Performance

Report

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| Name of service: | Kew Gardens Aged Care |
| Service address: | 22-24 Gellibrand Street KEW VIC 3101 |
| Commission ID: | 4218 |
| Approved provider: | Australian Aged Care Group Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 8 March 2023 to 10 March 2023 |
| Performance report date: | 12 May 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 Kew Gardens Aged Care (**the service**) has been prepared by   
J. Howard, 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 conducted from 8 March 2023 to 10 March 2023. 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 Approved Provider’s response to the site audit report, received 5 May 2023.
* Other information and intelligence held by the Aged Care Quality and Safety Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Non-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 | **Non-compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* *Requirement 1(3)(a)* – The Approved Provider must ensure each consumer is treated with dignity and respect, with their identity, culture and diversity valued.
* *Requirement 7(3)(a)* – The Approved Provider must ensure 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.

# Standard 1

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| Consumer dignity and choice | | Non-compliant |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Non-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

I have assessed this Quality Standard as non-compliant, as I am satisfied the service is non-compliant with Requirement 1(3)(a).

*Requirement 1(3)(a):*

The service’s management fostered a culture of treating consumers with dignity and respect, which was reflected in positive consumer feedback. However, notwithstanding the positive workplace culture, several consumers, consumer representatives, clinical staff and care staff advised a shortage of staff impacted consumer dignity in relation to managing continence and incontinence. Specifically, staff shortages resulted in episodes of incontinence for some consumers, while other consumers’ personal hygiene needs were not met in a timely way. In addition, the Assessment Team was advised some consumers were supported by private carers who provided personal care and companionship.

In its response of 5 May 2023, the Approved Provider advised the staff shortage was ‘perceived’, rather than actual, because the service exceeded the required number of care minutes to be delivered during the January to March quarter of 2023, under the new residential care funding model.

However, I note care minute targets are set based on the consumer case mix, which is determined by the Approved Provider. Service-level targets are indicative of the *minimum* care minutes that should be delivered in a particular service. While I acknowledge the service is exceeding its care minute targets under the funding model, the *Aged Care Act 1997* and the *Quality of Care Principles 2014* require Approved Providersto maintain an adequate number of appropriately skilled staff to ensure consumers’ care needs are met. Significantly, multiple instances of feedback provided by consumers, representatives and staff during the site audit each aligned and confirmed there was not an adequate number of staff to appropriately manage some consumers’ continence and incontinence.

While I acknowledge the Approved Provider’s staff operated within a respectful workplace culture, at the time of the site audit each consumers’ continence and incontinence management needs were not being met, which in turn affected their dignity and sense of respect. Therefore, I find the service was non-compliant with Requirement 1(3)(a) at the time of the site audit.

*The other Requirements:*

I am satisfied the service is compliant with the remaining Requirements in Standard 1.

Consumers confirmed their cultures were acknowledged and care was tailored to their cultural needs. Consumers were supported to make choices about their care, how it was delivered and who should be involved in their care. Consumers’ care plans included information about their care choices, who was involved in their care and how the service supported them to maintain relationships with people of importance to them. Consumers were supported to take risks which enabled them to live their best lives. For consumers wishing to take risks, risk assessments were completed and documented in their care plans.

Consumers confirmed they were provided with information that was accurate, clear, easy to understand and enabled them to exercise choice. For example, information was disseminated via resident and relative meetings, emails, events programs, a newsletter, daily menus and food focus meetings. Consumers’ privacy was respected by staff and personal information was kept in a password-protected electronic care management system.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

The Quality Standard is assessed as Compliant, as five of the five specific requirements were assessed as Compliant.

*Requirement 2(3)(b):*

The Assessment Team recommended Requirement 2(3)(b) as non-compliant. However, having considered the evidence in the site audit report and the evidence provided by the service in its response, I decided the service is compliant with Requirement 2(3)(b) compliant, for reasons detailed below.

The site audit report noted some consumers’ care plans did not reflect their current needs and as a consequence, staff could not ensure they delivered safe and effective care. The finding was based on a review of three consumers’ care plans, which identified gaps in clinical charting and progress notes. However, the affected consumers (or their representative) advised the Assessment Team they were satisfied with the care being provided and their needs were met. Though the service acknowledged a deficit in some care documentation, interviewed staff understood the consumers’ clinical needs and cared for them accordingly.

