Performance

Report

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| Name of service: | Ocean Star Aged Care |
| Service address: | 207 Ocean Drive BUNBURY WA 6230 |
| Commission ID: | 7249 |
| Approved provider: | Catholic Homes Incorporated |
| Activity type: | Site Audit |
| Activity date: | 10 January 2023 to 12 January 2023 |
| Performance report date: | 24 February 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 Ocean Star Aged Care (**the service**) has been prepared by K. Rochow, 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.

# 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 a sample of management, staff, consumers, representatives and others; and
* the provider’s response to the assessment team’s report received 3 February 2023.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

At the Site Audit, the Assessment Team recommended all Requirements in Standard 1 Consumer dignity and choice as met. The Assessment Team found consumers are treated with dignity and respect, they feel valued, and their identity is respected. They also found consumers are supported to exercise choice and independence and have their privacy maintained.

The Assessment Team provided the following information and evidence relevant to my finding:

All consumers and representatives said consumers are treated with dignity and respect, with their identity and diversity valued. Staff were observed interacting with consumers in a respectful and dignified manner and were familiar with consumers’ backgrounds, needs and preferences. Care planning documentation was reflective of consumers’ backgrounds, inclusive of their likes and dislikes and associated supports.

Consumers are engaged during assessment processes to support identification of supports to maintain their culture, beliefs and traditions. Consumers said they feel valued, and their culture is respected. Staff were able to identify consumers with specific cultural needs and describe how they support consumers to have their cultural needs met.

Consumers said they are supported to make decisions, inclusive of how their care is delivered, who they wanted included in decision-making and their day-to-day activities. Representatives also confirmed they are involved in decisions, where required. Staff were able to provide examples about how they support consumers to make choices and to maintain social connections.

The service uses a risk assessment process for consumer activities which they consider having a risk element, with consumers involved in the assessment process to identify risk and mitigation strategies. A consumer and a representative detailed specific activities the consumers participate in which present a risk and the strategies the service uses to mitigate the risk.

Consumers are satisfied with information provided to them and indicated staff are effective at communicating information. Information is provided to consumers/representatives through emails, noticeboards, meetings, newsletters, an activity program and one-to-one visits.

The Assessment Team observed staff respecting consumers’ privacy and maintaining confidentiality of sensitive and personal information. Consumers said staff are respectful of their privacy. The service protects electronically stored information using access restriction based on staff role and password access.

Based on the Assessment Team’s report, including the evidence and information above, I find all Requirements in Standard 1 Consumer dignity and choice to be compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

At the Site Audit, the Assessment Team recommended all Requirements in Standard 2 Ongoing assessment and planning with consumers as met. The Assessment Team found the service demonstrated effective assessment and care planning processes to ensure safe and effective delivery of care and services, inclusive of partnership with the consumer or others the consumers wish to be involved. Additionally, the Assessment Team found the service has systems and processes to support consumer-centred care assessment and planning, with outcomes effectively communicated to consumers and which continually meet consumers’ needs and wishes.

The Assessment Team provided the following information and evidence relevant to my finding:

Assessment and care planning documentation identified consumers’ risks with specific strategies to reduce risks detailed. Clinical staff were able to describe how they assess consumers for risk on entry and liaise with several internal and external health providers to plan consumers’ care. They said they can access care planning documents via the service’s electronic management system and care plans are updated when consumers are involved in incidents, following discharge from hospital or when there are changes to consumers’ preferences.

Assessment and care planning documentation demonstrated consumers’ needs and preferences are documented, inclusive of end of life wishes. Consumer representatives said they receive regular contact from management and staff and are encouraged to be involved in assessment and care planning processes. Assessments, progress notes and interviews with consumers confirmed consumers are included in assessment and care planning processes, including meetings to discuss outcomes of care planning. Consumers and representatives said they are provided a copy of the care plan.

Based on the Assessment Team’s report, including the evidence and information above, I find all Requirements in Standard 2 Ongoing assessment and planning with consumers to be compliant.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

At the Site Audit, the Assessment Team recommended all Requirements in Standard 3 Personal care and clinical care as met. The Assessment Team found consumers receive safe and effective personal care and clinical care which is tailored to their needs and optimises their health, with an understanding of consumers’ needs, goals and preferences, inclusive of end of life care and when there are changes or deterioration to consumers’ health or function.

