Performance

Report

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| Name: | Ozcare Villa Vincent |
| Commission ID: | 5875 |
| Address: | 2 Acacia Street, MUNDINGBURRA, Queensland, 4812 |
| Activity type: | Site Audit |
| Activity date: | 27 May 2024 to 30 May 2024 |
| Performance report date: | 8 July 2024 |
| Service included in this assessment: | Provider: 952 Ozcare  Service: 3808 Ozcare Villa Vincent |

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 Villa Vincent (**the service**) has been prepared by Katherine Richards, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management, and others; and
* the provider’s response to the assessment team’s report received 28 June 2024.

# 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 | **Not Compliant** |

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* **Requirement 8(3)(e)**: The approved provider ensures the Clinical Governance Framework includes training, monitoring, and oversight practices reflective of legislative and best practice requirements particularly in relation to restrictive practices and antimicrobial stewardship.

# 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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant.

Consumers said their identity was valued, and staff treated them with dignity and respect. Staff were aware of consumer preferences, and described how provided care considered the consumer’s identity and culture. Documentation about consumers, including care and service plans and displayed profile posters, reflected consumer diversity and identity.

Cultural needs and preferences were captured within care and service plans and known by staff. Meals were tailored for cultural dietary needs and preferences. Representatives said staff were aware of cultural backgrounds and matters of importance. The provider’s response reflected additional activities considerate of cultural celebrations were being added to the schedule.

Consumers said they were supported to make choices about their care and those involved. Staff said they try to offer sufficient information to support consumer decision making and maintain independence, and provided examples of how they helped consumers to maintain relationships. Care planning documentation outlined important relationships and key choices were recorded within consumer preferences.

Staff were familiar with risks taken by consumers, and explained how benefits and potential harm was discussed with consumers to support informed decision making. Care planning documentation included assessments for risks of choice recording consultation with consumers and/or representatives with agreed upon risk, benefits, and strategies to mitigate harm. A representative explained how the service worked with consumers to support risks to enable them to live their best lives.

Consumers said they received relevant and timely information to assist decision making, including through calendars and newsletters and within meetings. Staff explained how they adapted communication methods and incorporated non-verbal signals to provide information and support consumer decision-making. The activity schedule was displayed within consumer rooms, with flyers to promote upcoming events, and documentation such as meeting minutes and newsletters contained sufficient information to keep consumers updated.

Consumers and representatives explained staff actions to respect privacy and maintain confidentiality. Whilst staff were able to describe how consumer privacy was considered during care, staff did not recognise potential breaches to consumer confidentiality within existing practices. Management advised these practices were not consistent with organisational processes, acting immediately to provide reminders to staff and recording improvement activities including education and moving the location for verbal handover, and providing secure boxes to dispose of written handover information with ongoing monitoring for compliance. Privacy, Dignity and Confidentiality training was not deemed mandatory, however, records demonstrated reasonable participation and completion by staff.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant.

The assessment team have recommended Requirement 2(3)(e) Not Met, as the service did not demonstrate undertaking routine review of care and services in line with the organisational policy. This resulted in some care and services plan reviews being overdue, and for 2 identified consumers, the review was not attended since 2022. However, review or evaluation of consumer needs was occurring routinely following emerging risks, incidents, or identified changes. Management explained the service had already identified this through internal audit processes and had commenced rectifying this with priority determined by clinical risk. The Continuous improvement plan activity indicated planned completion date of June 2024. For consumers with overdue care and service plan reviews, there was no reported impact on care, with representatives expressing satisfaction with delivery of personal and clinical care.

The provider’s response acknowledged not all care and service plans were current, however, the reported high level of impacted consumers quoted in the Site Audit report was not accurate. This has been supported through provision of the original statement showing context for the reported figure. Improvement actions were already outlined on the Continuous improvement plan following the internal audit and have been further enhanced through including assigning accountability and monitoring of progress. Clinical staff will be supported by senior clinicians and education to ensure quality and compliance in undertaking necessary care and services reviews.

