Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Ozcare - Hervey Bay |
| Service address: | 35 Davis Drive KAWUNGAN QLD 4655 |
| Commission ID: | 5805 |
| Approved provider: | Ozcare |
| Activity type: | Assessment Contact - Site |
| Activity date: | 13 June 2023 to 14 June 2023 |
| Performance report date: | 11 July 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 Ozcare - Hervey Bay (the service) has been prepared by K. Reed, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives, and others
* other information and intelligence held by the Commission in relation to the service
* correspondence received from the service on 23 June 2023 and 30 June 2023, following requests for information by the Commission.

# Assessment summary

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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

# Areas for improvement

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

# Standard 1

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

Findings

Care staff, Registered nurses and management were observed walking through the service and interacting with consumers in a manner that demonstrated dignity and respect. Care staff and Registered nurse explained what dignity and respect is in relation to interactions with consumers. Consumers stated they were treated with dignity and respect and their preferences were met.

All consumers interviewed stated when they press the call bell care staff attended in a timely manner. Call bell data was analysed weekly and any wait time of over five minutes was investigated. Staff and consumer meeting minutes for the last three months demonstrated call bell times were discussed at these meetings and the average call bell wait times was between three to four minutes which was confirmed by call bell response time reports.

Consumers confirmed they had their continence aids changed as needed, a schedule was observed in the pan room of when continence aids needed to be changed and a list of consumers who needed extra assistance between these times. There was no malodour noted throughout the assessment contact and bedding was free of stains.

Actions have been taken to address deficits in this Requirement identified at the Site Audit conducted 25-27 October 2022. These actions have included:

All staff underwent training in Privacy and dignity and the organisation’s Code of Conduct. Privacy and dignity training is now a mandatory module for orientation and annually. Agency staff complete a full orientation before starting their contract. Standard 1 of the Aged Care Quality Standards was discussed at the Family and Consumer meeting in January 2023. Information was provided to families and consumers regarding the concerns identified and what actions the service put into place to rectify the deficits. Walk throughs and observations of staff practice and conversations with consumers is attended to by the Business Operations Manager. Emails are sent regularly to remind staff of dignity and privacy. Staff meeting minutes for March 2023 reminded staff not to address consumers by pet names but to use the Consumer’s preferred name.

In relation to the actions taken to address the previous Non-compliance, it is my decision these actions were effective and sustainable, and it is my decision this Requirement is now Compliant.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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)(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.**

Consumers and representatives felt safe and confident the workforce knew what they were doing. Documentation demonstrated consideration of risks to consumers’ health and well-being and informed the delivery of safe and effective care and services. Clinical staff demonstrated an awareness of assessment and care plan review processes, that identified risks to consumers’ health, safety, and well-being. Identified risks included, but were not limited to, falls, pain, diabetes management, wounds, and behaviour management. Consumers were referred to medical officers, allied health professionals or medical specialists if required. The organisation had policies and procedures available to guide staff practice regarding assessment and care planning for consumers.

Staff described how care documentation had been reviewed and was reflective of individual consumer needs and preferences, how they reviewed the handover sheet daily, and registered staff followed up on assessment and planning for consumer care needs. Staff had sound knowledge of consumers’ needs and staff knowledge aligned with care documentation in the electronic care management system.

Actions have been taken to address deficits in this Requirement identified at the Site Audit conducted 25-27 October 2022. These actions have included:

Clinical management completed the service’s flowchart for new consumers, and this was monitored at the daily emerging needs meetings. These meetings were attended by key personnel and other heads of department and discussions were held in relation to emerging clinical needs and the associated workload to identify any clinical risk such as falls, weight loss, skin integrity, pain management, restrictive practices, medication, and behaviour management. Weekly meetings with registered staff by the Clinical and management team commenced November 2022 and these meetings are now monthly. Review of meeting minutes identified meetings were conducted in a planned and co-ordinated manner with enhanced discussion and feedback regarding clinical care responsibilities, standards, and business rules.

As part of the service’s commitment to falls prevention the service’s Physiotherapists commenced facilitating Balance and Exercise classes at the service and falls is a standing agenda item at the Daily Emerging Risk meeting and Clinical Meetings. Physiotherapists conducted reassessments following any consumer who sustained a fall or had a change in their mobility status.