The Assessment Team provided the following information and evidence relevant to my finding:

Consumers and representatives said they are satisfied with the personal care and clinical care provided to consumers. Care planning documentation demonstrated consumers are provided with safe and effective care, specifically in relation to diabetes pain and wounds being best practice.

The Assessment Team found the service follows best practice guidelines and applies measures to mitigate risks to consumers, while supporting their independence and self-determination to make their own choices. Consumers and representatives are satisfied the personal and clinical care provided is safe and right for consumers. Staff were able to describe risks for consumers and how these are managed, including risk identification and escalation of risks, inclusive of consultation and management with various health professionals, as required.

Consumers’ care plans demonstrated advance care planning and preferences had been identified and documented, with wishes communicated to staff. Staff were able to explain how regular meetings are held to identify consumers’ wishes and the medical and other health supports consulted with to ensure end of life wishes and needs are met. Documentation also demonstrated consumers are referred to medical officers, the service’s nurse practitioner and other health professionals when consumers’ health status changes or clinical deterioration is identified. Staff were able to describe how they identify changes and deterioration, with staff being supported with a clinical deterioration procedure checklist.

Consumers and representatives said staff are aware of consumers’ needs and know how they like care to be delivered. Staff said they have the information they need to provide to consumers and were able to describe specific care needs for consumers. Handover sheets are used to communicate consumers’ care needs and identified risks, with daily handover meetings to discuss and highlight clinical and care updates for consumers.

Management and staff were able to describe processes for referrals to other service providers and consumer files demonstrated consumers are appropriately referred to other service providers in accordance with their needs and in a timely manner.

The service has an effective Infection Prevention and Control program which aligns with national guidelines and applicable standards. The service has designated infection prevention and control leads who have participated in formal training. The Assessment Team observed staff using appropriate infection control practices and signage was evident to support the use of personal protective equipment where required. Staff were able to demonstrate practices used to promote appropriate antibiotic prescription and use to reduce antibiotic resistance.

Based on the Assessment Team’s report, including the evidence and information above, I find all Requirements in Standard 3 Personal care and clinical care to be compliant.

# 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

At the Site Audit, the Assessment Team recommended all Requirements in Standard 4 Services and supports for daily living as met. The Assessment Team found the service provides services and supports for daily living which are important for consumers’ social, emotional, spiritual and psychological well-being, with links to the community and support and recognition of important relationships.

The Assessment Team provided the following information and evidence relevant to my finding:

Consumers said they are supported to maintain independence, including being provided with equipment to enable them to be independent and have improved quality of life. The Assessment Team observed several consumers utilising equipment to maintain their well-being and independence. Staff described how an occupational therapist assesses consumers to identify equipment to support their independence.

Overall, consumers said staff know them very well and provide them with daily supports and services which meet their emotional, spiritual and psychological well-being. Care plans were reflective of consumers’ needs and preferences, with specific supports identified. Staff describe individual strategies and programs to support consumers’ emotional, spiritual and psychological well-being.

Consumers said staff support them to do activities of interest to them and maintain relationships of importance, which was reflected in care plans. Care staff were able to describe consumers’ individual preferences and the service provides a range of activities for consumers to participate in. Consumers said they were kept informed of activities and events, and felt staff know them well and what is important to them. Care plans are reflective of consumers’ life history, relationships of importance and needs, goals and preferences. Staff said they are updated about changes to consumers’ needs or preferences through handover.

Care planning documentation demonstrated referrals are made to individuals and other organisations and providers of other care and services to support consumers’ needs and preferences. The Assessment Team observed equipment used by consumers to be safe, suitable, clean and well maintained.

All consumers said they enjoy the meals and there is enough variety and choice, with adequate quantity provided. Care plans include consumers’ specific dietary requirements for food and fluids, preferences for meal locations, like and dislikes, and allergies. The service provides a four-weekly rotating season menu with consumer feedback sought on a regular basis in relation to food quality, quantity and choices.

