Performance

Report

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| Name of service: | Performance report date: |
| Norah Head Care Community | 31 August 2022 |
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| Approved provider: | Activity date: |
| DPG Services Pty Ltd | 13 July 2022 to 15 July 2022 |

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 Norah Head Care Community (**the service**) has been considered by Michael Wyborn, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 Site Audit report received 10 August 2022.

# 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.

# Other relevant matters: N/A

# Standard 1

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| --- | --- | --- |
| Consumer dignity and choice | | Compliant |
| 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 and their representatives advised they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

Consumers reported staff know what is important to them and felt their identity and culture was valued, they said their privacy is respected and staff treat them with dignity and respect.

Consumers and representatives said they have a say in making their own decisions about how their care and services are delivered and feel confident staff members support their choices.

Care plans include personalised information regarding consumer likes and dislikes, culture and religion, social interests and hobbies, life events, working life and important relationships. The care plans contain specific information relating to consumer’s goals, preferences and partnering with family and friends.

The services’ dignity of risk policy and procedures support consumers to identify, consider and review the potential safety risks for consumers who have made choices regarding their care and services which involve an element of risk.

The service demonstrated it has systems in place to ensure consumers are treated with dignity and respect and can maintain their identity and consumers and their representatives are satisfied with the support they receive in maintaining their independence and choices. Staff are aware of consumer life choices and support them to live the life they choose.

The service demonstrated personalised care plans that are developed to be dementia/memory support specific and recorded in *‘My Life Events and Preferences’* and includes sections on *‘My Life so far,’ ‘Things that make me happy’, ‘Things that make me sad’, ‘Things that I don’t like are’,* and *‘Things that give my life meaning and purpose’.*

The service has a Charter of Aged Care Rights Policy and a Diversity and Inclusion Policy which informs staff to support individual interests, customs, sexuality, beliefs, cultural and ethnic backgrounds and promote activities that are emotionally, culturally and spiritually relevant to consumers.

Staff interact with consumers respectfully and were observed discussing food and activity choices with consumers and what they would like to engage in for the day.

Risk assessments are conducted in accordance with guidance in the Risk Management Procedure including dignity of risk for all consumers wanting to take risks to live the best life they can. Management provided email communication between a representative and management regarding the risk associated with the taking a consumer out of the service in their vehicle.

The service has noticeboards, posters, and brochures throughout the facility with relevant information such as internal and external complaints processes, access to advocacy services, Aged Care Charter of Rights and infection control precautions such as handwashing, social distancing and cough etiquette.

Staff are aware of maintaining consumers’ confidentiality and demonstrated examples of how consumer information is stored and managed to ensure privacy and explained that a consumer’s care plan states whether a consumer provides permission for their photograph to be used in newsletters, displayed within the service or uploaded to social media. Staff also habitually knock on doors prior to entry, seek permission to provide care, and ask to close doors and curtains.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

# 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

Consumers advised they feel like partners in the ongoing assessment and planning of their care and services and consumers advised they have access to a copy of their care plan.

Representatives advised they are kept informed about any changes in their consumer’s condition and regularly consulted in relation to assessing and planning care and services.

Care plans demonstrate that appropriate assessment is undertaken, with regular review points, and changes are made as necessary.

Staff were able to explain the processes used to encourage consultation with consumers and representatives including if an incident or change in a consumer’s condition occurs.

The goals and preferences of consumers and the risks associated with consumer care are discussed, documented and reviewed when required.

The service exhibited a standard set of assessments completed when a consumer enters the service. These assessments support the care manager to develop a care plan in line with consumers’ needs goals and preferences.

The registered nurses explained they have regular discussions with consumers or their representative about their care, particularly to determine their preferences. They document these discussions in progress notes and/or on care evaluations.

The care manager advised that discussions regarding end-of-life care preferences and advanced care planning are included as part of the entry process with family members. These matters are raised in future case conferences if the consumer and/or their representative have not provided the information.

The palliative care clinical nurse consultant reinforced that discussions with consumers and their representatives in relation to advanced care directives and end of life care are held whenever the need arises and plans of care are developed.

