Performance

Report

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| Name of service: | The Churchill Retreat |
| Service address: | 470 Churchill Road KILBURN SA 5084 |
| Commission ID: | 6507 |
| Approved provider: | Hahndorf Holdings Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 15 November 2022 to 17 November 2022 |
| Performance report date: | 27 January 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for The Churchill Retreat (**the service**) has been prepared by G.Hope-Simpson, 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. 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 22 December 2022.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| 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 generally considered they were treated with dignity and respect, could maintain their identity, make informed choices about their care, and live the life they choose. Staff understood consumers’ care preferences and were guided by the service’s ‘Rights of Consumer’ policy.

Consumers confirmed the service recognised their cultural background and said their cultural identity informed how staff delivered care and services. Care planning documents showed the service sought and captured individualised information about consumers’ cultural preferences.

Consumers and representatives said consumers were supported to exercise choice and independence, decide who was involved in their care, and to maintain significant relationships. The service supported married consumers to maintain their relationship.

The service had a comprehensive ‘Dignity of Risk’ policy and procedure. Care planning documents showed the service used mitigation strategies for consumer participating in risk-taking activities. Staff understood how consumers were supported to take risks. Risk Assessments were undertaken with consumers and representatives, and involved consultation with allied health professionals, and medical practitioners.

Consumers said they received the information they needed to make informed choices. Staff described how they distributed information to consumers and representatives, and the strategies applied for consumers who had difficulty communicating or living with cognitive impairments.

Consumers’ privacy was respected, and their personal information kept confidential. The service had protocols in place to protect consumers’ privacy, such as locked staff rooms, password protection of computers and knocking on doors consumers’ room doors.

# 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

The Assessment Team recommended the following requirements were not met.

* 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.
* 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.

I have considered the Assessment Team’s findings; the evidence documented in the Site Audit Report and the Approved Provider’s response and find the service compliant with these requirements.

Requirement 2(3)(a) –

Evidence brought forward by the Assessment Team reflected deficits in the management of weight loss, with the Team finding staff failed to follow relevant organisational procedures. However, much of the evidence brought forward in the Requirement focussed on failure to review assessments and care plans following consecutive weight losses in sampled consumers. This evidence was more relevant to Requirement 2(3)(e), as the intent of that requirement is to ensure care and services are reviewed regularly and in response to changed needs and incidents. The site audit report also contained findings the service failed to properly monitor consumers for risk of malnutrition. This evidence was more relevant to Requirement 3(3)(b), which is concerned with the actual delivery of care as it relates to management of high-prevalence, high-impact risks. Evidence concerning weight loss has been considered in those Requirements.

The remaining evidence brought forward by the Assessment Team showed that overall, assessment and planning did inform delivery of care and included the consideration of risks, including in relation to falls, choking and medication. Most consumers sampled had care planning documentation that identified key high‑impact and high‑prevalence risks, including in relation to falls, pressure injury development, swallowing difficulties and responsive behaviours. Staff had shared understanding of consumers’ assessed needs and knew how to access care plans to inform delivery of care. Most interviewed consumer representatives confirmed the service provided care and services in line consumers’ needs, goals and preferences and relevant external professionals were involved in assessment and planning of care in relation to key risks.

The Approved Provider’s response disagreed with the Assessment Team’s findings around weight loss and provided additional contextual information to clarify inaccuracies in relation to the weight loss management data provided for each named consumer. The response also noted that the site audit report mentioned 10 consumers whose weight loss was assessed as non-compliant, but named only 7 consumers, preventing the Approved Provider from giving a response in relation to all evidence. This evidence and the response are outlined in detail in relation to Requirements 2(3)(e) and 3(3)(b). The response emphasised that the same evidence concerning management of weight loss had been relied on to support ‘not met’ recommendations in four requirements, which the approved provider considered disproportionate. The response acknowledged staff had failed to consistently complete food and fluid intake charts, and outlined steps being taken to provide additional training to rectify the deficit. Lastly, the response outlined a comprehensive range of policies and procedures, along with supporting evidence of these, to show that assessment and planning, including consideration of risks, is used to inform care and services.

I have had regard to the evidence in the site audit report however was persuaded by the Approved Provider’s response. I find the evidence of non-compliance presented under Requirement 2(3)(a) was more relevant to other requirements and that the relevant evidence which was included demonstrated the service has effective assessment and planning tools and processes in place, to guide staff practice. I was also persuaded by the Approved Provider’s response in relation to the service’s management of weight loss for most of the named consumers. I have outlined detailed reasons for this in Requirements 2(3)(e) and 3(3)(b). While the response acknowledged some gaps in terms of staff completion of food and fluid charts, I find that on balance, this was insufficient evidence to support a finding of non-compliance for Requirement 2(3)(a). For these reasons, I find this Requirement Compliant.

