Performance

Report

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| Commission ID: | 6824 |
| Address: | 9 Brenchley Grove, KINGSWOOD, South Australia, 5062 |
| Activity type: | Site Audit |
| Activity date: | 11 June 2024 to 13 June 2024 |
| Performance report date: | 30 July 2024 |
| Service included in this assessment: | Provider: 3522 Regis Aged Care Pty Ltd  Service: 4265 Regis Kingswood |

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 Regis Kingswood (**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 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 staff, consumers, representatives and others.
* the approved provider’s response to the assessment team’s report received 16 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.

Overall, consumers and representatives confirmed consumers’ identity, culture and diversity was respected and they were treated with dignity and respect by all staff at the service. One consumer felt there was a language barrier with a small number of staff and another consumer reported a rough handling incident. Management responded appropriately when these issues were brought to their attention. Staff were observed treating consumers with dignity and respect, and showed an understanding of consumers’ identity, life experiences and culture. Care planning documents reflected consumers’ identity, culture, and diversity. The service had written policies and procedures to guide staff in treating consumers with dignity and respect.

Consumers and representatives said the service recognised and respected consumers’ cultural background and provided culturally safe care. Staff knew consumers’ culture and background and explained how they provided care to suit their cultural needs and preferences. Care planning documents reflected consumer’s cultural needs and preferences.

Consumers and representatives said they were supported to exercise choice about their care and services, and to maintain important relationships. Staff and management described how they supported consumers to maintain their independence, make decisions about their care, and maintain relationships with the people important to them. Care planning documents clearly documented consumer’s care delivery choices, who else they wanted involved in their care decisions, and their important relationships.

Consumers and representatives said the service supported consumers to make choices involving risks, to live the best life they could. Staff described how they supported consumers to make informed choices involving risks. Care planning documents confirmed risks to consumers were identified, assessed, and appropriate risk mitigation strategies put in place.

Overall, consumers and representatives confirmed the service provided timely, accurate and current information which enabled them to make informed decisions about their care and service choices. Staff and management described different ways current and easy to understand information was made accessible to consumers, including those with sensory or cognitive deficits. Clear and easy to understand information such as the activities calendar and newsletters was observed around the service.

Consumers and representatives stated consumers’ privacy was respected and personal information kept confidential. Staff described ways they respected the privacy of consumers and protected their personal information, such as by knocking before entering consumers’ rooms, logging off password protected computers when unattended, and shredding handover sheets after use. Care planning documents recorded consumers’ privacy preferences, and the service had policies and procedures to guide staff in maintaining 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 said they were actively involved in the care planning process, where risks to consumers’ health and well-being were discussed and solutions agreed upon. The Assessment Team found not all consumers had been assessed for potential restrictive practices associated with their ability to use the keypad operated entry/exit door and a consumer’s wheelchair brake being applied on occasions. Management provided additional information and evidence of the relevant consumers being assessed for potential restraint. Clinical staff detailed the care planning process and how it informed the delivery of safe and effective care. Care planning documents clearly described the assessment and planning process informed the delivery of safe and effective care and services.

Consumers and representatives described how the assessment and planning of care captured consumers’ needs, goals, and preferences, including advance care and end of life plans. Management and clinical staff described how assessment and planning included discussing and documenting consumer’s advance care directive. Care planning documents included advance care directives and end of life wishes, where applicable.

Overall, consumers and representatives confirmed assessment and planning is based on an ongoing partnership between them, staff, and external service providers. Clinical staff described how they engaged with consumers, representatives and other health professionals in the assessment and planning of care and services. Care planning documents confirmed consumers, representatives and other health professionals were involved in the assessment and planning of consumers’ care and services. The organisation had a documented clinical communication policy to guide staff practice.

Consumers and representatives described how outcomes of assessment and planning were communicated to them, and they were offered a copy of the consumer’s care plan. Clinical staff described the processes for communicating the outcomes of assessments to consumers and representatives and offering them a copy of the care plan. Care planning documents showed outcomes of assessment and care planning were regularly communicated to consumers and representatives, and a copy of the care plan was offered.

Consumers and representatives advised they were involved in the regular review of consumers’ care plans, and they were updated if circumstances changed, or incidents occurred. Clinical staff detailed the processes for reviewing care plans regularly and following an incident or change in circumstances. Care planning documents showed regular review of care and services for effectiveness, and review when consumers’ needs, goals, and preferences had changed.