I acknowledge the provider’s response. My decision has placed weight on the issue being identified through the organisation’s own audit processes with remedial actions commenced prior to the Site Audit. As reported by the assessment team, there was no identified impact on consumer care, and there was sufficient evidence of review when consumer needs changed, or incident occurred. Whilst a holistic care plan review, in line with organisational procedures, would have reflected best practice, this does not mean the effectiveness of strategies had not been considered. A decision of compliance is further supported through the provider’s records evidencing all domains of all consumer’s care and services plans have now been reviewed within the past 6 months in line with policy.

For the reasons outlined above, I have determined Requirement 2(3)(e) is Compliant.

I am satisfied the other Requirements in Standard 2 Ongoing assessment and planning with consumers are Compliant.

Staff described assessment and planning processes used for consumers on entry and an ongoing basis, explaining how they were used to consider risks. Care planning documentation was tailored to the consumer and reflective of use of validated assessment tools to identify risks and develop care strategies. Care planning processes were outlined within available policies and procedures.

Consumers verified their needs, goals, and preferences were understood through assessment and planning processes. Staff explained how they approached advance care planning with consumers and families, including revisiting the conversation during care plan reviews or when a consumer experiences a deterioration of health. Care planning documentation outlined consumers’ needs, goals, and preferences, along with advance care planning and end of life wishes.

Consumers and representatives spoke of their involvement in assessment and planning processes and were aware of the range of providers involved. Care planning documentation reflected discussions with consumers and representatives about care, with input from other health providers in summaries of assessment outcomes and advice. Management described the multidisciplinary approach to assessment and planning to ensure a holistic view of the consumer and their needs.

Consumers and representatives said staff kept them well informed of changes of consumer condition or needs and were aware of details in the care and services plan. Staff outlined how they shared information with consumers and representatives about changes to the care and service plans, offering a copy following reviews. Care and service plans were available in the electronic care management system, and accessible to staff and visiting health professionals. Displayed information reminded consumers and representatives they could request a copy of the care and services plan at any time.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant.

Consumers and representatives advised personal and clinical care met their needs to optimise their health. Staff explained how strategies were tailored to each consumer, identified through assessment and planning and ongoing consultation, and best practice care was supported through policies and procedures. Care planning documentation reflected staff were following person centred care strategies, with monitoring practices to identify change in health or need.

Staff demonstrated awareness with high impact or high prevalence risks for consumers and described how these were managed. Care planning documentation identified risks and demonstrated involvement of other providers in developing and implementing mitigating strategies.

Staff explained how care was adjusted to support consumers receiving end of life care, including focusing on optimising comfort, minimising pain, and providing emotional support. Care planning documentation for a late consumer reflected monitoring and management of symptoms and comfort and hygiene needs. Policies and procedures informed staff on provision of end of life care.

Consumers said staff notice when their health changes or deteriorates, and communicate what actions are being taken. Staff outlined how they monitored for changes in consumer health, including through routine reviews, and escalated and responded to changes to ensure deterioration was addressed. Policies and procedures guided staff in identifying clinical deterioration and taking appropriate action.

Staff described how information about consumers was shared, including within care planning documentation, verbal handover periods, and clinical meetings during which action plans are developed. Consumers and representatives said staff communication processes were effective in sharing information about care needs. Care planning documentation included regular progress notes recording change of health, incident, or review of risks and strategies, and staff were observed accessing electronic information.

Consumers and representatives gave examples of referrals made to meet consumer needs. Staff explained referral processes for a range of providers, and the referrals included the reasons for review. Care planning documentation reflected timely referrals and responsive reviews.

Staff described infection control measures used to minimise risk to consumers, and the Infection prevention and control lead outlined actions to ensure appropriate use and monitoring of antibiotics. Consumers and representatives said staff managed infection related risks well, and they see them regularly washing hands and using personal protective equipment. Vaccination programs were offered to consumers, representatives, volunteers, visitors, and staff, and infection control measures, such as entry screening procedures, were in place to minimise risk of outbreak.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant.