In its response, the Approved Provider submitted documentary evidence to show the affected consumers’ clinical charting and progress notes were current during the site audit, although the material was not viewed at the time. Prior to the site audit, the service was already taking action to address the identified deficit in care documentation and had employed an additional registered nurse to review and update all outstanding assessments and care plans, of which 64 were complete as of 21 April 2023.

There is no evidence before me to show the gaps in some consumers’ care documentation negatively impacted their health and wellbeing. With respect to advance care planning and end of life preferences, consumers confirmed this had been discussed with them and documented where they wished.

Having considered all available information, I decided the service is compliant with Requirement 2(3)(b).

*The other Requirements:*

I am satisfied the service is compliant with the remaining four requirements of Quality Standard 2.

The service considered risks to consumers’ health and well-being during the needs assessment and care planning process. Consumers confirmed they were involved in the care planning process and received the care and services needed. Staff understood consumer risks and took these into account when delivering safe, effective care. The service partnered with consumers, their representatives, medical and allied health professionals when assessing, planning and reviewing care needs. A review of care plans confirmed consumers and other service providers were involved in a coordinated needs assessment and subsequent care planning.

Consumers and representatives confirmed the outcomes of assessment and planning were communicated to them by registered nurses. Consumers and representatives confirmed they were notified when circumstances changed or incidents occurred, which led to a review of consumers’ care needs.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 Quality Standard is assessed as Compliant, as seven of the seven specific requirements were assessed as Compliant.

*Requirement 3(3)(a):*

The Assessment Team recommended Requirement 3(3)(a) as non-compliant. However, having considered the evidence in the site audit report and the evidence provided by the Approved Provider in its response, I decided the service is compliant with Requirement 3(3)(a), for reasons detailed below.

The site audit report noted some consumers were not receiving safe and effective care that was tailored to their individual needs, nor was their health and well-being being optimised. This finding was based on a review of three consumers’ care plans which identified documentation did not align with the care being provided. However, the affected consumers (or their representatives) advised the Assessment Team they were satisfied with the care being provided and their needs were met. Though the service acknowledged a deficit in some care documentation, interviewed staff understood the consumers’ clinical needs and cared for them accordingly.

In its response of 5 May 2023, the Approved Provider submitted documentary evidence which showed the affected consumers’ clinical charting and progress notes were current during the Site Audit, though the material was not viewed at the time. Further, evidence was provided to confirm care was provided in accordance with the directives of consumers’ medical officers. Prior to the site audit, the service was already taking action to address the identified deficit in care documentation and had employed an additional registered nurse to review and update all outstanding assessments and care plans, of which 64 were complete as of 21 April 2023.

There is no evidence before me to show the gaps in some consumers’ care documentation negatively impacted their health and wellbeing.

Having considered all available information, I decided the service is compliant with Requirement 3(3)(a).

*The other Requirements:*

I am satisfied the service is compliant with the remaining six requirements of Quality Standard 3.

The service effectively managed high-impact or high-prevalence risks associated with the care of consumers. Staff were guided by policies and procedures which addressed risks to consumers such as pain, falls and nutrition and weight management. Staff understood risks to consumers and described applicable management strategies, which were recorded in individuals’ care plans. Consumers confirmed staff discussed advanced care planning and end of life preferences with them, and the outcomes of the discussions were recorded in care plans. Staff who provided palliative care described how care delivery changed during the end-of-life process, such as ensuring consumers were comfortable and their dignity was preserved through pain management and attending to personal care.

Changes in consumers’ conditions were responded to in a timely manner, which was confirmed by consumers, representatives and a review of care plans. Consumers were satisfied with how changes to their conditions were communicated within the organisation and with others providing care. Staff said information about consumers’ conditions was communicated in progress notes, by accessing care plans and shared during shift handovers. Consumers confirmed referrals to other providers of care and services were timely, appropriate and occurred when required, which was consistent with care documentation. The service had processes in place to minimise infection-related risks and support the appropriate prescribing of antibiotics.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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

The Quality Standard is assessed as Compliant, as seven of the seven specific requirements were assessed as Compliant.