The Clinical management team monitored business reports daily to ensure assessment and care planning had been completed and risks identified.

**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.**

Review of consumer care planning documentation demonstrated, and interviews with consumers and representatives confirmed, individual consumer’s current needs, goals and preferences were addressed, and included advance care planning of the consumer’s wishes. There was discussion about a consumer’s end of life wishes when a consumer entered the service and via care planning documentation at care plan review and if a consumer's condition deteriorated.

Actions have been taken to address deficits in this Requirement identified at the Site Audit conducted 25-27 October 2022. These actions have included:

Review of education records confirmed education for staff on end of life care was provided by an external palliative care specialist team for registered and care staff on 23 December 2022, 8 February 2023, and 20 April 2023. All staff education on ‘Communication during Palliative Stage’ was provided to all staff on 10 February 2023.

Consumer representatives provided positive feedback regarding the conversations held with the service in relation to end of life choices.

**Requirement 2(3)(c) The organisation demonstrates that assessment and planning:**

**(i) 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**

**(ii) includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.**

Consumers and representatives confirmed their involvement in the assessment, planning and review of consumers’ care and services. Care planning documents reflected the consumer and others involved in assessment and planning, including Medical officer, physiotherapist, dietitian, and Speech Pathologist. Clinical staff partnered with consumers and representatives to assess, plan and review care and services, including case conferences. Consumer files demonstrated input from other health care professionals and services.

Actions have been taken to address deficits in this Requirement identified at the Site Audit conducted 25-27 October 2022. These actions have included:

The service completed a review of all named consumers in the previous Site Audit report dated 25-27 October 2022 to ensure their care plan reflected their choices in partnership with consumer and those involved in their care. The service’s Plan for continuous improvement identified a significant increase in referrals to other health professionals. Education was provided to all staff to ensure appropriate review of care needs were completed in partnership with the consumer and those involved in their care and reflected in the care plan.

**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.**

Consumers and representatives confirmed staff discussed consumer’s care needs and the information recorded in consumers’ care plans. Staff had access to care plans for consumers through the electronic care system and information shared at handover. A review of consumer files demonstrates the outcomes of assessment and planning was documented. Consumers and representatives advised they were offered a copy of the care plan, which could be received electronically or in hard copy and other consumers and representatives said they felt comfortable to request a copy of the care plan. The Assessment Team observed care planning documents were readily available to staff delivering consumer care and services.

Actions have been taken to address deficits in this Requirement identified at the Site Audit conducted 25-27 October 2022. These actions have included:

Review of the service's monthly newsletter for May 2023 confirmed the service was providing ongoing opportunities for consumers and representatives to meet with the clinical team regarding their care and services and a copy of their care and services plan was available electronically or in person at any time. This information was a standing item in each monthly newsletter. Case conferencing was utilised as a mechanism to collaborate with consumers and representatives and others involved in their care and regarding their preferences or care plan access. Ongoing education with Registered staff was held in December 2022 to ensure care plans were being offered to consumers and representatives.

**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.**

Representatives confirmed clinical staff regularly discussed their loved one’s care needs with them, and any changes requested were addressed in a timely manner. Care planning documentation identified evidence of review on both a regular basis and when circumstances changed, such as consumer deterioration or incidents such as, falls and challenging behaviours. Clinical staff described how and when consumer care plans were reviewed. Staff were aware of incident reporting processes and how these incidents may trigger a reassessment or review. The service monitored clinical indicators, including falls, pressure injuries, medication incidents, behavioural incidents, and restrictive practices.

Actions have been taken to address deficits in this Requirement identified at the Site Audit conducted 25-27 October 2022. These actions have included:

Clinical management monitored consumer care documentation daily to identify incidents and changes to care needs for consumers. The daily emerging needs meeting reviewed any incident or change in circumstances that impacted a consumer.

In relation to the actions taken to address the previous Non-compliance, it is my decision these actions were effective and sustainable, and it is my decision this Standard is now Compliant.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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)(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 |

Findings

**Requirement 3(3)(a) Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:**

**(i) is best practice; and**

**(ii) is tailored to their needs; and**

**(iii) optimises their health and well-being.**

Consumers received safe and effective clinical and personal care. Consumers’ care documentation demonstrated consumers receive pain management care and care plans reflect individualised strategies to support staff in meeting consumers’ needs. Staff described consumers’ individual needs and preferences and how these were managed in line with their care and service plan.

