Performance

Report

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| Name: | Somerville Gardens Care Community |
| Commission ID: | 3649 |
| Address: | 22 Graf Road, SOMERVILLE, Victoria, 3912 |
| Activity type: | Site Audit |
| Activity date: | 23 October 2023 to 25 October 2023 |
| Performance report date: | 8 January 2024 |
| Service included in this assessment: | Provider: 3061 DPG Services Pty Ltd  Service: 5451 Somerville Gardens Care Community |

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 Somerville Gardens Care Community (**the service**) has been prepared by P.Golledge, 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 provider’s response to the assessment team’s report received 30 November 2023

# 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 | **Not 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 8(3)(e) The service ensures there is an effective Clinical Governance Framework for delivering safe, quality clinical care, and continuously improving services encompassing up-to-date and best practice policies.

# 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 and representatives said staff treat them with dignity and respect, and their culture and diversity are valued at the service. Staff described how care and services are tailored to meet each consumer’s specific background and cultural needs. Care planning documentation captures individualised information regarding consumers’ background, culture, religion, interests, and personal preferences to guide staff practice. Interactions between staff and consumers were observed to be dignified and respectful.

Consumers and representatives provided positive feedback and gave examples of how the service supports consumers to be independent, exercise choice, and make decisions about care and services they receive. Staff were observed asking consumers about their day-to-day choices, such as in relation to activities, personal care, and meal selection.

Consumers said they are supported to understand benefits and possible harm when they make decisions about taking risks. Staff described how the organisation supports consumers to have choice, including when that choice involves risk. Risk assessments are conducted and decisions regarding dignity of risk and strategies to manage these risks are documented in care plans.

Consumers confirmed they receive information in a way they can understand, they are involved in meetings, and encouraged to ask questions about care and services. Staff described various ways information is communicated to consumers in a manner that is accessible and easy to understand, including strategies for consumers with cognitive, visual, and/or hearing impairment. A range of information was observed available across the service including newsletters, meeting minutes and activities calendars.

# 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 compliant as 5 of the 5 Requirements have been assessed as compliant.

The Assessment Team recommended Requirement 2(3)(a) not met, finding deficits in the identification of environmental restrictive practices at the service and a lack of shared understanding amongst staff in relation to those consumers subject to environmental restrictive practices.

The Approved Providers response refuted the Assessment Team’s findings, and provided supportive evidence to demonstrate how assessment and planning processes inform safe and effective care and services through:

* Completion of validated assessments tools upon consumers entry to the service.
* Relevant risks to a consumer’s safety and well-being is assessed and included as part of the services ongoing assessment and care planning processes.

I have considered the findings in relation to restrictive practices with my decision for Standard 8 Requirement 8(3)(e) and based on the evidence before me find Requirement 2(3)(a) compliant. I have placed emphasis on the balancing evidence which demonstrated, overall, risks to consumers including but not limited to falls, skin integrity, weight -loss and changed behaviours, are identified, and effectively monitored and managed. The Approved Provider provided clarifying information about how the services assessment and care planning processes inform safe and effective care and services. In coming to my decision of compliance, I have also considered positive feedback provided by consumers and representatives documented in the Site Audit report including consumers say their care is well planned and meets their needs.

I am satisfied the remaining 4 Requirements in Quality Standard 2 are compliant.

Consumers and representatives indicated the assessment and planning process identified and met their current needs, goals, and preferences, inclusive of advance care planning. Management and staff outlined how the service ensured assessments and care planning were reflective of consumers’ current needs, goals, and preferences. Care documentation identified and addressed the consumer’s current needs, goals, and preferences, including advance care planning and end of life planning.

Consumers and representatives reported the service involved them in care planning discussions, in collaboration with other health professionals. Care documentation demonstrated the assessment and planning of care was completed in consultation with consumers, representatives and internal and external providers of care and services. Management and staff described how the service partnered with consumers, representatives, and other providers of care to ensure the needs, goals and preferences of consumers were being met.

Management and staff described how the service updated representatives regarding the consumer’s needs and how they kept them informed of any outcomes of assessments. Consumers and representatives mostly confirmed the outcomes of assessment and planning were communicated to them, and they could access consumer care plans upon request.

Management advised that assessments and care documentation was readily available to staff via the service’s electronic care management system, and consumers and their representatives could request a copy of their care plan at any time.