# 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.

Overall, consumers and representatives said the personal and clinical care was safe and effective and met the needs and preferences of consumers. Two representatives felt there was room for improvement in relation to aspects of the personal care provided and management responded appropriately to these concerns. Staff understood individual consumer’s personal and clinical care needs and explained how they met them. The Assessment team found not all consumers had been assessed for their ability to operate the front door keypad however, management clarified their individual circumstances and committed to reviewing all consumers for potential environmental restraint and completing the necessary documentation, if required. Overall, care planning documents reflected individualised care that was safe, effective, and tailored to the specific needs and preferences of the consumer. The service had policies, procedures, and tools to guide staff in the delivery of best practice personal and clinical care. Consumers were observed to be appropriately dressed, well-groomed, and pain-free.

Consumers and representatives expressed satisfaction with the management of high-impact and high-prevalence risks to consumers. Staff and management described the high-impact and high-prevalence risks to consumers at the service, and how they mitigated these risks. Care planning documents showed risks associated with the care of individual consumers had been identified, and effective mitigation strategies put in place. The service had a suite of written policies and procedures to guide staff in managing high impact and high prevalence risks associated with the care of consumers.

Consumers and representatives confirmed consumers’ needs, goals, and preferences, including their end of life wishes, had been discussed with them. Staff and management articulated how end of life care was guided by the medical officer and palliative care team, and how staff maximised the comfort and preserved the dignity of consumers. Care planning documents included advance care directives and end of life care preferences. The service had policies and training to guide staff practice in the provision of palliative and end of life care.

Consumers and representatives said the service recognised and responded to deterioration, or changes in consumers’ condition in a timely manner. Staff described how deterioration or change in consumers’ condition was identified and escalated effectively within the service. Care planning documents confirmed deterioration or change in consumers’ condition was responded to appropriately.

Consumers and representatives said current information about consumers’ condition, needs and preferences was documented and communicated between staff, and others involved in providing care. Staff described how current information about consumers’ condition, needs and preferences was communicated effectively at shift handover. Care planning documentation reflected adequate current information to support consumers’ care needs. Staff were observed being updated on consumers’ condition and needs at shift handover.

Consumers and representatives said the service referred consumers to appropriate other organisations and health professionals promptly. Clinical staff described the process for referring consumers to medical officers and other healthcare professionals and how this informed their ongoing care and services. Care planning documents confirmed timely referrals of consumers to other individuals and organisations providing care and services.

Consumers and representatives expressed confidence in the infection prevention and control measures at the service and how COVID-19 was managed. Management and staff described how they managed and prevented infections and promoted antimicrobial stewardship. The service had an infection prevention and control lead 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 promoted their independence and quality of life. Staff described how they assessed consumers’ lifestyle needs, goals, and preferences, and documented the supports needed by each consumer to meet them. Care planning documents captured consumers’ needs, goals, and preferences for daily living, and detailed the services and supports they required to optimise their independence, quality of life, and well-being.

Consumers and representatives confirmed consumers’ emotional, spiritual and psychological well-being was supported and they could stay in touch with family and friends. Staff described how they supported consumers’ emotional, psychological, and spiritual well-being such as by providing religious services and counselling services. Care planning documents included information on supporting consumers' emotional, psychological, and spiritual well-being. The activities calendar displayed activities such as chaplain visits, church services, and one on one visits.

Consumers said they were supported to participate in their community, within and outside the service, do things of interest, and maintain important personal relationships. Staff described the extensive lifestyle program and provided examples of how they supported consumers to participate in their community, do things of interest, and maintain personal relationships. Care planning documents detailed consumers’ interests and important relationships.

Consumers and representatives confirmed information about consumers’ condition, needs, and preferences was effectively communicated between staff and others who provided services and supports for daily living. Staff described how they communicated current information about consumers’ condition, needs, and preferences for daily living through the electronic care management system and shift handover meetings. Care planning documents detailed current information to inform the provision of suitable services and supports for daily living.

Consumers and representatives felt confident the service would provide timely and appropriate referrals to other individuals and organisations providing services and supports. Management and staff described how they referred consumers to external individuals and organisations for additional services and supports, with their consent. Care planning documents confirmed the service collaborated with external providers to support the diverse needs of consumers.

Most consumers and representatives said consumers were happy with the quality, quantity and variety of meals provided. Two consumers expressed dissatisfaction with aspects of the meals which management responded to with appropriate improvement actions. Staff were aware of consumers’ dietary needs and preferences, and this aligned with their documented care plans. Management and staff explained ways consumers could provide feedback about the food input to the menu. The kitchen was observed to be clean and well organised, and mealtimes were calm with most consumers appearing satisfied with the food served.