Actions have been taken to address deficits in this Requirement identified at the Site Audit conducted 25-27 October 2022

. These actions have included:

Management reviewed all consumers who were subjected to a restrictive practice. The restrictive practice register is reviewed every three months and when changes occurred regarding a consumers restrictive practice. Clinical staff worked closely with Medical officers to reduce psychotropic medications. The psychotropic register evidenced ten psychotropic medications were ceased in March 2023, two psychotropic medications were ceased in April 2023, and two psychotropic medications were ceased in May 2023. The service’s psychotropic register identified regular monitoring of consumers who had psychotropic medications ceased through pain and behaviour charting. Any changes in a consumer's clinical care needs were escalated to the Medical officer for review. The service’s restrictive practice register evidenced consumers who were subject to a restrictive practice had documented consent by representatives and Medical officer. The service recently onboarded a new Clinical care manager and a second Clinical nurse will commence in June 2023 for additional clinical oversight at the service.

Education was provided in relation to assessment and care planning and partnering with consumers, behaviour support planning, falls prevention and post falls management, wound care and charting, pain management and charting and continence care.

**Requirement 3(3)(b) Effective management of high impact or high prevalence risks associated with the care of each consumer.**

The service demonstrated effective management of high-impact and high-prevalence risks including falls management and wound care. Care plan documentation demonstrated consumers who fell were reviewed for changes in strategies to prevent future falls occurring within an appropriate timeframe. Immediate post fall management was completed by registered staff in accordance with the service’s falls prevention policy.

Actions have been taken to address deficits in this Requirement identified at the Site Audit conducted 25-27 October 2022. These actions have included:

High impact high prevalent risks to consumers were discussed at the daily emerging needs meetings. These meetings were attended by key personnel and other heads of department and discussions were held in relation to emerging clinical needs and the associated workload to identify any clinical risk such as falls, weight loss, skin integrity, pain management, restrictive practices, medication, and behaviour management.

Two physiotherapists were on site five days per week to ensure consumers had their mobility needs met and were assessed post following falls in a timely manner. Staff were encouraged to ensure wounds were monitored through photos and measurements. The Clinical Care Manager regularly reviews wound charts to ensure wound photos and measurements were being recorded. Training records evidenced all registered staff completed wound care training in September 2022, November 2022, and May 2023.

**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.**

Consumers and representatives were satisfied the service identified deterioration or change of a consumer’s mental health, cognitive or physical function. Representatives of consumers who had experienced clinical deterioration said staff responded in a timely manner and care documentation reflected regular assessment and monitoring processes to ensure consumers receive appropriate clinical care.

Actions have been taken to address deficits in this Requirement identified at the Site Audit conducted 25-27 October 2022. These actions have included:

Training occurred for registered staff relating to recognising and responding to deterioration, a flow chart was developed in relation to consumer deterioration to guide staff in taking appropriate action and these flowcharts were observed at each nursing wing of the service. Deterioration or changes in consumers' mental, cognitive, or physical function was a standing agenda item at the service’s daily emerging needs meetings. Following the service’s daily emerging needs meetings an update is provided to registered staff of required clinical tasks and any changes in consumer health status and wellbeing.

**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.**

Consumers and representatives were satisfied changes in conditions, care needs and preferences were communicated with others where responsibility of care was shared. Progress notes and care plan documentation demonstrated any change in consumers’ conditions, needs, or preferences were documented and communicated with staff to ensure care needs and preferences were met.

Actions have been taken to address deficits in this Requirement identified at the Site Audit conducted 25-27 October 2022. These actions have included:

The daily emerging needs meetings provided communication to other Heads of Department in relation to consumers’ condition, needs and preferences, and this information was included in hand over notes to relevant staff as required and communicated to other organisations or persons involved in consumers care and services.

The service recently appointed a new Clinical Care Manager, and the service will have a new Facility Manager and an additional Clinical Nurse commencing in June 2023 for additional clinical oversight. Management confirmed when a change in a consumer’s needs or preferences occurred, the service was ensuring a case conference was provided with the consumer where possible, and their representatives to ensure care needs and preferences can be met.

