Performance

Report

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| Name: | Parkview Aged Care |
| Commission ID: | 6946 |
| Address: | 7-12 Majors Road, NORTH MOONTA, South Australia, 5558 |
| Activity type: | Site Audit |
| Activity date: | 25 June 2024 to 28 June 2024 |
| Performance report date: | 10 August 2024 |
| Service included in this assessment: | Provider: 1540 Moonta Health & Aged Care Services Inc  Service: 4354 Parkview Aged Care |

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 Parkview Aged Care (**the service**) has been prepared by P.Wallner, 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 Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives and others.
* the approved provider’s response to the assessment team’s report received 18 July 2024.
* other information held by the Commission.

# 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

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

Consumers stated they were treated with dignity and respect and staff knew them and valued their identity, culture and diversity. Staff described how they ensured consumers were treated with dignity and respect and supported to live as they wished. Care planning documents reflected the background identity, culture and diversity of consumers. Staff were observed treating consumers with dignity and respect.

Consumers said staff respected their background, identity and culture and provided culturally safe care and services. Staff described how they adapted care to suit consumers’ cultural needs and preferences, and they provided culturally safe care. Care planning documents recorded consumers’ background, cultural needs and preferences. The service had policies to guide staff on providing culturally safe care to consumers.

Consumers said they were supported to make informed choices, maintain their independence, and continue social and personal relationships of their choosing. Staff explained how they assisted consumers to maintain personal relationships and make their own choices. Care planning documents showed the service supported consumers’ choices around their care and services, and the relationships they wished to maintain.

Consumers and representatives said the service supported consumers to take risks, to live the way they chose and do things they enjoyed. Management described how consumers were supported to take risks, and to understand the benefits and possible harm when making choices involving risks. Care planning documents showed consumers were supported to take risks, which were assessed and managed. The service had written policies to guide staff in the assessment and management of risks to consumers.

Consumers and representatives stated they were satisfied with the information provided by the service regarding activities, upcoming events and meals, which enabled them to make informed choices. Staff described different ways they provided timely and current information to consumers through meetings, activity calendars, menus and discussions. Care planning documents included how information should be communicated effectively to each consumer. Current information such as the newsletters and activity calendar, was displayed throughout the service.

Consumers said their privacy was respected by staff who always knock on their doors before entering their rooms. Staff described how they respected the privacy of consumers and kept their personal information confidential. Staff were observed respecting consumers’ privacy and keeping their private information confidential. The service had documented policies and procedures to guide staff in maintaining consumers’ privacy and confidentiality.

# 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 assessed as Compliant.

Consumers and representatives reported the service assessed and planned care including identifying and addressing risks to consumers’ health and well-being. Management described how assessment and care planning assessed risks to consumers well-being and informed the delivery of safe and effective care and services. Care planning documents showed assessment and care planning considered risks to consumers and identified suitable mitigation strategies. The service had policies and processes in place to guide staff in the assessment and management of risks to consumer well-being. The Assessment Team identified not all consumers had been assessed for their ability to independently use the keypad operated entry/exit door system however, management immediately initiated corrective actions to assess the relevant consumers for potential environmental restraint related to the keypad operated doors.

Consumers and representatives said their care aligned with their needs, goals, and preferences, and they were asked about their end of life wishes. Care planning documents included advance care directives or individualised goals of care detailing their preferences. Management described how assessment and care planning captured consumers’ needs, goals, and preferences and their advance care wishes. Care planning documents included consumers’ advance care plans. The service had a documented advance care policy and procedure to guide staff in advance care planning.

Consumers and representatives reported the service involved them, and others they wished to involve, such as family members and other health professionals, in care planning discussions. Management described how consumers, representatives and relevant others were involved in assessment and care planning. The service had documented policies setting out the services’ commitment to involving consumers and representatives in care planning.

While consumers and representatives said they were involved in care planning and were aware of the contents of their care plan, some reported they had not been offered a copy. Management described how consumers and representatives were closely involved in the assessment and care planning process however, they said they did not usually offer a copy of the care plan. Clinical staff reported they did provide a copy of the care plan upon request. Management implemented corrective actions during the Site Audit to address the issue, which included updating the care plan evaluation form and resident handbook to include instructions to offer a copy of the care plan.

Consumers and representatives said consumers’ care was reviewed regularly, and reviewed when circumstances changed, or incidents impacted on the needs, goals, and preferences of the consumer. Management explained care plans were reviewed regularly, and reviewed when circumstances changed, to ensure they remained effective. Care planning documents confirmed they had been reviewed regularly for continued effectiveness. The service had documented guidance for staff in relation to the review of consumers’ care plans.