Consumers and representatives gave examples of how services and supports had been developed to optimise independence and wellbeing through meeting their needs. Staff explained how all staff were familiar with preferences and supports, including cleaning and laundry staff, to meet consumer needs. Information on consumers were captured within a documented profile and used to identify how services and supports could enable consumers by meeting needs and preferences.

Staff explained how they monitored, recognised, and supported consumer’s spiritual and emotional needs and developed meaningful strategies through consulting with consumers and representatives. Pastoral care staff attended the service 6 days a week to support spiritual and emotional visits and coordinate religious services. Consumers said staff understood their emotional and spiritual needs and provided appropriate support. Care and service plans included information about the emotional, spiritual, and psychological needs of consumers.

Consumers described how they were supported to maintain relationships and interests, and they could participate in the service and wider community as much as they wished. Staff explained supports offered to facilitate participation in the wider community and engage in interests, with information used to develop the group activity schedule and encourage personal hobbies. Care planning documentation reflected consumer interests, relationships and supporting strategies.

Staff in various roles explained how information about consumers was shared, including when consumers had a change impacting participation in activities or required alteration to dietary needs and preferences. Consumers said staff were kept informed of their needs and preferences knew about any changes made. Care planning documentation contained sufficient information to inform staff and was supported by verbal and written staff to staff communication.

Staff explained referral processes and communication channels for timely referrals. Consumers described how they received supports from external organisations and services to meet their needs.

Consumers said they had a choice of meals, never went hungry, and were happy with the quality and quantity of food. Staff described how dietary needs and preferences were known and catered to, and the rotating seasonal menu considered consumer input and feedback. Observed meal services were coordinated, with actions to maintain food temperature including for consumers eating in their rooms, and assistance available where needed.

Staff described how equipment was cleaned and they reported concerns required, such as additional cleaning, repair, or replacement. Consumers said they had been provided suitable, clean, and well-maintained equipment for daily activities. Records demonstrated maintenance and cleaning of equipment was attended to regularly and in a timely manner.

# 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

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been found Compliant.

Consumers described the service environment as comfortable, with tailored layout and decorations of their rooms to optimise independence and the sense of belonging. Staff described efforts to make the service into the consumer’s home, where visitors were welcomed. Independent movement of consumers was supported through wide and level walkways and corridors and signage for wayfinding. Communal areas, including shaded outdoor areas, facilitated interactions.

Consumers and representatives said the service environment was clean and well-maintained. Staff described processes for cleaning consumer and communal rooms and were aware of reporting mechanisms for maintenance concerns. Although maintenance folders did not reflect completion dates, staff were able to provide reports verifying completion. Most consumers were able to move freely through communal and outdoor areas, however, those within the secure unit were restricted from entering their private rooms during the day, with doors locked from the outside to prevent re-entry without assistance (considered further within my findings in Standard 8 Requirement 8(3)(e)).

Consumers reported furniture, fittings, and equipment met their needs, and staff regularly checked to ensure things were working and in good condition. Staff explained preventative maintenance practices and processes to address required repairs, with access to sufficient equipment assessed as suitable to the consumer. Furniture, fittings were clean and fit for use, and equipment displayed tags with record of servicing.

# 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

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been found Compliant.

Consumers and representatives said they felt comfortable providing feedback or making complaints and could speak with staff or use feedback forms to share their thoughts. Management outlined available avenues to raise a concern, including speaking directly with staff or management, raising it through meetings, or using feedback forms which can also be submitted anonymously. Meeting minutes demonstrated seeking consumer feedback on key topics, and feedback forms and boxes were readily available in the service.

Consumers reported awareness of advocacy and language services for support. Information on advocacy and complaint services were displayed, and staff said they made referrals for consumers where support was required. Management explained that although there was no current requirement for language services, interpreters could be accessed when needed.