Requirement 2(3)(e)

The Assessment Team found consumers and representatives were notified when circumstances changed or when incidents occurred such as falls, development of pressure injuries or medication incidents. Assessments were completed on entry to the service, and care and service plans were reviewed every 4 months or more frequently when consumer needs changed. The Assessment Team determined however, that for 10 consumers who had consecutive weight loss, the service’s policies and procedures were not followed and relevant re-assessments were not carried out, or care plans updated to reflect the weight loss and intervention strategies, including for one named consumer who had consecutive weight loss since August 2022.The named consumer’s representative advised that strategies for addressing the weight loss had not been discussed with them and said that staff reported the consumer was at times difficult to feed, but the representative reported having no difficulties in feeding the consumer during their visits. The Assessment Team identified inconsistent instructions in care planning documentation, and lastly, found that the consumer had not been reviewed by a dietician or MO in relation to the weight loss. Other evidence outlined was more relevant to other requirements and has been considered in relation to those requirements.

The Approved Provider’s response of 22 December 2022 disagreed with the site audit report findings and emphasised that all requirements assessed as being non-compliant were based on the service’s performance around weight loss management. As outlined, the response emphasised the report named only 7 of 10 consumers found to have had their weight loss mismanaged, preventing the service form exercising their right of reply for the remaining 3 unnamed consumers. The response also noted Assessment Team ’s had applied an out-of-date weight loss procedure to support their ‘not met’ recommendations. Other inaccuracies were clarified in the response, including in relation to the weight loss data provided for 7 named consumers.

Regarding the named consumer, the response clarified an inaccuracy in one weigh in figure, relied on by the Assessment Team and took issue with the Team’s measurement of weight loss data, for all sampled consumers, including the named consumer. The response contended that that the data sampling method presented a skewed picture of weight fluctuations and as a result, did not present an accurate account of the service’s actions to manage the consumers’ weights. The response confirmed the named consumer’s weight had remained within Body Mass Index (BMI) during the sampled period and outlined the steps taken to manage the consumer’s weight loss, including timely review and reassessment by a relevant allied health professional. The response noted a recent further gain in weight since the site audit. Evidence there was inconsistent care plan meal time instructions for the named consumer was not directly addressed in the response, nor were the representative’s comments.

Having regard to the site audit report and the Approved Provider’s response, I find, on balance, the service is compliant with Requirement 2(3)(a). I find the most relevant the evidence relied on in the Site Audit Report to support the ‘not met’ recommendations were effectively refuted by the response. Evidence was provided to show the service used relevant professionals to review care and services when weight loss was identified and the service generally managed consumer weight loss in line with policy and procedure. While I find there was deficient food and fluid charting for one named consumer, and unclear support instructions in the consumer’s care planning document, the evidence provided did not clearly demonstrate that the service failed to take steps it should have to respond to fluctuations in that consumer’s weight. The consumer’s weight remained within recommended range during the sampled period. I was persuaded by the Approved Provider’s response concerning the weight loss data sampling method used during the site audit. The Approved Provider’s plan for continuous improvement demonstrated steps have been taken to address identified deficits in food and fluid charting and the escalation process when consecutive weight losses are identified, and I note the organisation has updated its’ nutrition and hydration policy since the site audit. On balance, I find there is insufficient evidence to show the service failed to review care and services when consumers lost weight and there was evidence to show regular and as needed review in other areas of care. For the reasons outline above, I find the service is compliant with Requirement 2(3)(e).

Regarding the remaining Requirements: Care planning documents reflected assessment and planning processes were in place to identify the needs, goals and preferences of the consumers. Advance care and end of life planning were included in care plans if the consumer wished. Staff understood consumers’ needs, goals and preferences.

Care planning documents reflected partnership with consumers, representatives and other health professionals in the assessment and planning process. Consumers and representatives generally confirmed their involvement in the process. Consumers said the service had explained care plans to them.

Consumers and representatives confirmed care plans were readily available to them and the outcomes of assessment and planning were communicated effectively. Staff confirmed, and observations showed, the electronic care management system was readily accessible to the workforce at the point of service delivery. Staff communicated the outcomes of assessment and planning to consumers and representatives.

# 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

The Assessment Team recommended the following requirement was not met.

* Effective management of high impact or high prevalence risks associated with the care of each consumer.

I have considered the Assessment Team’s findings; the evidence documented in the Site Audit Report and the Approved Provider’s response and find the service compliant for this requirement.