Based on the Assessment Team’s report, including the evidence and information above, I find all Requirements in Standard 4 Services and supports for daily living to be compliant.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

At the Site Audit, the Assessment Team recommended all Requirements in Standard 5 Organisation’s service environment as met. The Assessment Team found the service environment is safe, clean and comfortable.

The Assessment Team provided the following information and evidence relevant to my finding:

Consumers said they feel safe living in the service and find the service environment to be ‘home-like’. The Assessment Team observed the service to have indoor and outdoor communal areas for consumers to use and consumers’ rooms were spacious and personalised.

The Assessment Team found the service environment to be safe, clean, well maintained and comfortable, enabling consumers to move freely, both indoors and outdoors. A preventative and reactive maintenance schedule is used.

Consumers said they felt safe when staff used equipment and found that overall, furniture, fittings and equipment were safe, clean, well maintained and suitable. Staff were able to describe processes used to monitor and maintain equipment and the environment and maintenance records confirmed issues are actioned in a timely manner.

Based on the Assessment Team’s report, including the evidence and information above, I find all Requirements in Standard 5 Organisation’s service environment to be compliant.

# 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

At the Site Audit, the Assessment Team recommended all Requirements in Standard 6 Feedback and complaints as met. The Assessment Team found consumers and representatives are encouraged and supported to provide feedback and make complaints, and that management and staff respond to feedback and complaints in a timely manner.

The Assessment Team provided the following information and evidence relevant to my finding:

Consumers and representatives said they are aware of the various avenues to make complaints and feel confident to do so. Staff were able to describe how they support consumers to provide feedback, including helping consumers complete feedback forms. The feedback register demonstrated feedback is received from a variety of sources. The Assessment Team observed information in relation to feedback mechanisms displayed on noticeboards, including external advocacy services.

Feedback and complaints are managed according to the service’s policies and procedures, with management and staff being able to explain how they gather, address and review feedback. Consumers and representatives confirmed appropriate action is taken to address feedback and complaints and felt the service uses a transparent approach when things go wrong. The feedback register demonstrated complaints are investigated, acknowledged, corrective actions implemented, with consultation with the complainant.

Consumers and representatives are satisfied with the way in which complaints and feedback are managed and responded to. The service has processes to ensure all feedback is captured, monitored, analysed, trended and reviewed for continuous improvement.

Based on the Assessment Team’s report, including the evidence and information above, I find all Requirements in Standard 6 Feedback and complaints to be compliant.

# 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

At the Site Audit, the Assessment Team recommended all Requirements in Standard 7 Human resources as met. The Assessment Team found consumers and representatives are satisfied consumers receive quality care and services from skilled and kind staff and the service ensures there are enough staff members of the applicable skill mix to ensure the delivery of safe and effective care and services.

The Assessment Team provided the following information and evidence relevant to my finding:

Consumers and representatives were satisfied that overall, there are enough staff to care for consumers in a timely manner. Staff indicated that staffing levels had recently improved and consider there are adequate numbers of staff to effectively perform their roles. The service has a roster and allocation sheets to ensure adequate numbers and skill mix of staff.

Staff are expected to abide by the organisation’s code of conduct and are provided training in relation to consumers’ choice, providing person-centred and culturally appropriate care. All consumers and representatives said staff were kind, caring and respectful. The Assessment Team observed interactions between staff and consumers to be kind, caring and respectful.

Consumers and representatives were satisfied that overall, the workforce is competent and feel confident staff can provide care in a manner which meets consumers’ needs. Management stated there are several ways in which the workforce’s competency is monitored, including monitoring of professional registrations, compulsory competency assessment, and induction and orientation processes.

Staff interviewed confirmed they are provided with training to assist them to perform their roles. Management advised, and training records show, education and training needs are identified through observations of staff practice, consumer feedback, audits, clinical indicator data, incidents, performance appraisals and changes to industry and regulatory requirements. Training records demonstrate staff in various roles have recently attended several training sessions associated with the provision of care.

The service uses staff performance appraisals to assess, monitor and review staff performance, with annual reviews occurring for all staff following more frequent reviews on commencement of employment. Management provided an example of staff performance management required following the identification of non-adherence to safe medication administration practices.

