

**Performance Report**

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| Name: | Restvale Hostel |
| Commission ID: | 6062 |
| Address: | 8 Woodside Road, LOBETHAL, South Australia, 5241 |
| Activity type: | Site Audit |
| Activity date: | 19 November 2024 to 21 November 2024 |
| Performance report date: | 8 January 2025 |
| Service included in this assessment: | Provider: 463 Lobethal and District Aged Homes Inc  Service: 4079 Restvale Hostel |

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 Restvale Hostel (**the service**) has been prepared by J. Bayldon, 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, older people/representatives and others.
* the provider’s response to the assessment team’s report received 16 December 2024.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **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

Consumers said they are treated with dignity and respect and feel accepted and valued. The Assessment Team observed staff being patient with consumers during meal service and when assisting consumers to move to and from activities. Care planning documents detailed information regarding consumers’ backgrounds, personal preferences, and identity.

Staff were aware of the need to support consumer’s culture and adjust care and support if required. Care documentation included the needs, preferences, and strategies in place to support consumers’ religious and spiritual needs.

The service has documented policies and procedures regarding consumer choice and decision making. Consumers interviewed were able to provide examples of how the service supports them to maintain relationships with their loved ones and in making decisions about the care and services provided to them.

Consumers/representatives said consumers are supported by the service to make choices, even if those choices pose a risk to their safety or health. Staff described their understanding of dignified risk taking, including how they provide support and supervision to consumers who choose to take risk. The Assessment Team observed staff supporting consumers with their mobility and fluid consistency choices, utilising strategies consistent with those outlined in care documentation.

Consumers interviewed said they have the information they need to make informed choices, including food options, what activities they wish to attend, and information on any changes occurring at the service. Staff interviewed said they spend one-on-one time with consumers who experience communication challenges or cognitive impairment to discuss information or available options to support the consumer to exercise choice and make informed decisions. The Assessment Team reviewed consumer meeting minutes and the seasonal newsletter that contained updates and information relevant to consumers.

Consumers stated care and services, specifically personal care, are undertaken in a manner that respects their privacy and said staff ensure doors and curtains are closed during care provision. The Assessment Team observed staff knocking on doors and seeking consent prior to entering rooms, shutting doors and closing curtains prior to commencing care, and locking computer screens when not in use.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 1 Consumer dignity and choice at the time of the performance report decision.

# 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

Consumers/representatives said they are satisfied with the service’s assessment and care planning processes. Registered staff described the assessment and care plan processes that identify risks to consumers’ health, wellbeing and safety. Care documentation for consumers reviewed by the Assessment Team included relevant assessment and risk identifications such as falls, changed behaviours, skin integrity, and specialist care needs including strategies to deliver care and services.

Consumers/representatives said they are involved in assessment and planning of consumers’ care including their end of life (EOL) wishes. Staff said EOL care can be different for each consumer, and they follow the consumers wishes regarding family or others being present, music, and scent. Care documentation reviewed evidenced advanced care directives and statements of choice in place which outlined individualised EOL wishes for consumers.

Consumers said referrals are made to external health professionals as required, including physiotherapists, speech pathologists, dietitians, podiatrists, and wound specialists. Management and staff explained how the assessment and care planning processes work in partnership with representatives and other organisations. Care documentation reflected the assessment planning processes in practice including involving other organisations.

Consumers/representatives said they are involved in care conversations about the consumers’ needs, and a copy of care planning documentation is made available to consumer/representatives. Staff interviewed said care information and any changes to a consumer’s condition or care requirements are clearly communicated during handover at the beginning of each shift. The Assessment Team observed a speech pathologist updating a consumers care documentation following a review.

Consumers/representatives said, and documentation supports, care plans are reviewed regularly and as a consumer’s needs change. The Assessment Team reviewed care plans which evidenced regular reviews occurring and notes on consumer files where care conditions or consumer preferences had changed.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 2 Ongoing assessment and planning with consumers at the time of the performance report decision.