# 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 assessed as Compliant.

Consumers and representatives expressed satisfaction with the standard of personal and clinical care consumers received. Management and clinical staff detailed effective policies and procedures for the delivery of safe and effective personal and clinical care, which aligned with best practice. Care planning documents reflected the delivery of safe and effective personal and clinical care, tailored to the specific needs and preferences of each consumer. The service had written policies and procedures to guide staff in the delivery of safe and effective personal and clinical care.

The Assessment Team identified not all consumers had been assessed for their ability to independently use the keypad operated entry/exit door system however, management immediately initiated corrective actions to assess the relevant consumers for potential environmental restraint related to the keypad operated doors.

Consumers and representatives reported the service effectively managed high impact and high prevalence risks. Management described the high-impact, high-prevalence risks to consumers at the service, and the systems in place to identify and manage the risks. Care planning documents confirmed high impact and high prevalence risks had been identified, and effective mitigation measures were in place.

Consumers and representatives said the palliative care provided to consumers met their needs, goals, and preferences, and their comfort and dignity was maintained. Management and clinical staff described how the delivery of end-of-life care was adjusted to ensure the dignity and comfort of consumers and respect their wishes. Care planning documents recorded consumer’s end-of-life wishes. The service had a palliative care and end of life policy and procedure to guide staff in providing dignified and comfortable end of life care in accordance with consumers’ wishes.

Consumers and representatives said the service identified and responded to a deterioration or change in consumers’ health status or condition. Clinical staff described how signs of deterioration were identified and responded to promptly, including through referrals to other healthcare providers. Care planning documents showed deterioration or change in a consumer's condition was identified and responded to in a timely manner. The service had policies in place to support staff in identifying and managing deteriorating consumers.

Consumers and representatives reported there was effective communication between staff, who were well-informed about consumers’ condition, needs and preferences. Management and clinical staff described effective processes in place for communicating current information about consumers’ condition, needs and preferences, such as through shift handovers, use of progress notes, and documented care plans. Care planning documents showed staff, and others involved in providing care, had access to current information about consumers’ condition, needs and preferences. Staff were observed discussing consumers’ condition and needs at shift handover in a private area.

Consumers and representatives reported timely referrals to appropriate other organisations and health professionals such as medical officers and allied health professionals. Management described effective processes for referring consumers to other health professionals. Care planning documents showed evidence of prompt and appropriate referrals of consumers.

Consumers and representatives expressed satisfaction with the service’s cleanliness and the infection prevention and control measures, and said staff used personal protective equipment. Clinical staff described the practices used to prevent and control infections and to minimise the need for antibiotics. The service had a trained infection prevention and control lead on site, and documented policies and procedures to guide staff in preventing and controlling infections and promoting antimicrobial stewardship.

# 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 assessed as Compliant.

Consumers and representatives reported the services and supports for daily living met consumers’ needs, goals, and preferences, and optimised their independence and quality of life. Staff described how they assessed and documented consumers’ needs and preferences for daily living, and provided the supports needed to optimise their quality of life. Care planning documents highlighted the services and supports requested by consumers to optimise their independence, quality of life, health, and wellbeing. Consumers were observed participating in various suitable activities.

Consumers and representatives said the service promoted consumers’ emotional, spiritual, and psychological well-being. Staff described how they supported consumers’ emotional, psychological, and spiritual well-being such as through church services, priest visits, bible study, referrals to volunteer services, spending one-on-one time, and the activities program. Consumers’ care planning documents contained information about how to support their emotional, spiritual, and psychological well-being.

Consumers and representatives reported the service supported them to participate in activities of their choice, within and outside the service, have personal and social relationships, and do things of interest. Staff described the processes in place for supporting and encouraging consumers’ interests, relationships and outings. Care planning documents noted consumers’ life history and their lifestyle needs, goals and interests. Staff were observed supporting consumers to participate in activities and socialise.

Consumers and representatives reported the service effectively communicated their current condition, needs and preferences within the organisation, and to others responsible for providing services and supports for daily living. Staff explained ways they were kept informed of consumers’ changing condition, needs and preferences. Care planning documents provided adequate information to support the delivery of suitable services and supports for daily living. Staff were observed sharing information about consumers’ needs and preferences for daily living during shift handover.