The Assessment Team found risks were effectively managed in relation to falls, swallowing, skin integrity, and pain, however, risks for consumers with consecutive weight loss were not considered, reviewed, monitored or evaluated, as has been outlined in previous Requirements. Refer to Requirement 2(3)(e) above, for explanation of the audit findings regarding weight loss management.

The Approved Provider responded on 22 December 2022 and as outlined under Requirement 2(3)(e), disagreed with the Site Audit Report findings. The response included evidence to overturn the ‘not met’ recommendations, which I was persuaded by, as outlined previously.

In addition to satisfying me that the service had generally managed consumer weight loss appropriately, the Approved Provider included evidence that the service had updated the organisation's Nutritional and Hydration policy to include significant weight loss, consecutive weight loss, percentage of weight loss and weight gain management Furthermore, members of the workforce had since been trained in the policy updates, which would be subject to monitoring. I am satisfied based on the information contained in the Approved Provider’s response, that the service was taking appropriate action to identify, mitigate and manage risk in relation to weight loss at the time of site audit. Evidence brought forward by the Assessment Team was generally refuted by the response, and evidence that was not refuted, relating to inconsistent food and fluid charting and inconsistent care plan instructions, was insufficient to support a non-compliant finding in relation to Requirement 3(3)(b). I have also had regard to the Assessment Team’s findings that other high impact, high prevalence risks were managed appropriately. For the reasons outlined above, I find this Requirement Compliant.

Regarding the remaining Requirements: Most care plans reflected safe and effective care, in relation to skin care and pain management, and showed care was tailored to the specific needs and preferences of the consumer. However, the Assessment Team identified that while progress notes identified PRN pain medications were given to consumers, alternative strategies trialled prior to the administration were not documented. The service acknowledged this area for improvement and took steps to address the issue during the site audit. Restrictive practices were otherwise managed in line with legislative requirements.

Care planning documents showed consumers who were nearing the end of life had their dignity preserved and care provided in accordance with their needs and preferences. Staff described practical ways in which consumers’ comfort was maximised and their dignity preserved. The service partners with the local Palliative Network team for end-of-life care.

Consumers and representatives said they were satisfied with the delivery of care, including the recognition of deterioration or changes in their condition. Care planning documents demonstrated deterioration in a consumer’s health, capacity and function was recognised and responded to, including in relation to falls and pressure injuries.

Information about consumers’ conditions, needs and preferences were documented and effectively communicated with those involved in the care of consumers. Progress notes, care and service plans generally provided adequate information to support effective sharing of consumer information.

The service had a network of approved individuals, organisations or providers they can refer consumers to. Care planning documents reflected referrals to other health professions were timely and occurred when needed. The workforce understood the process to refer matters to other providers.

Consumers and representatives were satisfied with the service’s management of infection control practices especially during COVID-19. Although the service did not have an appointed Infection Prevention Control (IPC) lead, staff and consumers were supported by the state clinical governance manager whilst the service was in the process of registering the clinical coordinator to attend the IPC training. Staff understood infection minimising strategies, including hand hygiene and outlined the service’s approach to minimising use 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 said the services they received were safe and effective and allowed them to maintain their quality of life. Staff described how they assisted consumers to maintain their independence. Consumers said, and care plans confirmed, consumers were supported to attend activities of interest.

Consumers said their emotional, spiritual and psychological needs were supported. Documented support strategies were outlined in consumers’ care plans. Staff understood how to recognise and respond to negative changes in consumer mood. Chaplains of varying denominations, external counsellors and volunteers were engaged to support consumers.

Consumers were supported to participate within and outside the service environment, keep in touch with people important to them, and do things of interest. Care planning documents showed consumers were involved in the community, pursued their interests, and maintained personal and social relationships.

Consumers were provided services consistent with their care needs, and staff were aware of consumers’ needs and preferences. Staff said information, changes, and other requirements for consumers were shared at shift handovers, through care plans and via the service’s electronic care management system (ECMS).

Referrals for care and services were timely and appropriate, and included dieticians, speech therapists, as well as outside community organisations. Staff described how the service worked with external individuals and organisations to supplement the services and supports for daily living. The service has an internal hairdresser.

Consumers generally said the meals provided were varied, of suitable quality and quantity, they were involved in the planning of the menu and can order outside of this if they chose. The service accommodated individual dietary needs and preferences, and feedback processes were in place.

Equipment for daily living and lifestyle supports were safe, suitable, clean and well maintained. Consumers and staff said they had access to equipment to assist with daily living activities and knew how to report maintenance concerns.