The service demonstrated referral and recommendations in consumers files to other health professionals when required, including Podiatry, Physiotherapy, Dietician, Speech Pathologist, Psychologist, Wound Consultants, Palliative Care team and Clinical Nurse Specialist, Dental, Audiology, Geriatrician, and Geriatric Outreach Services.

Consumers who have had changes to their behavioural patterns are reviewed, consideration is given to pain and elimination patterns and where appropriate, delirium screening is completed. This is reviewed by the registered nurse and referral to a geriatrician and/or other health care specialist occurs.

Consumers who experience infections are monitored for clinical signs including temperature, pathology is used to establish viral or bacterial causes and when authorised by the medical officer, medication including antibiotics are provided and monitored.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

**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

Consumers and representatives advised they receive personal care and clinical care that is safe and right for them.

Consumers and representatives advised they get the care they need, including personal hygiene, meals, wound and skin care, management of pain, mobility/exercise, and assistance with continence care needs. Consumers and representatives also advised they have access to a doctor or other health professional when they need it.

The service has policies and procedures to guide staff practice in providing clinical and personal care that is tailored to the consumer’s needs and preferences. Staff demonstrated they have access to relevant clinical information, and they can share this information with allied and medical health specialists. Referrals to allied and other health care providers occur in a timely manner.

All consumers at the service are subject to environmental restraint and documentation is recorded to support its use. The registered nurse was able to explain the service’s policy in relation to restrictive practise.

Wound charts show that when an injury to skin integrity occurs an incident form is completed, a wound assessment occurs, and a wound chart is commenced, regular and consistent monitoring occurs, photographs are taken on a regular basis and care is provided by the registered nurse or enrolled nurse.

Care staff observe consumers for signs of pain and report to the registered nurse. Registered nurses document in care notes when they have administered as required (PRN) and narcotic pain relief and the effectiveness of this is also recorded.

The service has a medication management system that includes medication charts that are reviewed and signed by the medical officer. The system is overseen by registered nurses who currently administer all medication.

The service’s management investigates all falls in a manner that assists them to identify high impact or high prevalence risks. The service has a falls prevention program that is overseen by the care manager.

Aggressive incidents between consumers are recorded and reported within the services’ documentation systems and reports are made in relation to the Serious Incident Reporting Scheme (SIRS). Review of consumers and referrals are made to geriatricians when necessary. Behaviour management plans are developed within care notes and on incident forms and form part of the consumers care plan.

Consumers and representatives expressed satisfaction with the way staff respond to their clinical care needs including instances when they do not feel well and need increased care. Representatives are provided details of their consumers change in condition and were satisfied that the service keeps them informed, for example, a transfer to hospital or a review by an allied health or medical specialist.

The service has an effective handover system between shifts and communication is shared with staff verbally and in written format. Care notes, monitoring charts and observations are documented when there is a change in the consumers condition and these notes are maintained by all levels of staff.

Consumers clinical and personal needs and preferences are documented and are accessible to all staff in care files, daily handover, and medical notes.

Visiting medical officers, specialist and/or allied health have access to the care system and are supported by registered nurses to access consumer information.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

# 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

Consumers advised they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. There is an activities program with a variety of group activities run within the service to support consumers leisure interests and social needs as well as a ‘*meaningful mates’* program and ‘*helping hands’* program.

Consumers advised they are supported to do the things they want to do and are encouraged to maintain their independence. They said staff are kind and supportive and provide individual emotional support as needed. The service demonstrated consumers engaged in group, individual and one-on-one activities.

Consumers are satisfied with the meals provided at the service. They advised they’re given choice, there is variety on the menu, special dietary needs and preferences are catered for and the quantity is sufficient. Meals are served in the dining room and consumers are provided the choice to dine in their rooms. Heated plate bottoms and lids were used for the meals being delivered to the rooms.

The kitchen and serveries were clean and tidy with staff were observed adhering to general food safety and workplace health and safety protocols. Records confirm food safety and other legislative requirements are met.

Consumers and representatives provided positive feedback regarding the activities and personalised interactions that supports them to maintain a positive well-being. Consumers were engaged in conversations with other consumers, family, meaningful mates and staff members. Consumers were observed having their nails manicured and hands massaged by care staff (who was also this consumer’s meaningful mate). There were photographs on display of consumers with animals and consumers celebrating special events held at the service.