Consumers and representatives said the service provided timely referrals to external organisations and individuals, when needed. Staff described how the service collaborated with other individuals and organisations for additional lifestyle supports. Care planning documents showed timely referrals of consumers to a range of external services and supports such as volunteers, religious leaders, mental health services, and other programs.

Consumers and representatives expressed satisfaction with the food provided and said the meals were a good quality, quantity, and variety. Staff explained how consumers’ dietary needs and preferences were identified, documented, and communicated effectively to the kitchen. Staff explained consumers could request alternative meals and they were encouraged to provide feedback about the meals. Care planning documents identified each consumer’s dietary requirements, preferences, dislikes, allergies, texture requirements, and level of assistance required. The kitchen was observed to be clean and tidy, with staff adhering to food safety protocols.

Consumers and representatives described the equipment provided as safe, clean, well maintained, and suitable for their needs. Staff said there was sufficient suitable equipment and described how it was kept clean and well maintained. The equipment appeared to be safe, suitable, clean and well maintained.

# Standard 5

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

Findings

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

Consumers and representatives reported the service environment was welcoming, easy to understand and enabled them to maintain their independence and sense of belonging. Management and staff described how consumers and visitors were made to feel welcome, and consumers could personalise their rooms and use different areas for celebrations and events. The service appeared well-lit and easy to navigate, with spacious corridors, handrails and clear signage throughout. Consumers were observed moving throughout the service and socialising with consumers, staff and visitors.

Consumers and representatives were satisfied with the cleanliness and maintenance of the service environment and said they could freely access different areas of the service. The Assessment Team identified some consumers that were potentially subject to undocumented environmental restraint due to the keypad operated entry/exit doors, however staff were always available to assist consumers. A consumer that used a mobility scooter explained staff readily assisted them to open the entry/exit door as the keypad to operate the door was too high. Management immediately initiated appropriate improvement actions to address the issues. Management and staff described the maintenance and cleaning processes and how they ensured the service environment was kept safe and clean. The service environment appeared safe, clean, and well-maintained, and consumers were observed moving freely throughout the service, both indoors and outdoors.

Consumers confirmed the furniture, fittings and equipment was safe, clean, and well-maintained. Staff explained how the furniture, fittings and equipment were cleaned and maintained regularly. The service was transitioning from a paper-based maintenance documentation system to an electronic system which currently limited oversight. The furniture, fittings and equipment appeared to be safe, clean, and well-maintained.

# 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 assessed as Compliant.

Consumers and representatives said they felt comfortable making complaints and were encouraged and supported to provide feedback. Management and staff described various methods in place supporting consumers and others to provide feedback and make complaints. Documentation confirmed the service encouraged consumers and representatives to provide feedback and make complaints, including at the consumer meetings. Feedback forms and secure collection boxes were observed around the service.

Consumers were aware of advocacy services and described how they could make a complaint externally however, they said they felt comfortable raising concerns with staff and management. Management described the advocacy and language services promoted by the service and were aware of the location of feedback forms, and advocacy and language service brochures and posters. Information related to advocacy, language services, and external complaint agencies such as the Commission, was available around the service.

Consumers and representatives said the service responded to complaints appropriately and communicated effectively about their concerns. Management and clinical staff were aware of the complaints management and open disclosure processes. The service’s feedback system recorded details of complaints and the action taken in response. The service had documented policies to guide staff in the management of complaints and the use of open disclosure when something went wrong.

Consumers expressed satisfaction with the complaint process and how they were used to improve the quality of care and services. Management described how feedback and complaints were reviewed and used to identify opportunities for improvement on the plan for continuous improvement. The plan for continuous improvement and the feedback and complaints register confirmed feedback and complaints were used to improve the quality of care and services.

# 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 assessed as Compliant.

Consumers said there were an adequate number of staff who were responsive to their needs and answered their call bells in a timely manner. Staff said there were sufficient staff to deliver safe and effective care and services. Management described how the workforce was planned and rostered based on the care needs of consumers, and regulatory requirements such as minimum care minutes and 24/7 registered nurse requirements. Documentation showed the service filled shifts due to unplanned leave, and always had at least one registered nurse on duty. Staff were observed responding to call bells promptly and were visibly ready to assist consumers.

Consumers and representatives said staff were kind, caring, gentle and respectful and knew what was important to them. Management and staff were familiar with consumer’s individual identity, culture, and diverse needs, and were observed interacting with consumers and representatives in a kind, caring and respectful manner.

