Performance

Report

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| Name of service: | Performance report date: |
| RFBI Moonbi Masonic Village - Moonby | 31 August 2022 |
| Commission ID: | Activity type: |
| 2741 | Site audit |
| Approved provider: | Activity date: |
| Royal Freemasons’ Benevolent Institution | 28 June 2022 to 30 June 2022 |

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 RFBI Moonbi Masonic Village - Moonby (**the service**) has been considered by Michael Wyborn, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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; 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 provider’s response to the Site Audit report received 5 August 2022.

# 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 | Non-compliant |
| **Standard 4** Services and supports for daily living | Compliant |
| **Standard 5** Organisation’s service environment | Compliant |
| **Standard 6** Feedback and complaints | Non-compliant |
| **Standard 7** Human resources | Non-compliant |
| **Standard 8** Organisational governance | Non-compliant |

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

# Areas for improvement

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

**Requirement 3(3)(a)** *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*.

The service should:

* Provide ongoing education and training to staff to ensure staff are following skin care, wound and pain management related policies, procedures and best practice guidelines.
* Ensure monitoring of staff practice to ensure consumers are provided safe and effective personal care and clinical care including in the areas of personal hygiene, bowel management, wound care, restrictive practices and restraint.

**Requirement 3(3)(b)** *Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The service should:

* Ensure ongoing education and training for staff on the organisation’s policy and procedures regarding management of high impact and high prevalence risks, with reference to the care of consumers that require diabetic management.
* Ensure monitoring of staff practices to ensure consumers are provided safe and effective personal care and clinical care.

**Requirement 6(3)(c)** *Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

The service should:

* Ensure ongoing education and training for staff on the open disclosure process, including investigation and an open and timely discussion about the issue.
* Ensure a consistent and accurate system for recording and managing the service’s compliments, complaints and feedback.

**Requirement 6(3)(d)** *Feedback and complaints are reviewed and used to improve the quality of care and services.*

The service should:

* Ensure ongoing education and training for staff on identifying adverse incidents and ensuring that they are consistently recorded, and appropriate investigation is undertaken to understand why things went wrong.
* Ensure monitoring, review and analysis of complaints is undertaken to help identify trends and to improve care and services for consumers.

**Requirement 7(3)(d)** *The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

The service should:

* Ensure complete and accurate education/training records of mandatory training topics.
* Ensure that the workforce is recurrently trained on relevant topics and identify what training needs are required at the service via a training needs analysis.
* Ensure investigation is undertaken when call bells exceed 20 minutes.
* Ensure feedback provided through the performance appraisal process is identified, monitored, reviewed and implemented in a timely manner.

**Requirement 8(3)(c)** *Effective organisation wide governance systems relating to the following:*

*(i) information management;*

*(ii) continuous improvement;*

*(iii) financial governance;*

*(iv) workforce governance, including the assignment of clear responsibilities and accountabilities;*

*(v) regulatory compliance;*

*(vi) feedback and complaints.*

The service should:

* Ensure effective organisation wide information systems for capturing accurate information for incident and risk management, serious incident responses (SIRS) and to ensure timely/accurate responses provided.
* Ensure staff and management concurrent education and training about the service’s policies and procedures with a focus regarding open disclosure.

Ensure staff and management understand and can apply the principles of the policies and procedures relevant to their roles.

**Requirement 8(3)(d)** *Effective risk management systems and practices, including but not limited to the following:*

*(i) managing high impact or high prevalence risks associated with the care of consumers;*

*(ii) identifying and responding to abuse and neglect of consumers;*

*(iii) supporting consumers to live the best life they can*

*(iv) managing and preventing incidents, including the use of an incident management system.*

The service should:

* Ensure that high impact and high prevalence risks, including behaviours and SIRS incidents, are appropriately recorded and managed.
* Ensure accurate reporting of high impact and high prevalence risks through weekly clinical indicator reports and monthly clinical governance reports.
* Ensure information systems are reliable and contain accurate and complete information.
* Ensure incident forms are completed on a consistent basis and are accurate.
* Provide analysis of incidents, strategies and interventions to minimise risk to identify, implement and monitor continuous improvement opportunities.

# Other relevant matters: N/A

# 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 advised that staff respect and value them as individuals. Consumers said staff are very respectful and provided positive feedback about the attitude of staff.

Consumers said staff respect their privacy and knock when coming into their bedrooms.

Staff spoke respectfully about consumers and were observed offering consumers choices in relation to care and services. The service demonstrated that consumers are supported to take risks to enable them to lead the best life they can.