Care documentation confirmed care plans were reviewed:

* Every 4 months.
* During the monthly resident of the day process.
* When consumers’ circumstances changed or when incidents occurred.

The service had policies and procedures in place to guide staff practice in relation to the review of consumers’ care plans.

# Standard 3

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

Findings

Consumers and representatives confirmed care provided is tailored to consumers’ needs and preferences. Care planning documentation demonstrated consumers are receiving care in line with their needs to optimise their health and well-being. Staff described individual consumers’ care needs and strategies in place to support their care.

The service had effective processes to manage high impact or high prevalence risks associated with the care of each consumer. Care documentation identified consumers at risk, and staff were able to describe risks to the consumers including falls, skin integrity, weight-loss, pain management and changed behaviours and the risk mitigation strategies that are used for these. The service review, trend and analyse clinical incident and quality indicator data which is reported within the organisation and to external bodies.

Care documentation identified consumers' end of life needs, goals and preferences were documented, and an advance care plan was in place. The Assessment Team noted the service had policies regarding advance care planning which supported staff to provide best practice care towards end of life care. For one named recently deceased consumer their representative expressed their high satisfaction for the end of life care provided to their loved one.

Consumers and representatives confirmed they were kept informed of any changes to the consumer’s condition, and the service responded to deterioration appropriately. Care documentation evidenced that deterioration or changes in consumers’ health was recognised and responded to in a timely manner.

Care documentation demonstrated information regarding the consumer’s condition, needs and preferences was documented and communicated to those involved in their care. Consumers and representatives mostly expressed the consumer’s care needs and preferences were effectively communicated between staff. Management and staff described the care needs and preferences of consumers, and how information was communicated within the service and with others where responsibility for care was shared.

The service has access to a range of individuals, other organisations, and providers of care and services, including but not limited to medical officers, allied health professionals, palliative care and dementia specialists. Care planning documentation and progress notes demonstrated input from a range of health professionals and providers to meet consumers’ needs.

Clinical staff demonstrated sound knowledge and understanding of safe practices to promote infection control and antimicrobial stewardship. Care documentation for consumers who had experienced an infection demonstrated appropriate infection control practices and pathology testing prior to prescribing of antibiotics.

# 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 and representatives said consumers felt supported by the service to be independent and were encouraged to participate in activities that reflected their interests and lifestyle needs. Staff described the diverse interests of consumers, including strategies to promote consumer involvement in supports for daily living. Lifestyle documentation identified the interests and activities important to consumers and provided information to support individual consumers’ choice, daily living, wellbeing, and service delivery.

Consumers and representatives described the services and activities provided by the service to support the consumers’ emotional, spiritual, and psychological wellbeing. The service provided varying levels of pastoral and emotional support as determined by consumers.

Consumers and representatives described how the consumers are supported by the service to engage in activities and pursue personal interests, both internal and external to the service while maintaining contact and relationships with the people who are close to them. Care documentation reflected lifestyle assessments and provided relevant information and tools for staff to utilise to help support consumers in maintaining their goals, preferences, and relationships of importance to them.

The service demonstrated effective communication of information concerning changes in consumers’ needs and preferences. Consumers and representatives were confident information was effectively shared to support consumers’ daily living needs. Staff explained the processes used in keeping up to date records of consumer information, likes and dislikes, dietary and personal needs, and preferences.

Timely and appropriate referrals to other individuals, organisation or providers of care occurred and staff described how they collaborate to meet the diverse needs of consumers. For example, one named consumer was referred to volunteer services for companionship visits. Staff described how consumers are involved in decisions and how referrals are made, and consent for referrals are obtained.

Consumers and representatives confirmed the food provided at the service aligned with the consumers’ preferences and dietary requirements and were varied and of suitable quantity and quality. Feedback in relation to meals is provided by consumers to the service through direct and indirect feedback mechanisms. Staff described how they ensure consumers’ nutrition and hydration needs and preferences are monitored and recorded.

Consumers felt safe when using equipment and knew how to report any concerns they may have about safety. The service had appropriate arrangements for purchasing, servicing, and maintaining, renewing, and replacing equipment. Equipment used to support consumers to engage in lifestyle activities was observed to be 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

The service environment was observed to be welcoming and created a sense of belonging for consumers. Consumers were observed freely moving around the internal and external service environment. The service environment was observed to be clutter free and had sufficient lighting and handrails to assist with consumer movement and interaction. Consumers' rooms were personalised and decorated with furnishings, artwork, and personal items that reflected their individuality.