Consumers received safe and effective services that met their needs, goals, preferences and optimised their independence and quality of life. Staff understood what was important to consumers and what they liked to do. A review of consumers’ care plans confirmed their lifestyle preferences were recorded, along with the supports needed to enjoy various activities. Consumers confirmed activities offered by the service were in line with their personal preferences. Consumers confirmed they received the emotional, spiritual, religious and psychological supports needed to maintain their psychological well-being, such as attending church, receiving emotional support from staff and having one-on-one visits from pastoral care workers.

Consumers participated in their community, did things of interest to them and were supported to maintain personal relationships. Consumers participated in their community, did things of interest to them and were supported to maintain personal relationships. Consumers were supported by staff, family and friends to participate in the local community and in activities within the service. A review of consumers’ care plans confirmed their activities of interest and people of importance to them were recorded.

Consumers were satisfied with the quality, quantity and variety of food provided by the service. Staff understood consumers’ individual preferences and dietary requirements. Consumers influenced the menu and confirmed they were offered alterative options if the daily choices were not to their liking. Where the service provided equipment, consumers said it was safe, suitable, clean and well maintained. The Assessment Team noted mobility aids which enabled consumers to attend lifestyle activities were clean and well maintained.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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

The Quality Standard is assessed as Compliant, as three of the three specific requirements were assessed as Compliant.

The service environment was welcoming, easy to navigate and promoted a sense of independence and belonging. Consumers felt at home within the service, particularly as they personalised their rooms with photographs and artwork of their choosing. The service environment was clean, well maintained and for the most part, consumers moved freely within and outside of the building. The service’s living areas were well-lit, corridors were free of hazards and consumers enjoyed comfortable seating spaces both indoors and outdoors. Consumers were observed participating in activities and having morning tea in the service’s communal areas.

Consumers gave positive feedback about the service environment and said it was safe, clean, well maintained and comfortable. All areas of the service consumers accessed were safe, well-serviced and the building was maintained at a comfortable temperature. Staff understood how to submit maintenance requests and consumers gave positive feedback about maintenance staff. There were no outstanding maintenance issues and all preventative maintenance was completed in line with the service’s schedule.

# Standard 6

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| Feedback and complaints | | Compliant |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

The Quality Standard is assessed as Compliant, as four of the four specific requirements were assessed as Compliant.

The service encouraged consumers and representatives to make complaints and provide feedback. Consumers and representatives were comfortable raising concerns directly with staff and management. Feedback and complaints were also be provided during a weekly consumer meeting which identified areas of concern and ways to improve the service. Information about how to make an internal or external complaint, provide feedback and access advocacy and interpreter services was available in the resident handbook and on posters throughout the service.

The service took appropriate action in response to feedback and complaints and used open disclosure when something went wrong, which consumers and representatives confirmed. Staff and management understood their responsibilities in relation to complaints management. Staff said feedback was raised and actioned in a variety of ways, such as daily shift handover meetings, staff meetings, consumer meetings and resident and relative meetings. A review of the feedback register and incident reports confirmed consumers received an apology when something had gone wrong. The service analysed and trended feedback and complaints to improve the quality of care and services. For example, in response to consumer feedback the service arranged additional outdoor activities such as monthly barbecue lunches and wheelchair walks.

# Standard 7

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| Human resources | | Non-compliant |
| 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. | Non-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

I have assessed this Quality Standard as non-compliant, as I am satisfied the service is non-compliant with Requirement 7(3)(a).

*Requirement 7(3)(a):*

The service had a system in place to plan the number and mix of the workforce to enable care and service delivery. However, there was an inadequate number of staff to manage consumers’ continence and incontinence. Staff shortages resulted in episodes of incontinence for some consumers, while others’ personal hygiene needs were not met in a timely way. In addition, the Assessment Team was advised some consumers were supported by private carers who provided personal care and companionship.

In its response of 5 May 2023, the Approved Provider submitted the staff shortage was ‘perceived’, rather than actual, because the service exceeded the required number of care minutes to be delivered during the January to March quarter of 2023, under the new residential care funding model.

However, I note care minute targets are set based on the consumer case mix, which is determined by the Approved Provider. Service-level targets are indicative of the *minimum* care minutes that should be delivered in a particular service. While I acknowledge the service is exceeding its care minute targets under the funding model, the Aged Care Act and the Quality of Care Principlesrequire Approved Providersto maintain an adequate number of appropriately skilled staff to ensure that the care needs of consumers are met. Significantly, feedback provided by consumers, representatives and staff during the site audit each aligned and confirmed there was an inadequate number of staff on hand to appropriately manage some consumers’ continence and incontinence.