Consumers are encouraged to make choices about day-to-day care and these choices are supported and respected.

Some consumers provided feedback regarding longer than average wait times for staff assistance and how this causes them distress and compromises their dignity.

This compliance decision is different to the Assessment Team’s finding in respect to Requirements 1(3)(a). Organisational documents such as policies, handbooks and meeting minutes convey respect for the consumer, and refer to consumers with dignity and value for their diversity. Care planning documents include consumers’ preferences and respectful language was generally used when referring to consumers. In addition, staff were consistently observed interacting respectfully with consumers throughout the site audit.

I have reviewed the service’s responses and am confident the service has demonstrated a high level of consumer dignity and choice and this remains as a focus in their continuous improvement activities, therefore I find Requirement 1(3)(a) is Compliant.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

# 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

The goals and preferences of consumers and the risks associated with consumer care are discussed, documented and reviewed when required.

Consumers and representatives said the advance care plan is discussed when a consumer first enters the service and ongoing, as required. The service demonstrated that initial assessments, ongoing assessments and care plans are established to ensure the consumers’ current needs, goals and preferences are met.

Consumers and representatives confirmed they are involved in the care planning process. This is achieved through case conferences, face to face discussions and phone conversations with the registered nurses. Consumers and representatives advised a copy of the care plan is available to them.

Representatives said they have discussions with the registered nurses when their consumer’s health needs change or when an incident occurs. They said ongoing discussions may involve the use of specialists or allied therapist to assess and assist in the ongoing care of the consumer.

This compliance decision differs from the Assessment Team’s finding for Requirement 2(3)(e).

The Assessment Team highlighted that staff do not routinely complete incident forms therefore a thorough investigation into the cause of an incident and appropriate interventions or strategies are not actioned to minimise a reoccurrence, hence an adverse impact to consumer safety.

I have reviewed the service’s responses and am confident the service can demonstrate continuous improvement around mandatory training for staff, in particular the service’s high completion rate for Falls Management and therefore I find this requirement is Compliant.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

**Standard 3**

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| Personal care and clinical care | | Non-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. | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-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 and representatives advised that personal care and clinical care delivered by the service is safe and right for them.

Representatives interviewed said they were aware of the restrictive practices in place for their consumers and had discussed the practice with the medical officer and signed consent forms.

Review of organisational policy, procedure, resources and interviews with staff demonstrate there is appropriate support available for consumers nearing end of life. For one consumer who was nearing end of life, review of their care and services records showed their comfort and dignity was maintained.

The organisation has policies and procedures to guide staff in recognising and responding to consumers deterioration or change in condition. Review of consumer care and service documents and interviews with staff show that care for consumers who are experiencing deterioration or a change in their condition is managed effectively.

Relevant information about the condition, needs and preferences of consumers is effectively communicated among staff and with others where responsibility for care is shared. It also showed consumers are referred to appropriate services and specialists in a timely manner and in response to the needs of the consumers.

There are effective organisational policies and procedures relating to infection prevention and control measures. Consumers, representatives and staff provided positive feedback for the service’s precautionary management to transmission and there has also been appropriate support for consumers and staff vaccinations to occur.

Although the feedback from consumers and representatives was very positive in relation to the care the consumers receive, the audit identified a need for improvement for the service to maintain compliance with this Standard.

Skin care wound and pain management related policies, procedures and best practice guidelines are not always being followed. For some consumers personal and clinical care has not been tailored to suit the consumers’ needs and has not optimised their health and well-being regarding skin care, wound and pain management.

In regard to management of high impact and high prevalence risks associated with the care of some consumers that require diabetic management, the organisation’s policy and procedures were not consistently followed. Consumer safety and comfort was not routinely demonstrated as being effectively monitored by staff.

I have considered the service’s response, specifically reviewed the ‘High Impact High Prevalent Risk Register’ and the accompanying ‘How To Guide’ as well as the ‘Jim Holm and Moonby Intensive Staff Education Topics’ (July and August 2022) list provided. I am confident the service is taking continuous improvement action to ensure staff routinely adhere to the already established policies and procedures, particularly around wound care, pain management and other general health monitoring and management procedures, however the service has not demonstrated compliance, at this time, in Requirement 3(3)(a) and Requirement 3(3)(b). This is specifically about personal care and clinical care that is tailored to the consumers’ needs and optimises their health and well-being, as well as effective management of high impact or high prevalence risks associated with the care of each consumer.

