with the consumer to arrange a suitable time.

All consumers and representatives said staff treat them with kindness and care about their needs. Consumers provided examples of the way staff interact with them including ‘staff are just wonderful and speak to the consumer with the utmost respect’ and that staff respect their needs and preferences such as their need for independence.

The organisation has human resource policies and online modules to guide staff so that they are aware of organisational expectations in relation to conduct towards consumers. Staff said that if they witnessed another staff member speaking inappropriately or treating a consumer disrespectfully, they would report the incident to management. A review of the service’s February 2023 consumer experience survey identified that the majority of consumers said staff are kind and caring. The Assessment Team observed staff interacting with consumers by having a conversation with them and engaging in laughter.

Management said the service is part of several combined health services and that a large pool of casual staff is available. Staff said there are times when unplanned leave occurs and while some cares may be delayed this information is communicated to consumers and cares are still provided the same day. Registered and care staff described how the service accesses additional staff using a casual pool of staff available at short notice and how permanent staff are contacted to ask if they are able to work an extended shift. The Assessment Team reviewed call bell reports and found that most calls are responded to in under 10 minutes.

Consumers were satisfied with staff knowledge and skills and said staff knew what they were doing. Consumers spoke positively of the physiotherapy staff saying they did an ‘excellent job’ assisting and supporting them with mobility and rehabilitation.

Staff reported they receive training that pertains to their roles and are required to complete mandatory training online. The Assessment Team found that the majority of mandatory training had been completed however there were some staff outstanding in their completion of modules relating to the Serious Incident Response Scheme; this is addressed further under Standard 8. Management said staff are able to request additional training and that the organisation’s online training programme offers staff a suite of educational modules to assist with staff’s professional development. The organisation has an annual education calendar available to staff that includes face to face training offered at a number of locations.

Registered and care staff described how they work within their scope and if they are unsure of the consumer’s needs, they ask staff with the qualifications for assistance. The Assessment Team reviewed staff registrations and National Police Checks and confirmed that all were current.

The service has processes to monitor staff performance including through annual performance reviews, observations, competency assessments, audits, incident data and consumer and staff feedback. Staff described the performance review process and said they discuss their goals, aspirations and future training opportunities with their supervisor. The Assessment Team found most staff had completed an annual performance review and those staff who were outstanding had appointments 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

Consumers and representatives considered the organisation was well run and they could partner in improving the delivery of care and services. Consumers and representatives confirmed they had opportunities to provide feedback and be involved in the development of care and services through consumer and representative meetings, focus groups, audits and feedback forms.

The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and was accountable for their delivery. The Board satisfies itself that the Quality Standards are being met within the service through internal committees who meet weekly with management and report to the Board monthly.

The organisation’s documented clinical governance framework and policies in relation to antimicrobial stewardship, complaints management and open disclosure were applied by staff in the delivery of clinical care. Staff had received training in relation to the framework and policies and provided examples of how they were applied to their practice. Restrictive practise and behaviour support planning as well as the Approved provider’s response has been considered and reflected throughout this report.

Consumers and representatives expressed satisfaction with the way information about care and services is managed and how information is provided to them.

The service has a plan for continuous improvement, identifying opportunities for improvement through a range of sources including feedback and complaints mechanisms, clinical and incident data, meetings, and internal audits.

Whilst the Service demonstrated policies and procedures were available to guide staff with governance and risk management systems and practices to prevent and manage incidents, including serious incident reporting through the Serious incident response scheme; these systems were not demonstrated by the Service to be consistently applied or effective.

Staff had access to resources and training and the service’s electronic care management system, assessment and care planning information which generally reflected accurate information to guide and inform the delivery of personal and clinical care and to support the monitoring of care delivery. However, the Site Audit report provided information that the service did not demonstrate effective governance systems in relation to regulatory compliance in relation to identification and reporting of serious incident response scheme reportable incidents.

Review of the incident management system identified that not all incidents were reported appropriately. Management evidenced to the Assessment Team; the remedial actions commenced during the site audit.

The Approved Provider, in its response, included a plan for continuous improvement, evidenced that the service has revised processes, policies and re-educated staff related to the serious incident response scheme requirements.

The service was able to demonstrate consumers are supported to take risks and participate in activities to enable them to live the best life they can. Staff demonstrated an understanding of consumers, including with high impact or high prevalence risks.

Consumers’ care planning documentation described how consumers are supported and consulted, to participate in risk taking activities of their choice, and consumers’ clinical incidents are generally reviewed, analysed and trended by management, however not all incidents were reported in accordance with the serious incident reporting framework or the policy and procedures of the service.

The Approved Provider, in its response, acknowledged the service has areas for improvement and advised actions taken to maintain compliance under this requirement and demonstrated actions taken include:

* conducted a gap assessment which identified 12 incidents unreported through the serious incident response scheme. The service lodged these reports during the Site Audit.
* commenced a planned continuous improvement action related to serious incident reporting and commenced a program of education of staff, including the use of the decision-making tool for incidents.
* Senior clinical staff review all incidents on a daily basis to ensure all incidents are considered and reported appropriately.
* provided a Plan for Continuous Improvement to demonstrate remediation actions.
* The organisation, as part of an amalgamation, has reviewed and updated policies.

In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the Approved Providers’ response. Therefore, it is my decision that the overall quality standard is compliant.

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)