As a consequence, having considered all available evidence, I decided the service was non-compliant with Requirement 7(3)(a).

*The other Requirements:*

I am satisfied the service is compliant with the remaining Requirements in Standard 7.

Consumers confirmed staff were kind, caring, considerate and respectful of their identities and cultures when providing care and services. Staff were observed assisting consumers at mealtimes and during activities, along with being respectful during general interactions. The service’s workforce was competent and had the qualifications and knowledge to effectively perform their roles, which was reflected in positive consumer feedback. Consumers said staff had the skills and training to perform their duties.

Staff were guided by position descriptions and said they were equipped with the necessary knowledge, training and skills to perform their roles. A review of staff files showed the recruitment process confirmed their qualifications, experience and clearances to work. Staff files also included employment contracts, key responsibilities, an orientation checklist and verification of two completed buddy shifts. Staff participated in mandatory training in medication management, manual handling, fire and evacuation and infection control. Management determined staff competencies through their own observations, performance appraisals, incident monitoring and consumer feedback.

# Standard 8

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| Organisational governance | | Compliant |
| 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 five of the five specific requirements were assessed as Compliant.

*Requirement 8(3)(c):*

The Assessment Team recommended Requirement 8(3)(c) as non-compliant. However, having considered the evidence in the site audit report and the evidence submitted by the Approved Provider in its response, I decided the service is compliant with Requirement 8(3)(c) compliant, as detailed below.

The site audit report noted the service was not meeting its regulatory compliance responsibilities in relation to an on-site infection prevention and control lead (IPCL), as well as environmental restrictive practice.

With respect to the service’s IPCL, the trained staff member resigned 4.5 weeks prior to the Site Audit. Where a service loses its IPCL, it is required to nominate a new IPCL and ensure their training is completed in line with the Department of Health’s and Ageing’s requirements, as soon as possible. I note the Assessment Team’s observation that the service was being supported by another IPCL within the broader organisation while a replacement IPCL for the service was being determined.

With respect to environmental restrictive practice, 12 consumers were identified as being environmentally restrained as they could not leave the service without using a keypad code, which they could not memorise. The required behavioural assessment, behavioural support plans and restraint authorisations were not completed and therefore, not included with consumers’ care plans. However, the Assessment Team observed consumers were supported by staff to move between floors within the service and could leave the service, but only when accompanied by their representative or a staff member. The Assessment Team did not identify other concerns with how the service managed consumers who were subject to a restrictive practice.

In its response of 5 May 2023, with respect to the service’s IPCL, evidence was provided to confirm the IPCL providing interim support during the Site Audit was qualified. Further, evidence was provided to confirm a new IPCL has been nominated and training commenced with a recognised education provider. The new IPCL is expected to complete the training by   
30 September 2023.

There is no evidence before me to show the service was not meeting its regulatory compliance responsibilities in relation to an IPCL at the time of the Site Audit.

In the service’s response about consumers subject to environmental restraint, the affected consumers now have the required behavioural assessment, behavioural support plans and restraint authorisations in place. Further, a swipe device which consumers could use to leave the service can be issued, in line with individual dignity, privacy and risk assessments.

Though there were consumers affected by environmental restraint and the required documentation was not in place, there is no evidence before me to show it negatively impacted their health and wellbeing. In addition, management and staff were prompt to respond to the Assessment Team’s finding and the issue does not appear to be systemic.

Therefore, having considered all available evidence, I decided the service was compliant with Requirement 8(3)(c).

*The other Requirements:*

I am satisfied the service is compliant with the remaining four requirements of Quality Standard 8.

Consumers and representatives were engaged in the development, delivery and evaluation of care and services. Input was provided via consumer meetings, feedback forms and a consumer advocate. The organisation’s board of directors (the board) promoted a culture of safe, inclusive and quality care and services, for which it was accountable. The board maintained visibility of the service’s performance through regular reports provided by executive management which addressed operational matters and the analysis of monthly audits and clinical indicators.

The service had organisation-wide governance systems that guided information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service had risk management systems, policies and procedures to monitor, assess and manage high-impact or high-prevalence risks associated with the care of consumers. Risks were identified, reported, escalated and reviewed by management, an executive team and the board.

The service had systems in place to support clinical governance, the delivery of safe care, promote antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong.

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)