Consumers said their rooms were kept clean, they felt safe and could come and go as they pleased. The service was observed to be clean and well maintained and areas undergoing repair were safely secured and inaccessible to consumers.

Furniture, fittings, and equipment were observed to be well maintained, clean and safe. Cleaning and maintenance are scheduled and monitored daily by staff. Cleaning staff were observed to be cleaning areas throughout the service, including bathrooms and corridors, as part of the regular cleaning schedule. Staff described the service’s processes for identifying, reporting, and actioning maintenance issues.

# 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

Most consumers and representatives felt encouraged and supported to provide feedback and make complaints and described the various methods available for them to do so including speaking to management or staff directly, during consumer and representative meetings, food focus meetings, using feedback forms, or by contacting the service directly by email or phone. The service captures all verbal and written feedback via complaints register and through consumer and staff meeting minutes.

Consumers and representatives were aware of advocacy and language services that were available to them. Staff described complaint processes at the service, including how they would resolve issues immediately or escalate them for management action as necessary. Management advised how they could facilitate the involvement of advocacy services if required.

Overall, consumers and representatives said appropriate and timely action was taken by the service in response to complaints. Consumers and representatives described actions taken regarding issues they had raised. Staff were aware of open disclosure principles in relation to their responsibilities and shared a common understanding of processes to be followed when feedback or complaints were received.

Management described how they reviewed feedback and complaints and used this information to improve care and services. Feedback received from consumers and representatives is used to develop continuous improvement activities across the service.

# 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

Most consumers and representatives felt there were sufficient staff available to meet consumer’s needs, and they were satisfied with the overall skills, capability, and knowledge of staff. Most consumers described staff as respectful, kind and caring, and provided care that respected individual consumers diversity, culture, and preferences. The service had policies and procedures to guide staff in relation to consumer dignity and respect, and diversity and inclusion.

Consumers say call bells are answered promptly and the observations by the Assessment Team indicated staff are available when consumers need them. Call bell reports are analysed daily by a generated report and results discussed at the management level. Management demonstrated a sufficiently planned and varied skill mix of staff are available to meet consumer’s needs. The service has processes for both planned and unplanned leave.

Consumers and representatives say staff are kind, gentle and caring when providing care. Staff demonstrated they were familiar with each consumer's individual needs and identity. Management stated that the service has a suite of documented policies and procedures to guide staff practice, and outline that care and services are to be delivered in a respectful, kind and person-centred manner.

Consumers and representatives say they felt confident that staff are suitably skilled and competent to meet their care needs.

Management advised the service has documented policies in relation to key qualifications and knowledge requirements of each role employed by the service in their position descriptions. Documents demonstrated that staff have the relevant qualifications to perform their duties outlined in their position descriptions. Recruitment processes ensure regulatory requirements are met.

The service was able to demonstrate they have processes in place to monitor and regularly review staff performance and the services plan for continuous improvement identified a remaining 27 percent of staff annual performance appraisals are scheduled for completion over the next 4 week period.

Consumers and representatives say they are confident in the current staff ability to deliver their care and services. The service provides training to staff to deliver the outcomes required within these standards.

# 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. | Not Compliant |

Findings

This Quality Standard has been found non-Compliant as 1 of the 5 Requirements have been assessed as non-compliant.

The Assessment Team recommended Requirement 8(3)(c) not met. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report, and the provider’s response. I have determined the totality of evidence is applicable to Requirement 8(3)(e) and have considered the Assessment Team’s findings under this requirement.

The Site Audit report brought forward the following matters I have considered relevant:

* Whilst 7 consumers within the secure memory support unit were identified as being subject to environment restraint, 11 ambulant consumers residing in the secure unit did not have evidence assessment and informed consent for the use of environment restraint.
* Management advised the Assessment Team the 11 consumers who did not have evidence assessment and informed consent for the use of environment restraint were not considered subject to environmental restraint, as they were not exhibiting exit seeking behaviours.
* Eight consumers who resided outside of the services memory support unit reported they were unable to enter the code independently (due to physical issues/and or cognitive issues) and relied on staff to assist them to exit. None of these consumers had restrictive practice assessments or authorisation forms in place.
* In response management advised they would implement a fob system to enable those consumers residing outside of the memory support unit to bypass the coded keypad to allow them to exit the service. Management stated they had spoken to every consumer and 8 consumers accepted the fob, with 61 consumers declining.