The Quality Standard is assessed as Non-compliant as two of the seven specific requirements have been assessed as Non-compliant.

# 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 advised they receive the services and supports for daily living that are important for their health and well-being and enable them to do the things they want to do.

Consumers and their representatives said they are supported to engage in activities they are interested in, both inside the service and in the wider community. The service supports and facilitates them to maintain personal and social relationships and remain in contact with people who are important to them. In addition, consumers and representatives said the activity schedules are varied and adequate to meet the consumers’ needs and preferences. In addition, the service involves other individuals and external organisations to supplement the activity schedules as required or when beneficial for the consumers.

Consumers said the service meets their emotional, social, spiritual and psychological needs by way of the internal support provided by staff and church groups.

Consumers provided positive feedback in relation to the meals and noted they could provide feedback on any issues directly with staff.

Care documentation demonstrates each consumers’ condition, needs and preferences are effectively communicated within the organisation, and with others who provide services and supports for daily living. Timely and appropriate referrals are made to other providers of care and services as required. Consumers can engage in a variety of group and individual activities and lifestyle and leisure supports and the equipment that is available was clean, well-maintained, safe and suitable to the needs of the consumers.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

**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 advised they feel they belong in the service and are safe and comfortable in the service environment. Consumers and representatives confirmed they feel at home and visitors are welcome within the service. They expressed their satisfaction with the furnishings and equipment and emphasised the service is safe, clean and well maintained.

Consumers confirmed they can access indoor and outdoor areas if they wish either independently or with staff assistance.

Staff are aware of how to report items requiring maintenance. Consumers can use suggestion forms at nurses’ stations to raise suggestions on the service environment. Documentation identified a reactive maintenance schedule that is timely and up-to-date as well as an effective preventative maintenance schedule.

Furniture, fittings and equipment were observed to be clean and well maintained, equipment was tagged and tested. Fire extinguishers and fire blankets had been tested in April 2022, and emergency evacuation maps and procedures were displayed, and a fire safety certificate was viewed in the service. The environment appeared clean and staff were observed cleaning rooms, communal areas and high touch point areas such as handrails throughout the site audit.

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

**Standard 6**

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| Feedback and complaints | | Non-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. | Non-compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Non-compliant |

## Findings

Consumers and representatives said they know how to make a complaint and feel comfortable talking with management or staff about issues or concerns.

The service demonstrated that consumers and representatives have access to feedback and complaints forms via suggestion boxes located around all areas of the service and these are checked approximately once a week. Once a complaint or feedback is received it is allocated to the relevant manager for action who is then required to complete and keep all relevant documentation. On completion of the complaint or feedback all relevant documentation is sent back to the quality manager for filling, however this has not been actioned on all occasions.

The service was unable to demonstrate evidence of application of open disclosure in response to every complaint/issue, including investigation and an open and timely discussion about the issue or concern.

The service’s compliments, complaints and feedback register showed an inconsistent and inaccurate system for complaints record keeping and management. Information was not always recorded or did not include enough information to identify the concern or issue.

Adverse incidents are not consistently recorded, and investigation is not routinely completed to understand why things went wrong and how risk minimisation will occur.

Further monitoring, review and analysis to identify trends in complaints has not been accurately undertaken to improve care and services for consumers. Therefore, a review of consumer feedback is not effectively used by the service to improve the quality of care and services for consumers.

I have reviewed the service’s response and considered their attached evidence of complaint management. The evidence establishes that the service has procedures to manage complaints/feedback however the service has not demonstrated compliance in Requirement 6(3)(c) and Requirement 6(3)(d). This is specifically a routine application of an open disclosure process and an ongoing review of feedback and complaints to improve the quality of care and services.

The Quality Standard is assessed as Non-compliant as two of the four specific requirements have been assessed as Non-compliant.

**Standard 7**

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| Human resources | | Non-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. | Non-compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

## Findings

Consumers and representatives said there are not enough staff at the service however could not say how this is impacting on them. Management said they are aware of workforce planning issues however further added this is across the sector and this remains a priority for continuous improvement at the service.

Consumers and representatives said staff are kind, caring and gentle. They reinforced that they consider staff are properly educated and equipped and know what they are doing.

One consumer said they wait ten minutes or more for staff to answer their call bell. Review of call bell data identified some call bells exceed 20 minutes (requirement of the service is between 15–20 mins) and evidence of investigation being undertaken when call bells exceed this time has not been undertaken. Two consumers reported comprehension concerns with staff, however were not able to demonstrate any adverse incidents where this issue was the cause.