# 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

Consumers/representatives said consumers’ care is individualised to suit their needs, and they are confident in staffs’ ability to provide the required personal and clinical care. Documentation review demonstrates wound management pathways are created, and healing is tracked through wound charts which include weekly photographs. Staff interviewed could demonstrate how wounds and pain are consistently attended to in accordance with care management plans and pressure area care is completed as prescribed. Management was able to detail the systems in place at the service to monitor and ensure consumers receive personal and clinical care in line with the needs, goals and preference.

Consumers/representatives said consumers’ time sensitive medication is administered on time. Registered and care staff described individualised consumer care implemented to minimise falls, developing pressure injuries, choking, and detect, monitor and manage unplanned weight loss. Care documentation reviewed by the Assessment Team evidenced falls management in line with service’s policy, wound management in line with wound management plans and for those consumers subject to restrictive practices, evidence of regular reviews and strategies.

Consumers/representatives said they are confident staff would provide EOL care in line with consumers’ preferences and maximise their dignity and comfort. Registered staff said they closely monitor pain and work with the medical officer or palliative team to ensure the consumer is pain free and comfortable. Management spoke of being flexible and readdressing consumers’ wishes towards the EOL and as needs and wishes change.

Consumer documentation reflects the identification of, and response to, deterioration or changes in condition. Consumers/representatives confirmed they are confident the staff know consumers well enough to identify a change to a consumer's health status and are comfortable to approach staff if they have concerns. Registered staff interviewed were able to explain the assessment process following changes to a consumer’s condition.

Consumers/representatives said consumers’ care needs and preferences are effectively communicated between staff, and consumers receive the care they need. Consumers’ care plans demonstrated staff notify the consumers’ medical officer and their representatives when the consumer experiences a change in condition, experiences a clinical incident, is transferred to, or returned from hospital, or is ordered a change in medication. The Assessment Team reviewed clinical and staff meeting minutes which included discussions about identifying deterioration including wounds, weight loss, and changed behaviours.

Consumers/representatives interviewed said the service is prompt when referring consumers to health professionals for assessment. Management and staff described how changes in consumers’ health or well-being would prompt referral to a relevant health professional. Care documentation reviewed evidenced referrals made to external health professionals and other organisations in a timely manner.

Consumers/representatives said staff always wash their hands and they are confident staff are taking appropriate steps to control the spread of infection. Registered staff could describe antimicrobial stewardship and the importance of ensuring appropriate use of antibiotics. Staff provided examples of practices to prevent and control infection including hand hygiene, appropriate use of personal protection equipment, cleaning, and encouraging fluids.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 3 Personal care and clinical care at the time of the performance report decision.

# 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

Consumers/representatives said staff assist consumers to maintain consumers’ independence and participate in activities which interest them in line with their needs, goals and preferences. Care documentation reflects individual activities and interests such as consumers independently enjoying gardening, participating in social and craft activities, and personal reflection time for meditation or prayer.

Consumers/representatives described the services and activities provided by the service to support consumers’ spiritual, emotional and psychological well-being. Staff described how consumers are provided with one-to-one emotional support, are referred to their preferred minister and attend regular services held via streaming services or the local minister. Documentation reviewed evidenced ways to maintain and promote quality of life by encouraging consumers to make decisions regarding personal care, clothing choices, and preferred activities to attend.

Consumers interviewed could described how the service supported them to maintain connections with their local communities. Registered and lifestyle staff described how they support consumers to prepare for external appointments in a timely manner and encourage consumers to participate in activities. Consumers’ care documentation reviewed by the Assessment Team reflected consumers’ personal interests.

Consumers/representatives said services and supports are consistent and staff know consumers’ individual preferences. Staff explained the spiritual and lifestyle assessment tools used to explore consumer needs, goals and preferences and determine ways in which consumers find meaning and purpose. A review of care documentation evidenced detailed and up to date information to support safe and effective care in accordance with consumers’ personal preferences.

Consumers said they have access to attend spiritual services as chaplains regularly visit the service. Lifestyle staff said the service engages with external service providers to provide activities in which consumers are interested, including spiritual services, musicians and entertainers, the local kindergarten, and a local volunteers service.