Based on the Assessment Team’s report, including the evidence and information above, I find all Requirements in Standard 7 Human resources to be compliant.

# 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

At the Site Audit, the Assessment Team recommended Requirements (3)(a), (3)(b), (3)(c) and (3)(e) as met and Requirement (3)(d) as not met in Standard 8 Organisational governance.

In relation to Requirement (3)(d) in this Standard, the Assessment Team found incidents involving consumers had not been identified, documented or managed/escalated in accordance with the organisation’s incident management policy, resulting in the organisation and management not having oversight of the incidents to fully support consumer safety and well-being. The Assessment Team provided the following evidence and information relevant to my finding:

* Behaviour charts for two consumers living with a cognitive impairment showed there were seven incidents which were not identified, reported, investigated or managed in accordance with the service’s incident management policy. Specifically:
  + Four incidents occurred between two consumers (Consumer A and Consumer B) in a five-day period and one similar incident approximately three months later. Additionally, one similar incident a week prior to the four incidents occurred between Consumer A and Consumer C.
  + One incident involving Consumer A and staff occurred approximately one month following the four incidents involving Consumer A and Consumer B.
  + There were no other incidents documented of this nature between Consumer A and Consumer B.
* The Assessment Team asserts the above incidents were not reported to the Serious Incident Response Scheme (SIRS).
* The Assessment Team asserts that the failure of the incidents to be recorded within the incident management system, resulted in the use of open disclosure not being fully evident.
* The Assessment Team informed the service’s management of the incidents in the behaviour chart during the Site Audit, who immediately commenced investigation, inclusive of a root cause analysis in relation to the failure to identify and manage the incidents. As a result, management identified corrective actions and informed the Assessment Team of proposed corrective actions, including, but not limited to:
  + Use the incidents in the behaviour charts as case studies in relation to incident management and discuss learnings at relevant staff meetings;
  + Care plans reviews for Consumers A and B, inclusive of open disclosure with relevant representatives;
  + Referral to dementia support services for both Consumers A and B; and
  + Reporting of incidents on the service’s incident forms and to the SIRS.

The provider submitted a response to the Assessment Team’s report and disagrees with the Assessment Team’s findings. While the provider acknowledges incident reports were not completed in relation to incidents between Consumer A and Consumer B, the provider asserts this was isolated and not indicative of a systemic issue, with no evidence of physical, emotional or psychological impact or risk to the health or safety to Consumers A, B or C. The provider submitted the following evidence and information relevant to my finding:

* The organisation has policies and procedures to guide staff in the management of incidents, including incidents falling under the SIRS reporting requirements. Additionally, the service has behavioural management policies and procedures to support staff to manage consumers, inclusive of assessment and care planning, while enabling choice, upholding rights and preserving dignity.
* Consumer A and Consumer B both live with cognitive impairments and both consumers formed a close friendship when Consumer A moved into the service. Staff have supported this relationship in accordance with the Aged Care Quality Standards.
* The provider asserts progress notes and behaviour charts for Consumer A and Consumer B did not identify any incidents requiring to be reported through the SIRS in accordance with the Commission’s SIRS decision support tool.
* Consumer A had a behavioural support plan which detailed interventions to support theirs and others safety and well-being. The consumer has had comprehensive and consistent reviews through the medical officer, the service’s nurse practitioner and occupational therapist. A referral to Dementia Services Australia (DSA) was also completed following the incident between Consumer A and Consumer C but preceding the incidents between Consumer A and Consumer B. DSA addressed the behaviours associated with the incidents identified by the Assessment Team. Since implementing the DSA recommendations and other strategies, there have been no further incidents of a similar nature to those identified by the Assessment Team.
* Documentation for both Consumer A and Consumer B indicates the consumers enjoy each other’s company and there is no evidence of negative physical, emotional or psychological effects based on this relationship or the identified incidents.
* The incident involving Consumer A and Consumer C (living without a cognitive impairment) did not impact Consumer C’s psychological or emotional well-being.
* The incidents between Consumer A and Consumer B were not deemed as SIRS incidents because they did not present any specific threat of safety or risk to any consumer within the service. Both families of Consumer A and Consumer B were involved in all aspects of the family member’s care and well-being, demonstrating ongoing communication and collaboration, consistent with open disclosure principles.
* Consumer A had comprehensive and consistent reviews through the service’s nurse practitioner, general practitioner and occupational therapist and referral and assessment by dementia specialist services, inclusive of behaviours involved in the identified incidents. Since the implementation of the dementia specialist recommendations, there have been no further incidents of similar nature to those identified by the Assessment Team.
* The Assessment Team’s site audit report states the service has an effective system in place for the management of high risk, high prevalence risks, regular multidisciplinary team meetings, a risk register, oversight of organisational clinical governance, quality and compliance. Additionally, the Assessment Team’s report details that staff were able to describe their role in reporting, documenting, actioning and escalating incidents.
* In addition to the corrective actions listed in the Assessment Team’s report, a detailed training and education program in relation to the nature of the incidents identified by the Assessment Team was planned for all staff in February 2023. Additionally, Consumer A’s support plan was updated to reflect behaviours associated with the incidents, and the service’s plan for continuous improvement was updated to reflect all actions taken to ensure effective management of organisational governance.

