Performance

Report

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| Name of service: | Redleaf Manor Aged Care |
| Service address: | 16 Flavelle Street CONCORD NSW 2137 |
| Commission ID: | 0698 |
| Approved provider: | Allity Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 31 October 2022 to 2 November 2022 |
| Performance report date: | 16 January 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 Redleaf Manor Aged Care (**the service**) has been prepared by James Howard, 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: 16 of November

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* The Assessment Team’s report for the site audit conducted from 31 October 2022 to 2 November 2022; the site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives.
* The provider’s response to the site audit report, received on 9 December 2022.
* Other information and intelligence held by the Commission in relation to the service.

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

Findings

Consumers and representatives said staff were kind, caring, treated them with respect and dignity and understood their identities, cultures, and diversity. Staff described how they delivered care to meet individual consumer’s needs and preferences and said other staff treated consumers with respect and in a caring manner. Care planning documentation identified consumers’ backgrounds, personal preferences, identities and cultural practices which aligned with consumer feedback. Staff were observed treating consumers with dignity and respect, using their preferred names and interacting with consumers in a kind, patient and friendly manner.

Consumers and representatives acknowledged their care and services were delivered in line with their needs and preferences whilst ensuring they feel safe and respected. Care planning documentation confirmed the service recorded consumers’ cultural, emotional, and spiritual needs and preferences. Staff showed an understanding of consumer’s identities, backgrounds, and individual values. The service had policies and procedures which assisted staff to identify consumer’s cultural needs and to provide culturally safe services to consumers.

Consumers and representatives said they were supported to make decisions around how and when care and support was provided, to maintain relationships with the people they chose and to communicate their decisions to the service. Staff were familiar with consumer choices about their care and services and described how they assisted consumers to achieve their outcomes. Care planning documentation showed evidence of consumer choice, which included records of consumers changing their minds about their care preferences.

Consumers and representatives said consumers were supported by the service to take risks and live the best lives possible. Staff described areas in which consumers wanted to take risks and how they were supported to understand the benefits and possible harm of taking risks. Risk assessments were completed by the most appropriate person including a physiotherapist, speech pathologist, or medical officer and consumers and representatives were involved in finding solutions to reduce the risk where possible. The service had a high risk and risk management policy and procedure, which supported consumers and staff to manage individual consumer risks.

Consumers and representatives said they were provided with timely and accurate information, which was presented in a way that enabled them to make choices about their care and services. Lifestyle staff visited consumers daily to remind them of events and to ask consumers if they wished to attend; activity choices were read to consumers who were unable to read the information themselves. Menu choices were discussed with consumers, the daily menu was displayed in the dining rooms and consumers were offered a choice of meals at the dining tables. Information provided to consumers was available in a clear and easy to understand format and in a size best suited to individual consumer’s needs. The service displayed a variety of posters and pamphlets providing information about activities and related information in different languages.

Consumers and representatives said they felt their privacy was respected and their information was kept confidential. Staff were provided with training on privacy and confidentiality during orientation and then annually, as part of the service’s education calendar. The electronic care management system for consumer documentation was password protected and all hard copies of documentation were stored securely. The door to the nurse’s station was observed to always be kept locked.

# Standard 2

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

Findings

Consumers and representatives said they were involved in care planning processes. Staff described care planning processes developed in partnership with consumers and their representatives, with the aim of identifying the consumer goals, needs and preferences. Care planning documentation was individualised and where risk was found to be identified, it was appropriately assessed, and risk mitigation strategies developed and implemented. The service had a risk management policy that guided staff practice and consent authorisations, and dignity of risk assessments were completed in accordance with the service policies.

Consumers and representatives confirmed the service had discussed and documented their preferences for their end-of-life care, with all consumers observed to have advanced care directives in place. The palliative care plan for a recently deceased consumer showed their end-of-life wishes were followed by the service.

Consumers and representatives confirmed they provided input into the assessment and care planning process, either through formalised conversations or conferences, or through regular feedback, updates, and input. Staff advised they regularly liaised with consumers and representatives to ensure they were partners in the assessment and care planning process. Care planning documentation reflected the involvement of allied health providers and services with consumers’ care assessments and planning.

Consumers and representatives said they were offered a copy of their care plan and had an accurate understanding of the care needs and provided services. Staff confirmed they had easy access to consumer care planning documents via several computer points throughout the service and identified handovers, diaries, and an electronic daily task list as frequently used options for communicating outcomes of assessments and reviews. Care planning documentation reflected individualised planning and communication with consumers and representatives and others where care is shared.

Consumers and representatives said staff regularly reviewed consumer’s health, wellbeing and needs, and updated them with any relevant outcomes. Representatives confirmed the service communicated with them following any changes in circumstances or incidents, including updates to consumers’ care plans. Care documentation confirmed consumer reviews occurred regularly and/or when a change or incident occurred.