Consumers said complaints were effectively managed to satisfactory outcomes, and an apology is offered. Staff described the use of an open disclosure process in response to issues or concerns, with support offered by management who maintains oversight of the timeliness of response and corrective actions. Complaint documentation demonstrated timely actions in response to complaints, including communication with the complainant and consulting on effectiveness of outcomes.

Consumers stated they had noticed improvements made in response to feedback and complaints. Management detailed how feedback and complaints were used to improve the quality of care and services through identifying trends and developing improvement actions, recorded in the Continuous improvement plan. However, feedback and complaints were not consistently recorded in the electronic complaint management system, with some staff stating their practice was to document feedback in progress notes instead. Management advised this had already been identified within internal audit processes and was being addressed, some improvement already noticed in monitoring being undertaken.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant.

The assessment team recommended Requirement 7(3)(d) Not Met as the service did not demonstrate the workforce was trained to support and deliver the outcomes required by the Quality Standards in relation to restrictive practices and antimicrobial stewardship. Staff reported they had access to available resources, and management outlined the education and training processes with monitoring of compliance with mandatory modules. However, the assessment team raised concerns over the lack of ongoing training relating to restrictive practices and their applications, and on antimicrobial stewardship, reporting this as responsible for the variation in staff knowledge of these topics. The assessment team considered the failure to recognise the potential use of unauthorised environmental restraint in the secure unit (considered further within my findings in Standard 8 Requirement 8(3)(e)) to be linked to the absence of ongoing training on the topic.

The provider has not refuted the findings, however included relevant activities within the Continuous improvement plan, such as meet with staff to provide mandatory and ongoing education on restrictive practices and responsibilities, with ongoing discussion within clinical meetings. Information on the different types of restraint has been displayed in key staff areas such as the staff room and nurse’s station. Education sessions have also been conducted with clinical staff on antimicrobial stewardship, and the Medication Advisory Committee (MAC) meetings recommenced to support effective practice. Posters and resources on the topic have also been distributed to clinical staff, and the clinical resource folder updated. The use of antimicrobial medications is monitored, with requirement to flag non-adherence with the principles.

I have considered all the evidence before me and come to a different decision than the assessment team. The assessment team’s evidence of staff knowledge combines clinical and care staff, however, I consider it reasonable to have different expectations in understanding dependent upon the role and responsibility of the staff member. The organisation’s improvement activities also reflect this differentiation, focusing on education for clinical staff, and ongoing discussion in clinical meetings. This is not to say care staff don’t have some need for education and understanding, but it is reasonable to consider the relevancy of information to their duties to determine the level of detail and depth of understanding.

In most instances, it is up to each organisation to determine what mandatory education is provided to staff to ensure they have the ongoing support and training necessary to carry out their role and responsibilities and meet legislative and regulatory expectations. In coming to a decision of compliance for this Requirement, I have also considered whether there was impact within consumer care. I find no evidence of issues relating to antimicrobial stewardship knowledge or practices, including within Standard 3 Requirement 3(3)(g) where staff could describe actions to minimise infection and ensure appropriate antibiotic prescribing. Although the service had not identified that locking consumers out of there rooms had potential to be an environmental restraint, I have determined this has stemmed from poor governance rather than training deficiencies, as outlined in Standard 8 Requirement 8(3)(e). When issues stem from incorrect or ineffective guidance and oversight, there is no guarantee additional training would have improved staff knowledge or enabled earlier identification and action.

I find the service had a formal education and training process to inform staff of expectations and support the outcomes outlined within the Quality Standards. Staff have reported having sufficient training and resources available to support them. Consumers said new staff were supported and trained on the job by experienced staff. Although it was identified there was potential for improvement in staff knowledge, I consider the provider’s actions sufficient to address these. This includes the enhanced monitoring practices from management and governance procedures, including MAC meetings.

For the reasons outlined above, I have determined Requirement 7(3)(d) is Compliant.

I am satisfied the other Requirements of Standard 7 Human resources are Compliant.