Consumers interviewed said they were happy with the quality of the meals provided by the service. Management described the menu as having an on-going review process to incorporate all dietitian recommendations and include consumer feedback. The Assessment Team reviewed documentation which evidenced that feedback to inform the menu is gathered from consumers during daily conversations and consumer meetings.

Consumers who use assistive devices for mobility said the items work well and maintenance issues are attended quickly. Staff described how equipment is proactively inspected for preventative maintenance on a regular basis. The Assessment Team observed a wide range of mobility equipment and lifestyle activities which were clean and well maintained.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 4 Services and supports for daily living at the time of the performance report decision.

# 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

Requirements 5(3)(a) and 5(3)(c)

Consumers/representatives said they and their family or friends feel welcome at the service and consumers can bring personal effects from home to decorate their room. The Assessment Team observed consumers’ rooms were decorated with personal items and friends and family visiting during the Site Audit, utilising common areas and the consumer’s rooms.

Consumers/representatives said they are happy with the environment at the service and said the cleaners, care and maintenance staff ensure all areas and equipment are clean and well-maintained. The Assessment Team observed consumers using furniture with ease, getting on and off the furniture independently when their mobility allowed.

Based on the information summarised above, I find the provider in relation to the service, compliant with Requirements 5(3)(a) and 5(3)(c) at the time of the performance report decision.

Requirement 5(3)(b)

Consumers/representatives said consumers are comfortable within the service environment and are satisfied with the cleanliness of their rooms and common areas.

However, the Assessment Team identified that consumers are not able to exit the service freely. The Assessment Team provided the following relevant information to my finding:

* Consumers required an access code that was written in small print near the keypad, or staff assistance to leave and return to the service.
* Consumers did not have an environmental restrictive practice assessment in place.
* One consumer interviewed and a registered staff member interviewed confirmed the consumer was not allowed to leave the service and required a staff member to assist with exiting the service and there was no risk assessment or consent in place for this consumer.
* Management said that consumers are provided with the door keypad code and this information is in the consumers’ room.
* The Assessment Team observed consumers at the door requiring staff assistance to exit and re-enter the service and observed a registered staff member redirecting a consumer away from the door.

In response to the Assessment Team’s report, the service provided the following relevant information to my finding:

* The service advised that risk assessments were completed, and all care plans updated for consumers in consultation and agreement with the consumer and or their reprehensive and a current copy has been given to the consumer or their representative.
* Evidence of consent forms being sent to all consumers in relation to obtain a key card to assist with entering and exiting the service freely.
* Evidence of risk assessments for consumers to ensure consumer safety in entering and exiting the service.
* Evidence of updates to the services policy in relation to environmental restraints.
* The service also advised they had completed the following without providing documentary evidence:
  + Signage on front doors updated with keypad codes in large print.
  + Updated induction processes for new and existing staff on restrictive practices.
  + Detailed behaviour assessments have been completed in consultation with the consumer and/or their representative.

In coming to my finding, I have considered the information summarised above and the obligations on providers in relation to environmental restraints. I am satisfied that the service has now reviewed all existing consumers circumstances to ensure the appropriate assessments are completed and consents obtained to ensure consumers are allowed if able to exit and enter the service freely. I am also satisfied that staff are equipped and processes have been updated to ensure that this practice continues to be applied and reviewed on a regular basis to ensure compliance with provider obligations. Therefore, I find the provider in relation to the service, compliant with Requirement 5(3)(b) at the time of the performance report decision.

# 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

Consumers/representatives said they are comfortable to provide feedback to the service in multiple ways and that staff are always open to receiving verbal feedback which is actioned. Staff described, and documentation evidenced the service captures feedback provided verbally and written including the use of email and feedback forms.

Consumers/representatives said they are aware of advocacy available to consumers and referenced the promotional material displayed at the service. Management said there were no consumers who currently require the use of an interpreter; however, the service is supported with policies to guide staff if interpreting services are required. The Assessment Team observed various notices on display at the service including brochures for advocacy and language services.