Care staff members communicate consumer changes with lifestyle, kitchen and laundry staff directly and these discussions are documented in the handover books in each area and updated in care plans. The service delivers a daily staff stand-up handover meeting for staff where changes in consumer’s needs and preferences are also discussed.

The service demonstrated timely and appropriate referrals to external service providers to support and supplement consumers care and services. Brochures for National Disability Insurance Scheme (NDIS), Older Person Advocacy Network (OPAN) and the Aged Care Quality and Safety Commission details were observed throughout the service.

Equipment used for lifestyle activities was safe, suitable, clean and well maintained. Wheelchairs, walkers and lifters were clean and well maintained; kitchen appliances were clean and in good working condition; and the laundry room and cleaning rooms were well equipped to support service activities.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

**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

Consumers advised they feel they belong in the service and feel safe and comfortable in the service environment. Consumers said they felt at home as they can have visitors, family and pets visit them. There are separate areas for consumers and visitors to able to enjoy sitting inside or outside. Consumers were seen to be moving around the service independently using their wheelchair, wheelie walker or if required a staff member would be there to assist them.

Consumers have been involved in deciding on the colours they would like to see the service painted. The lifestyle manager described that through adopting the ‘helping hands’ program, consumers, especially those on respite, are able to do what they would normally do at home and are able to participate in everyday activities.

Consumers advised the service is kept cleaned and well maintained. The service has an established preventative maintenance program in place for buildings, furniture, equipment, fittings, and systems to cater for hazards. The maintenance team provided a copy of the maintenance schedule where maintenance requirements are marked how frequently they are required and the due date. When they have been completed they are marked off with a date and signature. The maintenance log demonstrates regular maintenance of all areas in the service and the records demonstrate no outstanding maintenance issues that impact on consumers.

Management advised the service is looking at becoming a centre of excellence for people living with dementia. The service is phasing in and renovating the building to provide an environment where our consumers aren't just living, they are enjoying a life. There is little to no impact observed on current consumers.

Consumers and representatives said staff are gentle when using equipment and that they know how to use the equipment properly. Staff could describe how the equipment is used for moving and handling consumers safely and demonstrated their understanding assisting consumers use equipment and devices.

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

**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

Consumers advised they are encouraged and supported to give feedback and make complaints and are satisfied that appropriate action is taken.

Consumers and representatives know how to provide feedback and make complaints, and they felt comfortable doing so. They advised that staff listen to their concerns and consider staff as advocates. They advised there are several complaint mechanisms available to them including, meetings, email and feedback forms.

The organisation has documented guidance about consumer advocacy and advocacy services are appropriately promoted. Minutes of resident and representative meetings, food focus group meetings and other meetings show consumers and representatives are reminded how to make a complaint and are encouraged to give feedback. There are posters, brochures and forms available at the service that encourage feedback and complaints.

Consumers said that feedback is responded to in a timely manner and the issues are resolved to their satisfaction. Staff said they would apologise if anything went wrong, acknowledge the issue and communicate how they plan to rectify it and prevent it from reoccurring. The general manager stated they are responsible for managing progress updates and addressing other related concerns. The general manager advised, dependent on the nature of the complaint, it may be escalated to the organisation’s management team to ensure it is managed appropriately and relevant feedback is provided.

The organisation has documented guidance about open disclosure. Management and staff understood open disclosure and described how this informs their complaints management practice. Records show that appropriate action is taken in response to complaints/feedback and the process displays open disclosure.

The service documents all complaints, suggestions and comments in an electronic complaints database. This enables various levels of management to track and analyse any trends.

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

**Standard 7**

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| Human resources | | 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. | 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 advised they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

Consumers spoke very highly of the care, kindness and respect they receive from staff and the service demonstrated examples of staff and management interacting with consumers in a kind, helpful and respectful manner. Staff demonstrated an understanding of each consumer’s identity, culture and diversity and showed they know each consumer and support them to do what they want to do. Consumers said that staff meet their personal and clinical care needs.

The service demonstrated the number and mix of the workforce is well planned and effectively enables the delivery of safe and quality care and services. The service has registered nursing staff on all shifts.