Overall, consumers said there were enough staff to meet their care needs without negative impact, although some reported a high reliance on agency staff who lacked familiarity with consumers. Staff said that sometimes care may be rushed if there were inexperienced staff, but overall shift vacancies were filled, and it was unusual to work short. Management was aware of concerns relating to agency use and explained workforce planning and actions being taken, including recruitment for more staff. These actions were recorded within the Continuous improvement plan. Documentation demonstrated the service was meeting its nursing and care minutes obligations.

Consumers said staff were kind and respectful. Staff explained the importance of treating consumers with respect and said they were confident to report concerns about anyone acting otherwise. Management said they took immediate action if staff did not treat consumers with respect or meet the expectations outlined in the organisation’s Code of conduct.

Staff were familiar with their roles and responsibilities within their position descriptions. Management advised learning resources were available to ensure staff had sufficient knowledge or training. Changes to job duties were communicated to staff along with opportunity to upskill or train for other positions. Processes in place ensured staff were qualified and competent, with screening for security clearance, banning orders, and professional registrations. The service had identified not every new and agency staff member had undertaken orientation and induction activities, with improvement actions developed to prevent recurrence.

Staff could describe formal processes to assess their performance, with informal check-ins also undertaken during probationary periods. Personnel files included record of regular performance reviews and opportunities for support and improvement. Management explained the performance review process and schedule, with advance planning for staff due appraisal in the upcoming period. Documentation outlined expectations of staff and performance review processes.

# 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. | Not Compliant |

Findings

This Quality Standard is assessed as Not Compliant, as one of the 5 Requirements has been assessed as Not Compliant.

The assessment team recommended Requirements 8(3)(c) and 8(3)(e) Not Met.

Requirement 8(3)(c)

Whilst governance systems effective informed and oversaw practices relating to continuous improvement, financial governance, and regulatory compliance, the assessment team reported information management practices were not reflective of an effective governance system. There were no systems to record completion of cleaning and maintenance tasks or document outstanding actions. Staff actions to ensure that personal information of consumers was kept confidential did not always identify potential for breach. Practices to document consumer or representative feedback were inconsistent, with some staff recording information within progress notes instead of within the feedback register. The assessment team reported further inconsistencies in staff understanding and implementation of policies and procedures were reflected in overdue assessment and planning tasks for consumers care planning.

The provider has not refuted the findings, however included relevant activities within the Continuous improvement plan, such as ensuring cleaning task completion logs were created and, along with maintenance information, completed and embedded into daily practice by staff. Staff have been reminded of correct handover processes to ensure personal information of consumer’s is kept confidential, with printed handovers provided and to be destroyed daily, and monitoring of staff adherence. Reminders were provided on complaint and feedback process recording, with review of progress notes to identify any missed concerns requiring follow up.

In coming to my decision, I have considered all evidence before me. The intent of Requirement 8(3)(c) relates to the key areas required for effective organisation wide governance systems to apply and control authority below the level of the governing body and throughout the organisation. Information management systems are required to enable workforce performance, support consumer access to information about their care, and consider how information is maintained, stored, shared, and destroyed in a manner to control privacy and confidentiality. Accordingly, whilst there is potential for improvements within documentation practices, I do not find the evidence brought forward demonstrates non-compliance with this Requirement. This is further supported by findings of compliance in the relevant Quality Standards, including but not limited to Standard 5, reflecting the service environment as clean and well maintained, Standard 1 Requirement 1(3)(f) relating to consumer privacy and confidentiality, and assessment and planning processes outlined in Standard 2. I have also placed weight on the provider’s own identification of some of the concerns brought forward through internal audit processes, reflecting effectiveness of governance.

For the reasons outlined above, I have determined Requirement 8(3)(c) is Compliant.