Consumers interviewed stated they have not had to make a complaint as staff and management are so quick to resolve any issue or act on feedback, even if given informally. Staff were able to demonstrate an understanding of the principles of open disclosure and the complaint handling process when feedback or a complaint is received from consumers/representatives. Documentation reviewed evidenced consumers are kept updated throughout the investigation of the complaint, offered an apology, and a timely resolution.

Consumers said the service discusses feedback trends during consumer meetings. Staff said the service identifies initiatives in response to feedback provided. Management said, and documentation evidenced the service monitors feedback, and the service uses feedback to deliver care and service improvements.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 6 Feedback and complaints at the time of the performance report decision.

# 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

Consumers/representatives said staff were available to meet personal and clinical needs in a timely manner. Management explained workforce planning is organised through a rostering process based on each consumer’s assessment and care needs. Management said unplanned leave shifts are filled internally first and will use agency staff if needed. The Assessment Team examined the roster and found that all base shifts had been filled in the previous month and observed staff responding to call bells and consumer requests for assistance in a timely manner.

Consumers/representatives said management and staff were easy to approach, respectful, and provided individualised support and staff treated them respectfully during interactions and while offering or providing care and services. The Assessment Team observed staff knocking before entering rooms, introducing themselves, and addressing consumers' needs during communication and care.

Consumers/representatives said staff deliver care and services with the appropriate knowledge and skills and were satisfied with the care and services provided by staff on an ongoing basis. Staff stated they provide their qualifications on commencement with the service, undertake a detailed orientation process and buddy shifts as well as have their competencies checked. Management maintains oversight of staff work practices by conducting competency assessments on an on-going basis, by working alongside staff, seeking consumer feedback and conducting regular clinical, care and service delivery audits to maintain staff competency levels.

Consumers/representatives said they are confident in the workforce’s ability to provide quality care. Staff said the service offers regular face-to-face and online training, including mandatory units and self-assigned education. A review of staff training records showed recently completed privacy and confidentiality, international dysphagia diet standardisation framework, preparing texture modified meals and thickened fluids, choking, swallowing and dysphagia risks, manual handling and emergency evacuation procedures were well attended by staff.

Management explained staff performance is tracked through observations, clinical data, audits, surveys, and feedback from consumers/representatives. Informal discussions and general feedback are provided to staff personally. Staff said they participate in annual performance appraisals, where management reviews their performance, identified areas for improvement, and developed growth strategies. Records reviewed showed all staff had recently undergone performance appraisals.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 7 Human resources at the time of the performance report decision.

# 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**

Requirements 8(3)(a), 8(3)(b) and 8(3)(d)

Consumers/representatives said they believe the service is well run and they can provide feedback and suggestions verbally, in writing, through consumer/representative meetings or with management directly. Management said they understand the importance of engaging with consumers/representatives in the development, delivery and monitoring of care and services and were able to provide examples of where this has occurred. The Assessment Team reviewed the minutes of consumer advisory body meetings, consumer/representative meetings which demonstrated the service performance and clinical indicators are discussed and consumers/representatives are involved in changes made at the service.

Consumers described how they feel the service culture is inclusive. Management meets with the Board monthly to discuss monthly clinical trends including, but not limited to falls, pressure injuries and infection rates, quarterly mandatory quality indicators, workforce and recruitment strategies, consumer/representative feedback and complaints and incident registers. The Assessment Team reviewed the services PCI which demonstrated improvement actions being documented with specific outcomes and timelines identified.

Registered staff said they complete a risk assessment following incidents and document any changes to the consumer’s care needs in the care planning records. Registered and care staff were able to discuss serious incident response scheme (SIRS) incidents and reporting responsibilities. Staff are required to undertake annual mandatory online training on elder abuse and neglect and reportable incident training. Management described how the service uses the ECMS and incident management system to monitor and review incident trends and risks, develop risk mitigation strategies and support continuous improvement in care and services.