Consumers and representatives said the equipment provided was safe, suitable, clean, and well maintained. Maintenance documentation and staff responses confirmed scheduled and reactive maintenance was completed. 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 said the service environment was welcoming, homely, and optimised consumers’ independence, interaction, and function. Staff described how they made consumers and visitors feel welcome and assisted consumers to personalise their rooms. The service had various features which helped optimise consumers’ sense of belonging, independence, interaction, and function. Consumers were observed participating in activities and socialising with other consumers and visitors, both inside and outside.

Consumers and representatives said the service environment was safe, clean, well-maintained, and enabled them to move around freely, both indoors and outdoors. Three consumers expressed concerns related to feely exiting the service through the keypad operated doors however, management provided addition information which addressed these concerns. Cleaning and maintenance records showed the service was kept safe, clean, and well maintained.

Consumers and representatives said the furniture, fittings and equipment were safe, clean, and well maintained. Staff described the processes in place for cleaning and maintaining, the furniture, fittings, and equipment at the service. The furniture, equipment and fittings appeared to be safe, clean, well maintained, and suitable for use.

# 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 were encouraged and supported to provide feedback and make complaints through various avenues such as talking to staff, completing feedback forms, by email and attending meetings. Management and staff described various ways they encouraged and supported consumers to provide feedback and make complaints. Information about making complaints, feedback forms and lodgement boxes were observed around the service. The organisation had a documented feedback and complaint policy to guide staff.

Consumers and representatives knew they could raise concerns externally and access advocacy services, but said they felt most comfortable raising any issues directly with management and staff. Management and staff described external interpreter and advocacy services, and how they supported consumers to access these services, including those with communication barriers. Information regarding alternative complaint avenues, the Commission, and advocacy services was displayed around the service in multiple languages.

Most consumers and representatives said the service promptly addressed and resolved their complaints using open disclosure. While 3 consumers/representatives felt management had not yet resolved complaints they had made, management demonstrated these complaints were documented and actions were being taken. Staff explained the complaints process and how they supported consumers to make complaints and used open disclosure. Records showed complaints were recorded and open disclosure was used. The service had policies and procedures to guide staff in the management of complaints and the open disclosure process.

Consumers and representatives confirmed their feedback and complaints were used to improve the quality of care and services. Management described how feedback and complaints were reviewed and used to inform improvement actions. The electronic feedback and complaints system showed feedback and complaints were recorded and 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 and representatives said the service had sufficient staff to meet their needs. One consumer felt there were sometimes insufficient staff however, they did not identify any adverse impacts. Management and staff said there were sufficient staff to provide the appropriate level of care and services to consumers. Management described how they planned and rostered the workforce to meet consumers’ needs. Documentation confirmed vacant shifts were filled, call bell response times were within the target range, and the service met the regulations for care minutes and registered nurse coverage.

Consumers and representatives said staff were kind, caring, and respectful and knew their individual needs. Management and staff were familiar with each consumer’s identity, culture, and diversity and explained how they respected it. Staff were observed interacting with consumers in a kind, caring, and respectful manner.

Consumers and representatives were satisfied with the care provided and said staff were sufficiently skilled and competent to meet consumers’ care needs. Staff described the comprehensive orientation and competency training and support they received. Management described how the recruitment processes ensured staff were competent and met the qualification, registration, and security requirements before they commenced. Employee records confirmed qualifications, professional registrations and security checks were completed.

Consumers and representatives felt staff had the appropriate training and support to deliver safe and quality care and services. Staff confirmed receiving orientation and ongoing training and support to perform their roles effectively and delivery quality care and services. Management described the initial and ongoing training and support staff received to deliver care in line with the Quality Standards. Records confirmed training completion was up to date.

Management described how the performance of staff was continually monitored, assessed, and reviewed through informal and formal performance appraisals. Staff said their performance was monitored through competencies and annual performance appraisals and all staff said they had completed their annual performance appraisal or had one scheduled. Records showed the service had effective systems in place to regularly assess, monitor, and review the performance of the workforce.