**Requirement 3(3)(f) Timely and appropriate referrals to individuals, other organisations and providers of other care and services.**

Consumers and representatives were satisfied the service referred consumers to relevant organisations to ensure they received appropriate care and services. Consumer files evidenced timely referrals to health care specialists. Care plans demonstrated consumers were referred to external services, timely follow-up is conducted by the service and recommendations were updated to consumer care plans to ensure staff implement the recommendations provided.

Actions have been taken to address deficits in this Requirement identified at the Site Audit conducted 25-27 October 2022. These actions have included:

Clinical management reviewed progress notes and incidents logged at the daily emerging needs meetings and monitored that appropriate referrals have been actioned to other health professionals as required. Referrals and care plan management are standing agenda items at the weekly Clinical Meetings and monthly Registered staff meetings. Training was provided in relation to Referral Processes with a focus on Falls Prevention and post Falls Management for Registered staff on 11 November 2022, 29 December 2022 and 20 January 2023.

A flow chart was developed aligning to the organisation's Business Rules for referrals to other health professionals and laminated copies were placed at all nursing wings of the service on 14 November 2022.

In relation to the actions taken to address the previous Non-compliance, it is my decision these actions were effective and sustainable, and it is my decision these Requirements are now Compliant.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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 |

Findings

Consumers and representatives stated the care staff were available and are not rushed when providing cares. Care and registered staff were observed to be providing cares in a calm manner that was not rushed. The roster demonstrated there was sufficient staffing for all shifts, including agency staff being utilised when needed. The service has reduced unplanned leave and management were requesting appropriate staff when there was unplanned leave.

Registered staff confirmed they were able to complete all their tasks during their shift and do not hand over uncompleted tasks or missing assessments to the next shift. The service had three automated service robots to assist with meal and laundry delivery, which meant care staff were able to remain on the floor to assist consumers during mealtimes. This led to 11 current staff signing up to undertake their Certificate III in Aged Care to transition into care staff. Consumers confirmed when they pressed the call bell care staff arrived in a timely manner and were not rushed. The call bell data was analysed weekly and any wait over five minutes was investigated. Staff and consumer meeting minutes for the last three months demonstrated call bell times were discussed at these meeting and the average call bell wait times was between three to four minutes which was confirmed by call bell response time reports.

Actions have been taken to address deficits in this Requirement identified at the Site Audit conducted 25-27 October 2022. These actions have included:

The Approved Provider increased advertising of positions including utilising their social media presence, signage on company vehicles and offering current staff bonuses, for referring appropriate family or friends. The service sponsored a Registered nurse from Ireland to move to the area and to work in the service.

Management worked with administration daily to monitor unplanned leave and to call in appropriate replacement staff. All staff met with their direct manager and completed temporary leave paperwork after any unplanned leave to help ensure staff were fit for work and reduce spread of any possible illness within the service. Posters were observed with the roles and responsibilities of Registered nurses and care staff on the wall in the nurse’s stations, to remind staff what tasks they were responsible for and to complete. Call bell data was analysed weekly, with any wait time over 5 minutes investigated.

The service was limiting the intake of new consumers until staffing was consistent, the service rostering is planned for 95% occupancy, but they currently had 88% occupancy to ensure unplanned leave was covered. The service increased the hours of a floating care assistant by a further two hours after feedback from staff and consumers and are looking at introducing another floating care assistant within the next three months. Utilising nursing students from local TAFE and Universities was recommencing in the coming months with a view of actively recruiting staff from these students.

In relation to the actions taken to address the previous Non-compliance, it is my decision these actions were effective and sustainable, and it is my decision this Requirements is now Compliant.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | |  |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| 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 |

Findings

Requirement 8(3)(c) Effective organisation wide governance systems relating to the following:

(i) information management;

(ii) continuous improvement;

(iii) financial governance;

(iv) workforce governance, including the assignment of clear responsibilities and accountabilities;

(v) regulatory compliance;

(vi) feedback and complaints.

