Performance

Report

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| Name of service: | Moran Kellyville |
| Service address: | 35 Goodison Street North Kellyville NSW 2155 |
| Commission ID: | 1070 |
| Approved provider: | Moran Australia (Aged Care Services) Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 18 January 2023 to 20 January 2023 |
| Performance report date: | 30 March 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 Moran Kellyville (**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 18 January 2023 to 20 January 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 on 22 February 2023.
* Other information and intelligence held by the Commission in relation to 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 | **Non-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

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 3(3)(a) – The service must ensure each consumer gets safe and effective care that is best practice, is tailored to their needs, and optimises their health and well-being.

# 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 indicated they were treated with dignity and respect, with their identities and cultures valued. Care planning documentation identified consumers’ backgrounds, preferences, identities and cultural practices.

Consumers confirmed their care and services were culturally safe and staff were respectful of their cultural, religious and personal preferences. Staff identified consumers with diverse cultural backgrounds and explained how they delivered culturally safe care and services.

Consumers and representatives were satisfied they were supported to exercise choice and independence, had the ability to make their own decisions and maintain personal relationships. Management and staff advised they supported consumers to make decisions regarding the care and services they received.

Consumers and representatives advised they were supported by staff to take risks and live the best lives possible. Staff described the risk management system in place, how risks were discussed with each consumer and the process for recording the risk management strategies.

Consumers and representatives indicated they received information that was current, accurate and timely, and communicated in a way that was clear, easy to understand and enabled them to exercise choice. The Assessment Team observed information regarding the lifestyle program calendar, menu options, newsletters and announcements displayed within the service and available to consumers.

Staff confirmed consumers’ personal information was only discussed with their consent and their personal privacy was always respected. The Assessment Team noted policies and procedures were in place to protect the privacy of consumers.

# 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

*Requirement 2(3)(e):*

The Assessment Team recommended this Requirement as Not Met, as it considered the service could not demonstrate care and services were reviewed regularly for effectiveness, and when circumstances changed or when incidents impacted on the needs, goals or preferences of the consumer.

The site audit report noted:

* The care planning documentation for a consumer that displayed responsive behaviours with resisting and refusing care, and being aggressive towards staff showed their behaviour support plan was not reviewed following multiple behavioural incidents.
* A consumer that can become restless and aggressive did not have their behaviour management interventions reviewed following an incident whereby the consumer displayed aggression towards another consumer. The consumer’s behaviour management strategies were not reviewed and no new behaviour management strategies were added following the incident to guide staff in managing their behaviours.
* The care plans for 2 consumers were not reviewed following fall incidents. Furthermore, the Assessment Team noted their most recent care plan reviews were ineffective as their care plan did not outline their last fall incident and fall prevention strategies to mitigate further risks associated with falling.

In its response, the Approved Provider included additional information regarding the issues identified by the Assessment Team.

The Approved Provider advised:

* Concerning the consumer that displayed behaviours with resisting and refusing care – the service indicated the consumer was transferred to the service on 19 August 2022 which was the day prior to their first behavioural incident, and the service was not informed of the consumer’s responsive behaviours by the transferring facility. As soon as the responsive behaviours were observed, the consumer commenced on regular behaviour monitoring through behaviour charts and progress notation. The service’s intention was to collect information and build a comprehensive behaviour support plan and care and services plan. At the time of the site audit, when care plan review gaps were identified by the Assessment Team, the care manager immediately reviewed the consumer’s care and services plan and communicated the changes to staff and provided the documentation to the Assessment Team.
* Concerning the consumer that can become restless and aggressive – the service advised their investigation indicated there was documentation on the behaviour support plan and progress notes regarding the incident. The service attached documentation to their response indicating the consumer was reviewed and documented every shift. Dementia Services Australia had reviewed the consumer and their behaviour support plan was further updated to reflect their recommendations and was also discussed with staff to ensure continuity of care.
* Concerning the consumers that were not reviewed following fall incidents – the service’s investigation for these consumers indicated post incident pain monitoring and management were completed and archived and as a result, the service was unable to present the evidence to the Assessment Team on the day it was raised during the site audit.

I have considered the information provided by the Assessment Team and the Approved Provider. Whilst I acknowledge there were deficits in the service’s ability to provide services and supports, and this constituted a departure from best practice, the response outlined by the Approved Provider addressed the concerns raised by the Assessment Team. Therefore, having considered all relevant information, I decided the service was Compliant with this requirement.

*The other Requirements:*

Staff demonstrated an understanding of the relevant risks to the health and well-being of each consumer and the strategies in place to mitigate these risks. Care planning documentation included the consideration of risks to the consumer’s health and well-being.