Requirement 8(3)(c)

The service was able to demonstrate effective organisation wide governance systems for information management, continuous improvement, financial governance, workforce governance, and feedback and complaint, providing the following relevant evidence:

* Staff said they can readily access information they need to deliver safe, quality care and services, explaining they can access the electronic care management system (ECMS) for consumer care planning documentation, and have access to the organisations intranet for policies and procedures.
* Management said the Board has access to and discusses the reports on national quality indicators, incidents, feedback and complaints and compares data to consider opportunities for continuous improvement.
* Management said capital expenditure, repairs and maintenance budgets are prepared annually and finances are discussed at the monthly board meetings. The Assessment Team reviewed position descriptions that describe financial accountability of the management team.
* Staff demonstrated understanding of their roles and other roles within the service. They knew how to share information and the escalation pathways for any concerns. Management said registered and care staff are allocated according to required care minutes.
* The board receives feedback and complaints trends, and these are discussed at the monthly board meetings following the principles of transparency and open disclosure.

However, in relation to regulatory compliance, the Assessment Team found that the service does not have a shared understanding of the requirements in relation to suitability matters for key personnel.

Management said they were aware of the key personnel forms and notifications required for any changes to personnel. However, they were unaware of the requirement to review key personnel suitability on an annual basis. During the site audit, the Assessment Team provided information to management in relation to key personnel reviews and annual reporting requirements.

In response to the Assessment Team’s feedback during the site audit, management advised they will implement the annual review of suitability matters with the board and other key personnel.

In response to the Assessment Team’s report, the service provided the following relevant information to my finding:

* Evidence of completed annual review of suitability matters for key personnel.
* Copy of the services Board Selection Criteria policy and current register of Board experience.

In coming to my finding, I have considered the information contained in the Assessment Team’s report, the providers response to feedback from the Assessment Team during the site audit and the providers response to the Assessment Team’s report. I am satisfied from the providers initial response to feedback and its response to the Assessment Team’s report, that management are now aware of their responsibilities to review key personnel suitability on an annual basis. I am also satisfied in the provider’s timeliness to make improvements in completing the review. Therefore, I find the provider in relation to the service, compliant with Requirement 8(3)(c) at the time of the performance report decision.

Requirement 8(3)(e)

Management said there is a comprehensive medication management meeting twice per year. The service is proactive in its minimisation of chemical restraint and has no instances of seclusion, mechanical or physical restraint.

However, the service did not demonstrate an understanding of minimising environmental restraint. The Assessment Team found the following relevant information to my finding:

* The service environment is secured with a keypad and access code to the entrance. Management had not considered the locked doors in the context of environmental restraint.
* Documentation in care and services plans did not reflect best practice and legislation.
* The Assessment Team provided management with information about the Commission’s perimeter restraint self-assessment tool.

In response to the Assessment Team’s feedback, management provided the following relevant information to my finding:

* An addendum to the consumer agreement of accommodation at the service will be implemented.
* The service will undertake refresher training with all staff on understanding restrictive practices in relation to environmental restraint.
* An update to procedure documents to reflect the legislative requirements in relation to assessing and care planning for environmental restraint.

In response to the Assessment Team’s report, the service provided the following relevant additional information to my finding:

* Evidence of updates to the services policy in relation to environmental restraints.
* Evidence of risk assessments for consumers to ensure consumer safety in entering and exiting the service.
* Copies of correspondence that evidenced consumers being informed of updates to policies and that consent forms were given to consumers for choice.
* Service advised that induction processes for new and existing staff were updated and implemented with staff now being equipped.

In coming to my finding, I have considered the Assessment Team’s report along with managements response to the feedback along with the providers response to the Assessment Team’s feedback. I am satisfied that the service has taken significant steps and implemented changes, including equipping staff with the relevant knowledge to ensure that an appropriate framework is not only in place but also exercised effectively by staff in minimising the use of environmental restraints for consumers. Therefore, I find the provider in relation to the service, compliant with Requirement 8(3)(e) at the time of the performance report decision.

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)