# 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, management and staff did not demonstrate sufficient understanding and application of the restrictive practice policy in relation to environmental restrictive practices.
* The keypad operated front door was not identified as a potential environmental restrictive practice for each mobile consumer (with or without a cognitive impairment) and the service was not conducting restrictive practice assessments, obtaining consent and documenting behaviour support plans in accordance with the service’s restrictive practice policy.
* While the code for the main exit door was displayed next to the keypad, one consumer, not documented as being subject to environmental restraint, felt unable to leave the service freely. Another consumer said they could exit the service freely, however they used the intercom to call staff to re-enter the service as the code was not displayed externally for security reasons.
* The Assessment Team observed staff applying the brake on a consumer’s wheelchair that was not identified as a mechanical restraint by staff.
* Management and staff interview responses demonstrated a lack of understanding of environmental and mechanical restrictive practices indicating training may not be effective.
* The service responded by printing cards with the door code and issuing them to all unrestrained consumers that wanted them. The service advised they would instruct relevant consumers on how to use the keypad, and that staff were always on hand to assist consumers exit/enter the service, if needed.
* Consumers expressed satisfaction with the actions taken by the service in relation to the operation of the door code.

The approved provider’s response received 16 July 2024, acknowledged the issues identified in the Site Audit report but refuted the finding of Not Met. The response included additional clarifying information and evidence supporting compliance. The provider advised:

* The service rejects the assertion their clinical governance framework is not effective in minimising the use restrictive practices, including environmental restraint.
* The service has documented policies and decision-making tools to guide staff in understanding and minimising restricting practices. These documents are consistent with the relevant legislation and ensure the rights of consumers to move freely and express themselves without restriction.
* The service has reviewed all doors within the service to ensure all consumers are supported to freely access all areas of the service. The main entrance door is fitted with an electronic keypad to prevent intruders and ensure the safety of all consumers. The door code is conveniently displayed on the internal wall adjacent to the door and provided to consumers on a card. An intercom is available to request entry and staff are always available to assist consumers promptly.
* The consumers identified as being potentially subject to undocumented environmental restraint in the Site Audit report were supported to leave the service freely, should they wish.
* The service provided additional clarifying evidence the temporary application of a consumer’s wheelchair brake during dining was not mechanical restraint. The temporary use of the wheelchair brake supported the safety, stability and enjoyment of the consumer during meals.
* The service issued a laminated card with the door code to all consumers who wished to re-enter the service unaided. The service also promoted the availability of this card in the newsletter and consumer meetings.
* All staff at the service have now completed Behaviour Support Plan and Restrictive Practices training, and clinical staff with a clear understanding of restrictive practices continue to oversight the delivery care and services.

The service acknowledged the issues identified in the Site Audit report and clarified the circumstances regarding several consumers identified as being potentially subject to undocumented restraint. I note consumers expressed satisfaction with the actions taken by the service during the Site Audit and that staff were always on hand to promptly assist unrestrained consumers to enter/exit the service, should they have difficulty operating the door. I am satisfied the approved provider’s response demonstrates the temporary application of the brakes on a verbally competent consumer’s wheelchair, to support their stability, safety and enjoyment during dining, is not undocumented mechanical restraint. I consider the additional evidence 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 and representatives confirmed the service engaged them in the development, delivery and evaluation of the care and services through a range of mechanisms such as care reviews, feedback and complaints, meetings, consumer surveys, audits and the Consumer Advisory Body (CAB). Management and staff explained how they assisted consumers and representatives to be actively involved in the development, delivery, and evaluation of care and services. Documentation showed consumers and representatives actively participated in the evaluation and improvement of the care and services.

Consumers advised the service provided a safe and inclusive environment. Management described how the Board promoted a culture of safe, inclusive, and quality care and services, and was accountable for the performance of the service and compliance with the Quality Standards. Records confirmed the Board oversighted the performance of the service through various committees and received regular performance reports such as quality indicators, incident reports. The organisation convened a Quality Care Customer Advisory Body (QCAB) in February 2024, which met monthly, and also served as the organisation’s Consumer Advisory Body (CAB).

Overall, the service demonstrated effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, and feedback and complaints. Management and staff were generally aware of the governance policies and ensured the policies were implemented in practice. The Board ensured the governance systems were effective in delivering care and services in line with the Quality Standards, and used feedback and complaints to drive continuous improvement.

The service had effective risk management systems and practices which were supported by documented policies and procedures addressing, management of high-impact and high-prevalence risks to consumers, identifying and responding to abuse or neglect, supporting consumers to live their best lives, and managing and preventing incidents. Consumers and representatives were satisfied with the way risks to consumers well-being were identified, supported and managed. Management confirmed they record and analyse incidents, and report trends to the various governance and Board meetings to inform improvements to the care and services.

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)