The quality manager is new to the role and, while staff performance appraisals are up to date, the service was unable to demonstrate how feedback provided through the performance appraisal process is identified, monitored, reviewed and implemented in a timely manner.

Education and training records are incomplete. Staff at the service have not completed some mandatory training topics. A review of the education folders identified that some training has been undertaken over the past 12 months. However, attendance records did not contain consistent and complete information. Some records demonstrated only very small numbers of attendance and others did not have attendance sheets attached.

This compliance decision is different to the Assessment Team’s finding for Requirements 7(3)(a)(c)(e). After reviewing the service’s response to the Assessment Report, I am confident the service has demonstrated continuous improvement regarding workforce planning, ensuring the competency of staff, including ensuring their qualifications and knowledge to effectively perform their roles, and that the service will conduct regular assessment, monitoring and review of performance. I have taken into consideration a summary of roster for May and June 2022, the service’s Staff Call Bell Procedure, three call bell response reports, the service’s education calendar 2022 as well as the intensive staff education topics list for July and August 2022 and the spreadsheet detailing the mandatory education topic records. I have also considered the staff review documents provided by the service to support the service’s continuous improvement activities.

The service, however, has not demonstrated at this time, that the workforce is recurrently trained to deliver the outcomes required by the Standards. The service was unable to identify what training needs were required at the service or explain what training is organised through head office and what is managed at the service level. In addition, the service could not provide a training needs analysis and was unsure how the education calendar is created stating this comes from head office. In addition, the service was unable to demonstrate appropriate records of education. Therefore, Requirement 7(3)(d) is assessed as non-compliant.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

**Standard 8**

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| Organisational governance | | Non-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. | Non-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. | Non-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

Consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. The service engages consumers in the development, delivery and evaluation of care and services. Management advised that the service holds regular consumer and representative meetings where consumers are encouraged to raise concerns or provide feedback and suggestions for improvement.

The service, however, has not demonstrated an effective organisation wide governance system. Information systems are ineffective at capturing accurate information for incident and risk management, and serious incident responses (SIRS) have not been reported and appropriate responses provided.

On several occasions high impact and high prevalence risks have impacted directly on consumer care and services including behaviours and SIRS. As these incidents have not been appropriately recorded, they have led to inaccurate reporting through weekly clinical indicator reports and monthly clinical governance reports.

While the service has demonstrated a clinical governance framework in place as well as an incident management policy and incident management procedure, this is not widely known by management or staff. While education on supporting policies to the clinical governance framework has been undertaken, staff and management practices do not accurately reflect the service’s procedures particularly in regard to open disclosure.

Information systems are not reliable and contain inaccurate or incomplete information. Incident identification, management and reporting is not understood and completed on every occasion by staff. This impacts on the service’s ability to identify and manage incidents of high impact and high prevalence and/or SIRS.

The service was unable to demonstrate they have an adequate risk management system in place to identify, assess, respond to and monitor risks at the service. Incident forms have not been completed on a consistent basis and/or are incomplete. Analysis of incidents, strategies and interventions to minimise risk have not been appropriately identified, implemented and monitored.

Staff have not been concurrently educated about the service’s policies and procedures and were unable to provide examples of the relevance to their work practices.

The service’s clinical governance framework also includes a policy relating to antimicrobial stewardship, a policy relating to minimising the use of restraint and an open disclosure policy. However, management and staff could not provide examples of changes made as a result of these policies at the service or explain how information is evaluated as a result of the introduction of new policies.

This compliance decision is different to the Assessment Team’s finding for Requirement 8(3)(e). I have considered the service’s response to the Assessment Report and reviewed the Incident Management Policy, the Incident Management Procedure, the High Impact High Prevalent Risk Register - Effective from July 2021 and the supporting ‘how to’ document. I also considered the mandatory training education topics list, the intensive staff education topics list for July and August 2022, the example of a standard meeting agenda items and the Altura Bridge 2021 - open disclosure records Moonbi.

I find that the service has demonstrated compliance in Requirement 8(3)(e), however the service has not demonstrated compliance for Requirement 8(3)(c) and Requirement 8(3)(d). This specifically relates to effective demonstration of information management, regulatory compliance, managing high impact or high prevalence risks and their effective use of an incident management system.

The Quality Standard is assessed as Non-compliant as two of the five specific requirements have been assessed as Non-compliant.

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-2)