# Standard 3

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

Findings

*Requirement 3(3)(a);*

The Assessment Team considered this Requirement was Not Met. However, having considered all relevant evidence, I decided the service is Compliant with the following Requirement:

* + Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that: is best practice; and is tailored to their needs; and optimises their health and well-being.

Most consumers considered they received safe and effective care and individualised and tailored care was reflected in care planning documentation; however, the site audit report identified some deficits in relation to restrictive practices. The report noted some consumers on anti-psychotic medication for anxiety were not considered to be subject to chemical restraint, consent had not been sought and behaviour support plans did not reference chemical restraint in line with relevant legislation. Additionally, the report identified minor discrepancies in consumer diagnosis documentation relating to chemical restraint.

In its response, the Approved Provider submitted additional evidence, which included copies of behaviour support plans for relevant consumers, the service’s psychotropic register, and consent and authorisation documentation in support of compliance with this requirement. The Approved Provider’s material showed the relevant consumers were not subject to chemical restraint, as the psychotropic medication was being used to treat specific conditions, under medical supervision. Furthermore, the consumers had behaviour support plans in place, and consumers and/or representatives had given consent for the use of anti-psychotic medication.

Having considered the evidence brought forward by both the Assessment Team and the Approved Provider, I am satisfied the Approved Provider demonstrated each consumer gets safe and effective clinical and personal care which optimises their health and wellbeing. Therefore, I decided the service is compliant with Requirement 3(3)(a).

*The other Requirements:*

I am satisfied the service is Compliant with the remaining six requirements of Quality Standard 3.

Consumers and representatives said the service effectively managed consumers’ high impact and high prevalence risks in relation to falls, unexpected weight loss, restrictive practices and behaviour management. Staff identified individual consumer’s risks and put strategies in place to mitigate risks. Care planning documentation demonstrated consistent assessment and planning to address risk. The service had policies and procedures to support staff in the management of high impact and high prevalence risks.

Consumers and representatives said advanced care directives and end-of-life wishes were discussed and documented for those who wished to have them. Staff and management described the way care delivery changed for consumers nearing the end-of-life stage and practical ways in which consumers’ comfort was maximised and dignity preserved. The service had policies and procedures which informed staff practice in relation to palliative care and end of life care.

Consumers and representatives said the service responded to changes or deterioration in consumers’ condition, health, or ability. Staff feedback and care planning documentation reflected appropriate actions taken in response to a deterioration or changes in consumers’ health. Consumer care files showed changes were identified and responded to in a timely manner. Organisational policies and procedures guide staff in the timely identification and response to consumer deterioration.

Consumers and representatives said consumer information was well documented and shared between staff and services. Staff advised information relating to consumers’ condition, needs and preferences was documented in the electronic care management system, was easily accessible and communicated well via handover and during clinical and carer weekly and monthly meetings. Staff were observed attending handover meetings to ensure information regarding consumers was consistently shared and understood.

Consumer and representatives said the service facilitated appropriate referrals when required by the consumers. Staff were familiar with the referral process and described how input from other health specialists was arranged in response to an identified need, including the dietitian, speech pathologist, podiatrist, wound care specialists, psychogeriatric physicians, psychologists, and a specialist dementia support organisation. Care planning documentation reflected timely and appropriate referrals to other organisations and providers of care and services.

Consumers and representatives said they observed staff consistently wearing their personal protective equipment, which included appropriate wearing of gloves and masks. Staff demonstrated knowledge of infection control practices relevant to their duties and were familiar with antimicrobial stewardship, and strategies to minimise antibiotic use among consumers. Staff were observed adhering to infection control practices whilst attending to duties.

# Standard 4

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| Services and supports for daily living | | Compliant |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives said the services and supports provided met consumers’ needs, goals and preferences and enabled them to maintain their independence and quality of life; staff encouraged consumers to remain independent and to participate in activities they enjoyed or which benefited their health and wellbeing. Staff were familiar with each consumer’s needs, goals and preferences and the strategies in place which supported consumers to achieve those goals and maintain their preferences. Consumers were observed actively engaged in a range of activities led by lifestyle staff and external providers.

Consumers and representatives said consumers were offered emotional, spiritual, and psychological support by the service, such as one-on-one support from staff and from representatives from local churches or allied health workers. Care planning documentation was consistent with consumer and representative feedback, describing support provided and how it was implemented. Staff explained that prior to COVID-19, the service had volunteers who visited the service to support consumers; these visits had to stop during the outbreak. Posters were displayed on local community noticeboards requesting volunteers for the service.