Consumers and representatives indicated the assessment and planning process met their current needs, goals and preferences, and confirmed advanced care preferences were discussed. Management and staff advised the assessment process identified the consumer’s needs, goals and preferences upon admission, and on an ongoing basis.

Care planning documentation demonstrated consumers and representatives were consulted throughout assessment and care planning and, when required, staff sought input from health professionals. Staff confirmed that consumers and representatives were involved during the assessment and care planning process.

Consumers and representatives confirmed the service communicated with them regarding the outcomes of the assessment and care planning process in a timely manner. Care planning documentation reflected outcomes of assessment and planning were communicated with consumers and representatives.

# 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. | Non-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

*Requirement 3(3)(a):*

The Assessment Team recommended this Requirement as Not Met, as it considered the service could not demonstrate each consumer received safe and effective clinical care that was best practice, tailored to their needs and optimised their health and well-being.

The site audit report noted:

* Care planning documentation for 5 consumers indicated that pain monitoring and management in relation to wound care, behaviour management and post incident pain monitoring was not in line with best practice.
* The representatives for 2 consumers advised of separate incidents whereby the consumer was found with wet incontinence aids as they expressed staff do not regularly attend to the consumers’ toileting needs. The representatives indicated this issue contributed the consumers’ histories of urinary tract infections. The representatives had requested the service for timely toileting care but did not believe it was occurring and attributed the issue to staff shortages.
* The Assessment Team provided feedback to management in relation to pain monitoring and the management team acknowledged the issue. Management advised that recent changes in the service management team resulted in a lack of supervision towards the clinical team, which created such issues. Management registered continuous improvement actions in relation to pain management related as it related to wound care, behaviour management and post-fall monitoring.

In its response, the Approved Provider included additional information regarding the issues identified by the Assessment Team.

The Approved Provider advised:

* Concerning the care planning documentation for the five consumers – the service reviewed the progress notes and found documented pain reviews were contained within, as well as pain flow carts. The service attached documentation to support its findings.
* Concerning the Assessment Team’s provision of feedback to management – the service advised its clinical action plan has been updated to reinforce the importance of effectively managing and documenting changes in consumer care, especially following an incident. The Care Manager and Assistant Care Manager have conducted education on pain monitoring post-incidents, the care plan review process and incident management. The physiotherapist has further conducted education on post-fall assessment and pain assessment post fall. The service indicated a complete audit of the incidents were recently conducted and it evidenced that 4 out of the 60 reported incidents were in the process of being reviewed and the remainder were reviewed and updated with pain assessments.

In reaching my conclusion, I considered the information presented by the Assessment Team and the Approved Provider. I acknowledge the actions taken by the Approved Provider to address the identified issues. However, due to the feedback provided to, and the observations made by, the Assessment Team I consider that at the time of the site audit, the service did not demonstrate effective pain management and personal care for all consumers that was best practice, tailored to their needs and optimised their health and well-being. Therefore, I have decided the service is Non-compliant with Requirement 3(3)(a).

*Requirement 3(3)(b):*

The Assessment Team recommended this Requirement as Not Met, as it considered the service could not demonstrate the effective management of high impact or high prevalence risks associated with the care of each consumer.

The site audit report noted:

* The care planning documentation for 2 consumers that experience a fall, evidenced a lack of monitoring post fall, and referrals to external services and allied health therapists did not occur in a timely manner. For example:
  + The Assessment Team reviewed 2 fall incidents from 14 November 2022 and 24 November 2022. The consumer was attended by a Registered Nurse post fall on 14 November 2022 followed by a physiotherapist review as the regular physiotherapist was on annual leave. There was no evidence of any follow up post fall and any pain monitoring by the service. After the return of the regular physiotherapist from leave, the consumer was reviewed on 23 November 2022 and referred for X-ray of the right ankle and diagnosed with ankle fracture on 23 November 2022, 9 days after their fall. The consumer had another fall on 24 November 2022 and was sent to hospital nearly 12 hours after the fall and was diagnosed with a fracture to the left upper arm. For both the incidents, there no evidence of follow up after the incident and no evidence of reviewing their care plan.
  + The Assessment Team reviewed 2 falls incidents from 17 November 2022 and 17 December 2022. The consumer sustained a laceration wound on their head following a fall on 17 November 2022 at around 3:15 pm. The staff attended pain assessment around 5:23 pm and there was no other evidence of pain monitoring for the consumer. The consumer was attended by an after-hours medical officer around 8:12 pm and recommended for hospital transfer. However, it took another 11 hours to transfer the consumer to hospital at around 7:40 am on 18 November 2022.