Consumers interviewed said they feel staff are competent and perform their job well. The regional quality manager, regional manager, care manager and general manager explained the suite of mandatory staff competency assessments and education required based on staff roles. Records show staff are completing these mandatory training as required and the care manager confirmed they monitor all staff competencies. Staff were knowledgeable about mandatory training topics relevant to their role.

Staff actively participate in annual appraisals and explained how they can provide and receive feedback in their performance appraisals from their direct reports and discuss goals, skills, training and development needs. Staff advised the service supports their professional development through training, education and consultation about their needs. They also advised that the service functions well in regard to personnel and indicated they get their work completed during their shifts.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

**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

Consumers advised they are satisfied and confident the service is being managed well and can partner with the service through regular resident’s meetings and the resident’s food focus committee in making decisions and improvements.

Consumers said the new management are approachable and responsive to consumer concerns/feedback and are proactive in communicating with consumers and representatives.

The organisation has governance systems in place addressing information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback/complaints.

The service provides feedback and complaint forms in various languages and encourages staff and consumers to provide feedback. The service has regular audits and surveys to gain feedback from consumers and the resident’s meeting have standing agenda items including clinical, food, continuous improvements, activities, workplace health and safety, incidents and risks.

Members of the governing body have undergone training in the relation to the quality standards and members of the governing body visit services to see directly the operation of the services.

Management said in response to the need for increased clinical expertise, a clinical governance role has been developed at the corporate level. The position is aimed to improve information and advice to the governing body about clinical matters, will review clinical data and trends, and drive improvements. Management said another clinical improvement has been the introduction of a requirement that the quality and safety manager at all sites is a registered nurse.

Staff advised they can readily access the information they need when they need it. This information is up to date and the organisation has a centralised intranet, where up to date policies and procedures are accessible by staff.

The service drives continuous improvement through the review and analysis of critical incidents and clinical data as well as through the analysis of information gathered from resident’s meetings, consumer feedback, clinical indictors, internal and external audits, staff and consumer surveys and analysis of incident data. The general manager and the executive leadership team implement changes in consultation with the governing body and monitor and review improvements to ensure ongoing effectiveness.

Management demonstrated continuous improvement by explaining how the board supports new programs, regularly enhances existing programs and has established new staff positions. The board recently supported post graduate study for staff, including financial support for development of their vision for Norah Head Care Community as a centre of excellence for dementia. The board has created new positions to support the service’s management team, such as the new consumer experience team headed by a Director, Customer Experience, Business Improvement & Assurance.

The service and governing body demonstrated regular review of changes in legislation through organisations such as the Department of Health, Aged Care Quality and Safety Commission and the National Disability Insurance Scheme.

The service demonstrated records where all staff have completed mandatory Serious Incident Response Scheme (SIRS) training and new staff complete SIRS training during induction. The registered nurses record all SIRS incidents in the incident management system and notify the executive service manager if the incident occurs on a weekend or the senior care staff member alerts management after hours. The service managers and registered nurses monitor staff compliance in identifying and escalating reportable assaults and completing online incident forms.

The organisation provided a documented risk management framework, including policies describing how high impact or high prevalence risks associated with the care of consumers is managed, how the abuse and neglect of consumers is identified and responded to, how consumers are supported to live the best life they can and how incidents are managed/prevented. Staff accurately described the steps required to respond to the immediate needs of a consumer involved in an incident and how to record, report, analyse and implement remedial actions. This included ensuring the immediate safety and wellbeing of the consumer, escalating the incident to the care manager/registered nurse/management, and how to complete the online incident form.

The service demonstrated a clinical governance framework which includes antimicrobial stewardship, minimising the use of restraint, and open disclosure. The service has clinical policies and procedures to guide management and staff to deliver safe and quality clinical care.

Staff advised they have received training in these policies and processes and described how they implement the policy relating to restraint. This included using strategies described in consumer’s care plan and charts to manage behaviours of concern, identifying triggers, ensuring strategies are not restricting consumers assess and movements, and providing effective supervision and support.

Staff also confirmed they have received training in the policies and processes related to open disclosure and were confident to apologise when things go wrong, ensure the immediate needs of the consumer are being met, escalate the concerns as appropriate and explain the facts and make improvements to prevent future occurrence.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)