In coming to my finding, I have considered all evidence and information presented by the Assessment Team and the provider in relation to the service’s risk management systems and practices, including but not limited to the following:

* managing high impact or high prevalence risks associated with the care of consumers;
* identifying and responding to abuse and neglect of consumers;
* supporting consumers to live the best life they can; and
* managing and preventing incidents, including the use of an incident management system.

Based on the Assessment Team’s report and the provider’s response, I find the service has effective risk management systems and practices and reasons for my finding are outlined below.

While the Assessment Team identified five behavioural incidents of a similar nature for Consumer A and/or B which were not recorded on the service’s incident form, the service was aware of the incidents through behaviour charts and had managed the associated risks with the incidents using external behavioural specialists, behavioural support plans, medical and nurse practitioner reviews, and consultation with representatives. Specifically:

* In relation to Consumer A, I find that following the incident with Consumer C (the first incident of the series of identified incidents), the service acted to escalate review of the consumer’s behaviours to DSA who directed interventions, amongst other strategies imitated by the service, which has effectively managed this specific responsive behaviour for Consumer A. While I consider the service did manage the risks associated with Consumer A’s responsive behaviours and staff actions support effective risk management practices, the service should have reported the incidents through the incident management system to ensure there is timely and adequate consideration of the following:
  + risk management interventions and strategies;
  + capacity to consent for consumers living with a cognitive impairment and use of open disclosure inclusive of incident details;
  + impact to health/well-being/safety of consumers involved incidents; and/or
  + requirement to report to the SIRS at the time of the incident.

However, I agree with the provider’s assertion, including consideration of the service’s corrective and continuous improvement actions taken since the Site Audit, that the failure to report these incidents through the incident management was isolated and not systemic in nature, with the risks identified and managed at the time of the actual incidents, which did include consultation with Consumer A and Consumer B’s representatives in the days following the incidents.

* In relation to Consumer B, I find that the service had a behavioural support plan for the responsive behaviours associated with incidents which occurred between Consumer A and Consumer B and the consumer was regularly reviewed by the medical officer and nurse practitioner. Additionally, a geriatrician review of Consumer B following the series of incidents between Consumer A and Consumer B, found the relationship between Consumer A and Consumer B was having a positive impact on Consumer B’s health and well-being. While I consider the service managed the risk associated with Consumer B’s behaviours and staff actions support effective risk management practices at the time of the incidents, the service should have reported the incidents through the incident management for the reasons detailed above for Consumer A.
* In relation to Consumer C, while the provider established the incident involving Consumer A did not impact Consumer C’s psychological or emotional well-being during the Site Audit, I find that this could have been timelier and formally established prior to the Site Audit if the incident had been recorded on the service’s incident form.