Consumers and representatives said staff were knowledgeable and competent to perform their roles. Management advised they only employed appropriately qualified staff and described how the recruitment process ensured all staff had the required competencies, qualifications, registrations and security checks for their roles. Records confirmed staff were appropriately qualified with the relevant registrations, knowledge, and competencies to perform their duties.

Consumers said staff were adequately trained and equipped to meet their care needs and deliver quality care and services. Management described how the organisation supported, trained and equipped staff to deliver safe and quality care and services in accordance with the Quality Standards. Staff said the service provided adequate training and support to perform their assigned duties. Records confirmed staff were recruited, trained, equipped, and supported to deliver the outcomes required by the Quality Standards.

Management described how the performance of staff was regularly monitored, assessed and reviewed, through annual performance appraisals, continuous informal monitoring, and general observations and consumer feedback. Staff confirmed their performance had been monitored and formally reviewed within the last 12 months. Records showed performance appraisals were up to date.

# 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

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

The Assessment Team recommended Requirement 8(3)(e) was Not Met. The service had a documented clinical governance framework addressing antimicrobial stewardship, minimising restraint and open disclosure however, the Assessment Team identified gaps in the minimisation of environmental restrictive practices. Evidence brought forward included:

* While the service had documented policies and procedures addressing restrictive practices, the service had not always implemented the policy for minimising environmental restrictive practices appropriately.
* The keypad operated entry/exit doors were not identified as a potential environmental restrictive practice for several consumers, and the service had not completed restrictive practice assessments in relation to the operation of the door keypad.
* One consumer that used an electric mobility scooter was not documented as being subject to environmental restraint, however they could not reach the keypad and required staff to assist them to exit.
* During the Site Audit management acknowledged gaps in the assessment of environmental restrictive practices and provided evidence of appropriate continuous improvement actions taken to address the issues.

The approved provider’s response received 18 July 2024, acknowledged the issues identified in the Site Audit report and provided evidence of corrective actions already taken and planned. The corrective actions included:

* The consumers identified as being potentially subject to undocumented environmental restraint in the Site Audit have been assessed, and either supported to leave the service freely, or correctly identified and documented as being subject to environmental restraint.
* Wanderer alarm bracelets will be provided to the relevant consumers with the appropriate consent and documentation.
* The entry doors have been unlocked during business hours and the door code has been displayed in large letters above the door.
* The service has communicated the door code to consumers and representatives and will continue to promote door accessibility at consumer meetings.
* The service has engaged an electrician to lower the door keypad to a more accessible location for consumers using wheelchairs.
* Consumers and representatives have expressed satisfaction with the actions taken by the service in relation to the operation of the door code.

The service acknowledged the issues identified in the Site Audit report and immediately initiated appropriate corrective actions during the Site Audit. The approved provider’s response clarified the circumstances around the consumers identified as being potentially subject to undocumented restraint, and I note consumers expressed satisfaction with their care and services and acknowledged staff were always on hand to promptly assist them to enter/exit the service. I consider the additional information provided by the service, in combination with the improvement actions taken, demonstrates there is an effective clinical governance framework addressing the minimisation of restraint. Therefore, on the balance of the evidence before me, I find Requirement 8(3)(e) Compliant.

I am satisfied the remaining 4 Requirements in Standard 8 are Compliant.

Consumers reported being engaged in the development, delivery and evaluation of their care and services. Management and staff described various ways they supported consumers and representatives to be engaged such as through meetings, surveys, feedback processes, and daily interactions. Consumers had not been interested in having a consumer advisory body however, management continues to promote this opportunity. Records confirmed consumers and representatives were engaged in the development, delivery and evaluation of care and services.

Consumers said they felt safe at the service, and they received the care they needed. Management described the organisational structure and how the Board oversighted the delivery of care and services through the governance frameworks and policies. Management described how the Board received regular performance reports on consumer survey results, clinical indicators, continuous improvements, complaints, workforce updates, audits, regulatory compliance, and serious incident response scheme reports. Documentation confirmed the Board was accountable for the delivery of safe and quality care and services, and compliance with the Quality Standards.

The service demonstrated an effective organisational governance framework which included policies and procedures related to continuous improvement, information management, financial and workforce governance, regulatory compliance, and feedback and complaints. Management and staff described how they translated the service’s policies and procedures into practice. Documentation confirmed the governance arrangements enabled the Board to satisfy itself that the Quality Standards were met

The service had effective risk management systems and practices to manage high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. Management and staff described the policies and processes in place for identifying, assessing, managing, and reporting risks and incidents.

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)