The issues, and Approved Provider’s response relating to pain, wound, behaviour and fall management as it related to consumers was previously discussed under Requirements 3(3)(a) and 2(3)(e).

In its response, the Approved Provider included additional information regarding the issues identified by the Assessment Team.

The Approved Provider advised:

* Concerning the consumer that experienced 2 falls on 14 and 24 November 2022 – the service outlined that following receiving the results indicating the consumer had been diagnosed with a fracture, the Registered Nurse informed the consumer of the injury and indicated they needed to be transferred to hospital, however the consumer refused. The consumer was upset about going to hospital on that same evening, however they agreed to go the next morning. The transfer to hospital was arranged the following morning and staff had contacted the consumer’s representative to inform them of the situation.
* Concerning the consumer that experienced 2 falls on 17 November and 17 December 2022 – the service attached documentation outlining the consumer’s progress notes from 17 – 28 November 2022, documenting the after-hours General Practitioner was booked after the incident. Acting upon the recommendations of the General Practitioner, the paramedics were called, however the service was informed it was unknown when the paramedics would arrive, the service was subsequently awaiting their arrival until 7:40 am when the consumer was transferred to hospital, the wound sutured and the consumer later returned home.

I have considered the information provided by the Assessment Team and the Approved Provider. The response outlined by the Approved Provider addressed the concerns raised by the Assessment Team and provided evidence which showed the service demonstrated the effective management of high impact or high prevalence risks associated with the care of each consumer. Therefore, having considered all relevant information, I decided the service was Compliant with Requirement 3(3)(b).

*The other Requirements:*

The service demonstrated consumers who were nearing end-of-life had their dignity preserved and care provided in accordance with their needs and preferences. Care planning documentation showed consumers' end-of-life needs, goals and preferences were documented and an advance care plan was in place.

Consumers and representatives advised staff recognised and reported changes in their health, and responded in a timely manner when the consumer has experienced a fall or were feeling unwell. The service had procedure and practice standards to guide staff in the event a consumer’s health condition deteriorated.

Consumers and representatives indicated their care needs and preferences were effectively communicated within the organisation and with others where responsibility for care was shared. Management and staff advised information was communicated and shared throughout the service in various ways, such as through handover, via email and through the electronic care management system.

Care planning documentation mostly demonstrated timely referrals to medical officers, allied health therapists and other providers of care and services. Consumers and representatives were satisfied with the referral process and confirmed they had access to the required health care supports.

The service had documented policies and procedures to support the minimisation of infection related risks through the implementation of infection control principles and the promotion of antimicrobial stewardship. Consumers and representatives advised they observed staff performing infection control procedures such as wearing gloves and masks, and washing their hands.

# 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 were satisfied with the services and supports for daily living that met the consumer’s needs, goals and preferences. Staff demonstrated an understanding of what was important to consumers and the activities they enjoyed.

The service encouraged consumers to participate in activities which promoted their emotional, spiritual and psychological well-being. The Assessment Team observed consumers attending the morning exercise class, and staff visiting those consumers who hadn’t joined in for lunch in the dining room.

Consumers stated they were encouraged to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do things of interest to them. Staff provided examples of how the service enabled consumers to maintain social and personal connections important to them.

Consumers and representatives confirmed they had provided the service with permission to share information regarding their condition, needs and preferences within the service and with others were responsibility for care was shared. Staff advised information about consumers’ condition, needs and preferences was shared via the handover process.

Care planning documentation identified the involvement of other organisations and providers of care and services. The service had policies and procedures which supported referrals to allied health professionals, organisations and providers.

The service provided a varied menu for consumers with multiple options for breakfast, lunch and dinner allowing consumers to choose the meal they preferred. Consumers were satisfied with the menu options available to them and advised meals were appealing and varied.

Consumers stated the equipment provided was safe, suitable, clean and well maintained. The Assessment Team viewed gym and personal equipment, as well as cleaning schedules and considered the equipment to be safe, suitable, clean and very 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

Consumers felt welcome and comfortable at the service and indicated they were encouraged to personalise their rooms. The Assessment Team observed the gardens were beautifully landscaped and had been designed in a functional and welcoming manner, and in consultation with consumers.

Consumers and representatives confirmed the service was safe, clean, well maintained and comfortable, and consumers were able to move freely, both indoors and outdoors. The Assessment Team observed furniture, both inside and outside to be clean, dust free and sturdy, and hallways were wide and accommodating to consumers.