Consumers and representatives confirmed the service’s admission processes included identifying activities for the consumer out in the community, or individual interests such as going out with family or to social or religious events. Staff were aware that consumer involvement in community activities had been disrupted during the COVID-19 period, and they were assisting consumers to attend more activities within the service. Staff described organising activities to celebrate special occasions, such as acknowledging special events and culturally significant days. The service employed a family liaison officer, who organised Zoom calls to link consumers with their families during COVID-19 lockdowns. Consumers were observed leaving the service for outings with families and returning later in the day.

Consumers and representatives felt information about their daily living choices and preferences were communicated to all staff and to other services who provided care and support to them. Staff described how information was shared with other staff and external support services such as at daily handover and recording all changes on care planning documentation in the electronic care management system. Care planning documentation showed detailed information on consumer’s conditions, needs, and preferences was recorded and available for all staff who provided care to consumers.

Care planning documentation confirmed the service collaborated with external providers to support the diverse needs of consumers. The service had policies and procedures in place which supported its referral processes to allied health professionals and organisations. Staff said a music therapist and a movement specialist attended the service weekly to provide group and one-on-one support across the service.

Consumers and representatives said they enjoyed the meals, which were prepared on site in the main kitchen and were plated for consumers by kitchen staff. The service offered a variety of meals daily, consumers were able to request an alternative meal if menu options were not to their liking. Meals and drinks were served according to the consumer’s dietary needs and preferences, which included texture modified meals and high protein energy meals and drinks. A recent consumer survey showed a high level of consumer satisfaction with food and meals provided at the service.

Equipment to support consumers to engage in activities of daily living and lifestyle activities were safe, suitable, clean and well-maintained, including mobility equipment such as walking aids and wheelchairs. Maintenance documentation identified scheduled preventative and reactive maintenance were up to date. Staff described the process for identifying equipment requiring maintenance. Consumers and representatives said they reported faulty or damaged equipment to staff, and maintenance staff followed up to ensure damaged equipment was attended to.

# Standard 5

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

Findings

Consumers and representatives said the service was welcoming, with multiple common areas which promoted independence and comfort. The service environment reflected dementia-friendly design principles, which included contrasting colours, signage, decoration on the walls and room identification indicators. Consumers were observed using the communal areas at different times of the day, attending activities, watching TV in the lounge area, listening to music and participating in group activities with staff and visitors.

Consumers and representatives said the service was safe, clean, and well-maintained; consumers felt the service promoted free movement in indoor and outdoor areas. The service was observed to be free from falls/trip hazards, clean and consumer-friendly in design. Cleaning staff explained the cleaning regime for the service, which included scheduled daily room cleaning, service area cleaning, carpets vacuumed daily, and steam cleaning.

Consumers and representatives said equipment in the service was clean, well-maintained, and suitable; maintenance requests are addressed promptly. Staff were aware of the maintenance system for logging and confirmed that the maintenance team attended promptly to any repair and maintenance requests. The maintenance team were observed attending to repairs and furniture, fittings, and equipment were observed to be safe, well-maintained, and suitable for the needs of the consumers.

# Standard 6

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| Feedback and complaints | | Compliant |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives said they knew how to provide feedback and complaints and were encouraged to do so via feedback forms, email, at consumer/representative meetings, regular surveys or talking directly to staff, which they felt comfortable doing. A suggestion box was located in the foyer of the service, with feedback forms on display and accessible throughout the service. The consumer handbook detailed the internal and external feedback and complaints process.

Consumers and representatives were aware of external advocacy services and language services for raising and resolving complaints. The service had an advocacy policy in place and staff knew how to access translation, interpreting and advocacy services if required to assist consumers. Posters and newsletters promoting advocacy services were displayed throughout the service.

Consumers and representatives said the service responded appropriately to their concerns and in a timely manner and apologised when things went wrong. Staff were familiar with the open disclosure process, which included handling complaints in the event of an incident or something going wrong. Complaints data confirmed the use of open disclosure, and timely management of complaints in accordance with the service’s feedback management policy, which included complainant feedback and satisfaction.

Management said information from feedback and complaints forms part of the continuous improvement process at the service and systems were in place to record and trend complaints, feedback, compliments, and suggestions. Consumers stated that complaints and feedback were used to improve care and services and described changes implemented due to feedback and complaints. The complaints register showed the service used feedback to improve the quality-of-care services, as staff attended training following feedback and complaints from consumers.

# Standard 7

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| Human resources | | Compliant |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers said that workforce planning ensured there were adequate staff to attend to their care needs and confirmed they did not wait long for assistance. Staff said there were sufficient staff and when short shifts occurred, these were covered by staff working additional hours or senior staff assisting. Management described how they handled short term and unplanned leave to ensure back up staff were available. Call bell documentation demonstrated adequate response times and the service had a process for addressing delayed call bell response times.