While the Assessment Team asserts open disclosure was not fully evident in relation the identified incidents, the provider’s response provided evidence that Consumer A and Consumer B’s representatives were being consulted and were aware of, at least, the nature of the incidents (however, not all details) and the relationship between Consumer A and Consumer B. However, I find the service should have reported the incidents through the incident management system to ensure open disclosure was used at the time of the actual incidents with details of the specific incidents, rather than in the days or the week following, as was the case for Consumer B.

In coming to my finding, I have also considered that the Assessment Team’s report indicates the service has an effective risk management system for managing high impact or high prevalence risks, inclusive of collection and analysis of clinical indicator data, with regular site and organisational meetings held to review this information to identify trends and areas for improvement. Additionally, a review by the Assessment Team of two incidents reported to SIRS demonstrated care staff had escalated the incidents and they were managed in accordance with the organisation’s policy/procedure and legislative requirements. Effective management of a case of neglect was also detailed by the Assessment Team. Additionally, the Assessment Team found the service has a policy to ensure consumers are supported to take risks, and a review of three consumers demonstrated identification risk and implementation of risk mitigation strategies.

I am satisfied at the time of this performance report, considering the Assessment Team’s report and the provider’s response and evidence, inclusive of the service’s immediate response and ongoing actions for continuous improvement, that the service has effective risk management systems and practices. I consider the service’s response and actions to the Assessment Team’s feedback and further education for all staff since the Site Audit demonstrates reinforcement of the service’s incident management system with staff, including the requirement to use an incident form to ensure appropriate action, investigation and reporting to SIRS occurs.

For the reasons detailed above, I find the service to be compliant with Requirement (3)(d) in Standard 8 Organisational governance.

In relation to all other Requirements in this Standard, the Assessment Team found consumers and representatives are engaged in the development, delivery and evaluation of care and services and the organisation has effective wide governance systems and effective clinical governance.

The Assessment Team provided the following information and evidence relevant to my finding:

Consumers and representatives are involved in care planning, with various feedback mechanisms enabling consumers and representatives to make compliments, suggestions and complaints and to be involved in surveys. Additionally, consumers and representatives said they are provided with opportunities to be engaged in care and services through care planning meetings, ongoing discussions with staff, meetings and surveys. Management and relevant documentation confirmed consumers and representatives are engaged though several feedback and review processes.

The governing body promotes a culture of safe, inclusive and quality care and services, including various committees which report to the Board to inform them about the performance of the service. A recent Board report confirmed the Board is provided with information about the service relating to clinical indicators, quality improvement activities, audit findings, feedback and complaints, reportable incidents and actions for continuous improvement. All consumers and representatives said they have confidence in the management of the service and consider the service to be well run.

The organisation has effective governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The Assessment Team found communication of information from the Board through the organisation, to staff, consumers and representatives was effective. The service maintains a corporate Plan for Continuous improvement with improvement initiatives identified from several sources. Management confirmed they are required to plan a monthly budget which is monitored by the organisation. The service is supported by the organisation’s human resources and learning and development departments to ensure effective workforce governance. The organisation has processes to identify legislative and regulatory changes and to implement these effectively within the organisation. The service uses feedback and complaint processes to identify opportunities for improvement and complaint trends are also reported to the Board.

The service was able to demonstrate a clinical governance framework, inclusive of antimicrobial stewardship, open disclosure and minimising the use of restraint. The framework is inclusive of governance structures and mechanisms, policies and procedures to guide staff in the provision of clinical care, reporting and monitoring of clinical incidents and a clinical auditing schedule. The service provided examples of the mechanisms used to minimise the use of restraint and approach to antimicrobial stewardship. In relation to open disclosure, the Assessment Team found that overall, sound open disclosure was used in most cases but was only partially evident for the incidents involving the consumers identified in Requirement (3)(d) of this Standard. I have considered the evidence in the Assessment Team’s report which demonstrates the service has a policy and procedure for open disclosure and staff and management were able to provide several examples demonstrating an effective system. I have addressed the gap in open disclosure in Requirement (3)(d) of this Standard as it relates to the service’s incident management processes, rather than the service’s practices and processes relating to open disclosure.

Based on the Assessment Team’s report, the provider’s response and for the reasons detailed above in this Standard, I find all Requirements in Standard 8 Organisational governance to be 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-1)