The service demonstrated they have made improvements in the areas of information management, continuous improvement, and workforce governance, with increased monitoring of staffing levels, training of staff as well as involvement of senior management, including two Business Operations Managers, the Head of Aged Care and corporate Human resources, increased reporting and monitoring to and from the Board of directors.

Information management:

All care plans reviewed were up-to-date and personalised. Care plans were observed in consumers’ rooms who had requested them. The clinical management team review progress notes daily to ensure changes are not missed and care planning is being updated as needed. Registered staff were able to complete all tasks required on shift, including care planning.

Continuous improvement:

The service was monitoring Quality Indicators as well as feedback and complaints and developed a comprehensive Plan for continuous improvement with issues added as needed and clear actions and follow through to completion documented.

Workforce governance, including the assignment of clear responsibilities:

The Board commissioned and completed internal audits of the workforce and made Human resource staff available to the service’s management as required. The roles and responsibilities for care and registered staff were discussed at all monthly staff meetings from January 2023. Roles and responsibilities posters were hung in nurse’s stations to remind staff also. All staff completed training, with some underperforming staff requiring performance management and/or dismissal.

Regulatory compliance:

Care plans demonstrated all consumers with restrictive practices had the appropriate consent and authorisations was place as well as individualised Behaviour support plans. Consumers had behaviour monitoring charts in place as needed and incidents were recorded appropriately with corresponding serious incidents reports as required.

Actions have been taken to address deficits in this Requirement identified at the Site Audit conducted 25-27 October 2022. These actions have included:

The implementation of daily reviews of progress notes by the clinical management team. All care plans updated, personalised, and placed in consumer’s rooms when consumers asked.

Increased monitoring of Quality Indicators and incidents by management as well as the Head of Aged Care and Board of directors. Including increased reporting to the Board. Staff training in all areas including Serious incident response scheme, care planning, restrictive practices, and code of conduct. Corporate Human resources being available to the service and assisting with performance management and dismissal of staff as required as well as training and culture change and improvement. Regular review of staff roles and responsibilities at all staff meetings.

Requirement 8(3)(d) Effective risk management systems and practices, including but not limited to the following:

(i) managing high impact or high prevalence risks associated with the care of consumers;

(ii) identifying and responding to abuse and neglect of consumers;

(iii) supporting consumers to live the best life they can

(iv) managing and preventing incidents, including the use of an incident management system.

The service was demonstrating they are managing high-impact or high-prevalence risks associated with the care of consumers by regular review, monitoring and reporting of incidents, changing the culture of all staff to document and report any changes in consumers’ behaviour as well as identify any potential or actual risks.

Monitoring of post falls management demonstrated an overall decrease in falls since November 2022. There were timely assessments of consumers and referrals to appropriate providers occurring. Increased reporting of incidents was occurring, with correlating Serious incident reports and updates to consumers’ care planning documentation including behaviour charting. Wound management documented and attended to appropriately on review of files. Training in serious incident reporting, wound management and palliative care occurred since November 2022. Management discussed risk and reporting at all staff meetings each month from January 2023. Staff raised concerns around a consumer's increased confusion and wandering behaviour in the March 2023 staff meeting and the consumer’s care plan was updated in early April 2023 to reflect these new behaviours.

Actions have been taken to address deficits in this Requirement identified at the Site Audit conducted 25-27 October 2022. These actions have included:

The Board, the sub-committee of Quality, Safety and Risk and Chief Executive Officer were receiving monthly briefings to ensure the service was meeting the Aged Care Quality Standards and any concerns were effectively managed with in a timely manner. The service was discussing risk and how to report any actual or potential risks at monthly staff meeting, demonstrating a change in culture in reporting of changed behaviours and incidents.

Review of progress notes and Quality Indicators ensured all incidents are logged in the risk and incident management system and the process is followed regarding escalating appropriately including reporting of serious incidents. The implementation of monthly review of all incidents by the Board occurred with all actions taken and closure of the incident to be included in the service’s monthly report. Increased monitoring for COVID-19 for all visitors, staff, and consumers to reduce the risk of another outbreak has been demonstrated by no significant outbreak this year and full staffing rosters have ensured all care planning was completed in required timeframes.

In relation to the actions taken to address the previous Non-compliance, it is my decision these actions were effective and sustainable, and it is my decision these Requirements are now Compliant.

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