Performance

Report

**1800 951 822**

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| Name of service: | Leinster Place |
| Service address: | 3 Pearce Street PARK AVENUE QLD 4701 |
| Commission ID: | 5311 |
| Approved provider: | Mercy Health and Aged Care Central Queensland Limited |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 7 December 2022 |
| Performance report date: | 6 January 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 Leinster Place (**the service**) has been prepared by B Bassett, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff.

# Assessment summary

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| Standard 8 Organisational governance | Not applicable as not all requirements have been assessed |

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

The performance report dated 23 August 2022 found the service non-compliant with requirement 8(3)(c). Deficiencies identified related to regulatory compliance regarding restrictive practices and behaviour support planning.

On 7 December 2022, an assessment contact was completed to assess the organisation’s return to compliance in relation to this requirement. The Assessment Contact – Desk report demonstrated the service had undertaken a range of quality improvements to address the previous non-compliance to ensure regulatory compliance systems and processes were complying with relevant legislative and regulatory requirements for restrictive practices. Quality improvements undertaken included, but were not limited to, additional measures to identify and ensure compliance tasks were being undertaken, increased information and education provided to staff, increased management audit practices, monitoring of policies and procedures to ensure they were reflective of current practice and legislative requirements for the assessment, authorisation and documentation of restrictive practices for consumer’s subject to restrictive practices, and development of behaviour support plans for all consumers subject to restrictive practices.

It is my decision the improvements taken by the service were adequate and sustainable, and therefore I have decided this requirement is now Compliant.

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