The provider’s response to the Site Audit report refuted the Assessment Team’s findings, and advised:

* The service entrance doors were secured with use of keypad for consumers’ safety and security, not as restrictive practice.
* Consumers and representatives were offered the door code upon admission to the service.
* If consumers with decision making capacity decided they did not want the code, this did not constitute environmental restraint, and they were able to request staff assistance to open the door. In these cases, consumers did not have a behaviour that was being influenced by the presence of a keypad lock on the main door.
* The response provided some context to the physical and cognitive capacity of the consumers concerned.
* 11 consumers who were mobile, did not have exit seeking behaviours, did not speak of leaving, and did not demonstrate distress, and with consideration of these factors, were considered to have actively decided to remain in the memory support unit, so were not assessed as environmentally restrained.
* There had been no complaints or requests raised by consumers regarding their access out of or into the care community.
* All consumers are reviewed as part of the National Mandatory Quality Indicator Program to identify if they are subject to restrictive practice including environmental restraint. Consumers are reviewed as part of the 4 monthly care plan review processes or when their clinical status changes (if applicable).

I have considered the totality of evidence did not demonstrate the identification and assessment of whether consumers impacted by locked doors were subject to environmental restraint. Consumers’ physical and cognitive capacity had not been assessed in relation to how it impacted their ability to use the keypad; and what was the associated implications on consumers’ freedom of movement.

There was limited evidence to demonstrate how the clinical governance framework was effectively implemented into practice to minimise the use of restraint, particularly in relation to the identification, assessment, and monitoring of environmental restraint for consumers respective of their cognitive and physical capacity. A secure living environment can be considered an environmental restraint if the effect of that practice restricts or involves restricting a consumer’s free access to all parts of the consumer’s environment, regardless of whether the intervention is used for ‘safety’ or whether a consumer does or does not demonstrate exit seeking behaviours or express a desire to leave. Whether or not consumers have exit seeking desires or behaviours, the decision to secure doors removes independence of choice for all consumers and is considered an environmental restraint. I have noted that consumers were offered staff assistance to leave, some were offered fob passes, however, I have placed emphasis on the limited evidence presented to demonstrate how consumers individual circumstances were considered in line with their capacity to freely exit the service, and what review processes were in place to minimise this form of restrictive practice. Therefore, based on the balance before me, I find Requirement 8(3)(e) non-compliant.

In relation to Requirement 8(3)(c), on balance, other examples presented in the site audit report were demonstrative of regulatory compliance, such as for Serious Incident Response Scheme (SIRS) notifications and other forms of restrictive practices. I have considered management and staff demonstrated awareness of regulatory compliance relating to restrictive practices, and associated training, policies, and procedures were in place. Therefore, I have considered the findings as applicable to the implementation of the clinical governance framework, and minimisation of restrictive practice under Requirement 8(3)(e). In addition, I have placed emphasis on consumer and representative feedback and note there was no direct consumer impact reported, and my conclusion is the service was not intentionally restricting the movement of consumers outside of the service but had not identified by requiring staff supervision for consumers to exit the service, or consumers requiring staff support to use keypads to exit and enter the service constituted an environmental restrictive practice. Therefore, I have not considered these findings as applicable to Requirement 3(3)(a) and Requirement 5(3)(b).

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

Management provided examples of various ways the service engages with consumers and representatives and supports them to provide feedback and suggestions used to inform improvements to care and service delivery. Consumers felt the service is well run and they have a say in how care and services are delivered.

Management described the organisational structure, governance arrangements, and mechanisms used by the governing body to monitor the service’s compliance with Quality Standards and promote a culture of safe, inclusive, and quality care.

The service demonstrated effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

The service has effective risk management systems in place for the management of high impact or high prevalence risks to consumers, identifying and responding to elder abuse and neglect, supporting consumers to live their best life, and managing and preventing incidents. Staff were aware of these policies and able to describe what they meant for them in a practical way. An incident management system is in place and review of incident data identified incidents have been classified correctly and reported within appropriate timeframes.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)