Consumers and representatives said staff were kind, respectful and caring when providing care. Care planning documentation contained information unique to each consumer and staff were observed interacting with consumers in a kind and caring manner and demonstrated knowledge of individual consumers and their care related preferences and needs. Staff were observed knocking on consumers’ doors before entering their rooms and referring to consumers by their preferred names.

Consumers and representatives said they felt staff were skilled in their roles and were confident staff met their care needs. Management described how they ensured staff met the minimum qualification requirements for their individual roles as well as criminal history checks and current registrations. Staff received orientation training and buddy shifts which supported their transition into the service, annual mandatory training, and completed various competencies, such as medication management, manual handling, fire and evacuation and infection control practices.

Consumers and representatives confirmed staff had the appropriate skills and knowledge to ensure the delivery of safe and quality care and services. Additionally, they described how improvements were made to staff skills and knowledge. Staff said they felt comfortable requesting any additional training they required to perform their roles and confirmed they attended training on the incident management system, restrictive practices, antimicrobial stewardship, infection control, open disclosure, and incident management.

Management described the service’s performance appraisal process and staff confirmed they completed performance appraisals annually and were familiar with the performance appraisal process. The performance appraisal register showed all staff had completed their annual performance reviews and new staff completed an initial appraisal, which was conducted at the end of the probationary period.

# Standard 8

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| Organisational governance | | Compliant |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

*Requirement 8(3)(c)*:

The Assessment Team considered this Requirement was Not Met. However, having considered all relevant evidence, I decided the service is Compliant with the following Requirement:

* + Effective organisation wide governance systems relating to the following: information management, continuous improvement, financial governance, workforce governance, including the assignment of clear responsibilities and accountabilities; regulatory compliance; feedback and complaints.

The service had a governance system in place, which included a board elected to govern the service and to manage and oversee key systems at the service. The board monitored and reviewed reporting and analysis of data related to the consumer experience and satisfied itself that systems and processes were in place to support the right care provision in accordance with the Quality Standards.

However, the site audit report identified some deficits in relation to regulatory compliance and restrictive practices, as the Assessment Team considered some consumers were taking anti-psychotic medication for anxiety but were not considered to be subject to chemical restraint by the service, consent had not been sought from representatives and behaviour support plans did not reference chemical restraint in line with legislation.

As noted in the discussion for Requirement 3(3)(a) above, in its response to the site audit report the Approved Provider submitted additional evidence, which included copies of behaviour support plans for relevant consumers, the service’s psychotropic register, and consent and authorisation documentation in support of compliance with this requirement. The Approved Provider’s material showed the relevant consumers were not subject to chemical restraint, as the psychotropic medication was being used to treat specific conditions, under medical supervision. Furthermore, the consumers had behaviour support plans in place, and consumers and/or representatives had given consent for the use of anti-psychotic medication.

Having considered the evidence brought forward by both the Assessment Team and the Approved Provider, I am satisfied the Approved Provider demonstrated it has effective regulatory systems in place. Therefore, I decided the service is compliant with Requirement 8(3)(c).

*The other Requirements*:

I am satisfied the service is compliant with the remaining four Requirements of Quality Standard 8.

Consumers and representatives considered the organisation was well run and confirmed they were aware of engagement opportunities to inform the design, delivery, and evaluation of services, which included consumer/representative meetings, food focus meetings, feedback and suggestions forms and consumer surveys. Management described how regular care conferences with consumers and representatives and regular surveys ensured consumer and representative feedback was gathered and used to inform changes at the service. Feedback forms and boxes were available at key points throughout the service.

Consumers and representatives said they felt safe at the service and lived in an inclusive environment with access to quality care and services. Management described how the organisation’s governing body promoted a culture of safe, inclusive, and quality care and services and its involvement in this delivery. Staff described how clinical indicators, quality initiatives and incidents were discussed at relevant meetings. Management said the organisation’s governance structure included direct feeding of information to the organisational management team.

The service had risk management systems in place to monitor and assess high-impact or high-prevalence risks associated with the care of consumers, whilst supporting consumers to live the best lives possible. This including completing incident reports through an electronic incident reporting system. Risks were identified, reported, escalated, and reviewed by all levels of management including corporate, executive and board level. Management confirmed regular analysis and monitoring of trends, which were reported to various committees and the board and which resulted in improvements to care and services for consumers.

Consumers and representatives confirmed when things went wrong, the service contacted them, explained what happened and offered an apology. Staff and management described how clinical care practice was governed by policies pertaining to antimicrobial stewardship, restrictive practices and open disclosure and it had a clinical governance framework that supported clinical care practice within the service. Care planning documentation demonstrated compliance with the service’s antimicrobial stewardship policy.

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)