Requirement 8(3)(e)

The clinical governance framework, inclusive of policies, procedures, practices and training, was identified as being ineffective in informing staff knowledge on antimicrobial stewardship and use of restrictive practices. The service had not been providing education on these topics, the MAC meetings had not occurred since 2021, and consumers within the secured unit were observed to be locked out of their rooms during the day without management or staff considering whether this might represent environmental restraint and including it within necessary assessment, planning, and consent practices. Regional management advised they were unaware doors were being locked, taking immediate action to cease the practice. However, some representatives were unhappy, with an agreed outcome to undertake a risk assessment with a dignity of risk consideration to continue the practice.

The provider’s response does not refute the findings but reiterates the practice of locking doors was immediately corrected and incident reports for unauthorised use of restraint have been submitted through the Serious Incident Response Scheme. Dignity of risk assessments have been completed for 5 of the affected consumers to continue to lock the door when the consumer is not in the room following request by their representative, with copies included with the response. Activities recorded in the Continuous improvement plan include investigating why training and MAC meetings, outlined within the clinical governance framework, were discontinued, and take corrective actions with monitoring for ongoing compliance.

I acknowledge the provider’s response and actions. I have reviewed the Dignity of risk assessments and find some contradiction within them with staff feedback and provider comments, as they also include consultation and consent to lock the door when the consumer is in their room. The Dignity of risk form states the request to lock consumers in at night has been made due to perceived risk of other consumers entering the room, with several of the assessments referencing threats to personal safety and invasion of privacy, and one referencing past physical assaults. I have no evidence before me of changed behaviours of current consumers demonstrating there were risks to the personal safety of consumers, however, if this were an ongoing risk to consumers, I would encourage undertaking a review of supports and strategies of consumers with changed behaviours to ensure safety for consumers. I also hold concerns the service has not recognised and responded to the psychological needs of consumers experiencing such a level of anxiety to require being locked into their rooms at night to feel safe, however, I do not have full insight into what is held within assessment and planning documents relating to this.

The Dignity of risk assessment recognises the restriction to consumer freedom to access their personal space and belonging, and also the potential for seclusion which impacts dignity and consumer rights. I contend the provider has recognised consumers locked in their rooms are being secluded, however, they have failed to recognise this seclusion is a form of restrictive practice necessitating further assessment, planning, and informed consent. Furthermore, there is obligation on the provider to ensure restrictive practices used were least restrictive, last resort, and proportionate to the risk, which I find has not been demonstrated. I also do not find the Dignity of risk assessment, whilst recognising free movement has been restricted, sufficiently shows consideration of whether this represents environmental restraint, which would require consent for use and relevant information within behaviour support plans.

A clinical governance framework needs to include systems to deliver safe, quality clinical care. The service did not identify the initial locking consumers out of their private rooms as a restrictive practice and has not demonstrated the remedial actions address the ongoing practice within associated documentation, such as behaviour support plans. Staff have recognised the impact of locking rooms as seclusion, but not identified locking consumers within the room to be a form of restraint. I consider the organisation has not demonstrated there is an effective framework to inform staff knowledge and practices, and the operative oversight to self-identify and correct the practices has not been effective.

For these reasons, I have determined Requirement 8(3)(e) is Not Compliant.

I am satisfied the other Requirements of Standard 8 Organisational governance are Compliant.

Consumers explained they were engaged within the development and evaluation through feedback or engaging in meetings. Management explained the Consumer advisory body had met for the first time just prior to the Site Audit and information and outcomes will be reported to the Board.

Management explained the organisation hierarchy to support the Board in promoting the culture of safe and inclusive care. Documentation demonstrated clear reporting lines and accountability, with monitoring of performance evident within meeting minutes and reporting practices. Organisational management gave examples of the Board’s engagement and oversight on key risks. Board members were primarily voluntary independent members with required clinical knowledge and experience.

The risk management systems and practices enabled identification, assessment, management and reporting of consumer risks. An incident management system was in place, and staff could describe their responsibilities to respond to and report incidents. Management outlined how high impact and high prevalence risks were identified through assessment, planning, and observation practices and analysed within fortnightly clinical meetings to identify gaps or improvements, and report trends to the Risk and compliance committee. Consumers were supported to live the life they choose through the framework of policies and procedures.

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