Cleaning and maintenance staff described the furniture cleaning schedule including spraying, wiping or vacuuming of individual pieces. Consumers and representatives confirmed the provided equipment met their needs and was safe, clean and operational.

# 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 stated they felt comfortable and understood how to provide feedback or make complaints. The service demonstrated consumers and other stakeholders were encouraged and have regular input into the internal feedback mechanisms.

Management and staff described the advocacy and language services for consumers to access, and this information was also incorporated in the consumer handbook. The Assessment Team observed information regarding advocacy and language service displayed throughout the service.

Consumers, representatives and staff provided examples how the service utilised open disclosure when adverse events occurred, including the implementation of timely and appropriate actions. Management stated they oversaw all complaints and feedback and ensured actions were taken to resolve the issue.

Consumers and representatives confirmed the service used feedback and complaints to improve care and services. Management advised all complaints were electronically documented and reviewed at an organisational level.

# 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

Management described how the service utilised a base roster that was designated as per the classification of the staff member to ensure there were enough staff to provide safe and quality care. Staff advised they had the resources to provide care to consumers, and staffing levels were altered based on the consumers’ needs.

Consumers and representatives advised workforce interactions were kind, caring and respectful of each consumer’s identity, culture and diversity. Staff demonstrated an understanding of the needs and preferences of consumers; this information was consistent with the information contained in care planning documentation.

Management indicated they ensured staff were meeting the minimum qualification and registration requirements for their respective roles and ensured they had current criminal history checks. Consumers and representatives expressed confidence with the ability of staff to perform their roles and meet their care needs.

Staff confirmed they received orientation education and ongoing training, which included annual mandatory training, completing core competencies, and they felt comfortable requesting additional training to enhance their performance. Consumers and representatives advised staff had the appropriate skills and knowledge to ensure the delivery of safe and quality care and services.

The service had an annual staff appraisal cycle and provided direct feedback to staff following incidents, observations, complaints and compliments. Management described the performance review process and provided examples of performance appraisals completed with 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

*Requirement 8(3)(c):*

The Assessment Team recommended this Requirement as Not Met, as it considered the service could not demonstrate effective, organisation-wide governance systems relating to regulatory compliance.

The site audit report noted:

* The service did not comply with the regulatory requirements of reporting Serious Incident Response Scheme (SIRS) incidents in a timely manner in relation to the 2 consumers previously discussed under Requirement 3(3)(b). At the time of the site audit, management acknowledged the delay in identifying risks and following up on risks and advised due to the changes in the management of the service, the clinical team was not supervised by the management team. Following the feedback provided by the Assessment Team, the service reported the incidents to the Commission as a SIRS incident.

In its response, the Approved Provider included additional information regarding the issues identified by the Assessment Team.

The Approved Provider advised:

* Concerning the incidents experienced by the 2 consumers – the service has requested a reconsideration of the SIRS reporting requirements pertaining the consumer who was involved in 2 incidents on 10 December 2022, both incidents constituting a SIRS priority 2 incident. These incidents were subsequently reported on 12 December 2022 and 9 January 2023. Regarding the other consumer that experienced a fall, the service advised the consumer was referred in a timely manner and the duty of care following a fall was provided, and reiterated that part of the delay in diagnosis was the consumer’s initial refusal to be transferred to hospital for further management.

I have considered the information provided by the Assessment Team and the Approved Provider. Whilst I acknowledge the service has demonstrated discrepancies with organisation-wide governance systems relating to regulatory compliance, on the balance of all evidence brought forward by the Assessment Team, these examples were insufficient to indicate a systemic issue with the service’s governance systems. Therefore, I decided the service was Compliant with Requirement 8(3)(c).

*The other Requirements:*

Consumers advised they were involved and engaged with the development and delivery of their care and services. Management demonstrated the service had effective systems to engage and support consumers to be involved in the decision making aspect of their care and services.

The organisational structure provided support through the designated quality teams to ensure the Board and senior managers were aware and accountable for the service delivery. Consumers and representatives felt safe at the service and advised they received regular updates in relation to outcomes of the care and services delivered.

The service had risk management systems in place which enabled it to monitor and assess high impact or high prevalence risks associated with the care of consumers and supported consumers to live the best life they can. The service utilised an online incident management system which all staff had access to and had been trained to use.

The organisation’s clinical governance framework included policies and practices that covered antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff described the consumers within the service who were subject to restrictive practices and displayed a shared understanding of the requirements around using restrictive practices, including the need to obtain informed consent, trialling alternative interventions prior to using any form of restrictive practices, and monitoring restraint when in use.

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)