# 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

Consumers felt at home at the service and considered the environment clean and easy to navigate. The service environment was observed to be welcoming, with consumers moving between the different areas of the service. Consumers were supported to personalise their rooms and had access to balconies and other areas to socialise, including a café.

Consumers said the service environment was well maintained, and they could move around freely both indoors and outdoors. Cleaning staff had a schedule outlining daily cleaning tasks. The cleaning log was updated as work was completed.

Consumers and representatives said the equipment and furniture at the service was safe, well maintained, and suitable for their needs. Call bells and mobility aids were generally observed to be within reach of consumers. The service had a preventative maintenance schedule. Staff understood how to report maintenance issues, which were resolved promptly.

# 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

The service had processes in place to encourage and support consumers and representatives to provide feedback and make complaints. Feedback boxes were located around the service. The service had a ‘Feedback and Complaint Management Policy’ and a ‘Reducing Barriers to Providing Feedback Policy and Procedure.

Consumers and representatives said although they were aware of other avenues for raising a complaint, they were comfortable raising concerns with management and staff. Brochures and other written information in relation to advocacy and language services were displayed. Staff knew how to access accredited interpreters.

Consumers and representative were satisfied with the response to their complaints. Staff understood the principles of open disclosure, and when open disclosure should be applied. The service’s feedback and complaints log showed the original complaint, the investigation and outcome of the complaint, and evidenced routine use of open disclosure.

All feedback and complaints were reviewed and used to improve the quality of care and services and linked to the service’s continuous improvement log. For example, in response to increased complaints about the quality of personal care being provided to consumers; the service actioned additional training to staff.

# 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 said there was enough staff to provide care and services in accordance with their needs and preferences. Management and staff described how they ensured there was enough staff to provide safe and quality care. Review of recent allocation sheets showed no unfilled shifts. The service has a Registered Nurse on shift 24 hours per day.

Consumers and representatives said staff were respectful, kind and caring. Management monitored staff interactions through observations and feedback and complaints processes.

The members of the service’s workforce had the qualifications and knowledge to effectively perform their roles. Consumers and representatives felt staff were competent and knew what they were doing. Each role had a position description and minimum qualifications and credentials. Necessary registrations and checks were completed and reviewed.

The service had systems and processes to ensure it recruited appropriately skilled staff and supported them to deliver quality care and services. Staff had access to training to support their ongoing development and the service monitored whether staff had completed training.

The performance of staff was regularly reviewed through performance appraisals, direct observation and feedback from consumers and representatives. Staff confirmed they had completed performance appraisals, and they were offered development opportunities.

# 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

The Assessment Team recommended the following requirements was not met.

* 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.

I have considered the Assessment Team’s findings; the evidence documented in the Site Audit Report and the Approved Provider’s response and find the service compliant for this requirement.

The Assessment Team found the organisation had a risk management system to monitor and assess high impact or high prevalence risks associated with the care of consumers, and that staff had been trained in their obligations to identify and respond to abuse and neglect. The Team also found the service had effective dignity of risk systems and practices. However, the team recommended Requirement 8(3)(d) was not met owing to their determination the service had not effectively managed consumers with consecutive weight loss and did not follow organisational policy and procedure in doing so. The evidence the Assessment Team brought forward in the Site Audit Report has been outlined and assessed previously under Standard 2 Requirement (3)(e) and Standard 3 Requirement (3)(b). Refer to those requirements for detailed overview of the evidence brought forward. In addition, the report relied on evidence management were not able to explain why staff had not followed weight loss procedures and noted a weight loss procedure had not been referenced at a recent staff meeting.

The Approved Provider’s response has been outlined previously in Requirements 2(3)(e) and 3(3)(b), where I outlined my reasons for disagreeing with the Assessment Team’s recommendations and instead found the service compliant with those requirements. Of note, the response demonstrated the procedure referenced by the Assessment Team was outdated and should not have been applied in the audit. The response demonstrated generally appropriate management of consumer weight loss at the service. Considering this, I find the remaining evidence brought forward in this Requirement is not sufficient to demonstrate ineffective systems for managing high impact or high prevalence risks. As all other evidence brought forward reflected compliance, find Requirement 8(3)(d) is Compliant.

Regarding the remaining Requirements: Consumers and representatives were confident the service was well-run and felt engaged in the development, delivery and evaluation of care and services. Documentation review showed consumers were engaged in design and evaluation of the service, including decisions about changes. For example, following consumer requests, the service developed the Café area with a coffee machine for consumers to sit with their visitors.

Management confirmed the governing body promoted a culture of quality, safety, and inclusion, and described how the board satisfied itself the Quality Standards were met through analysis of internal audits results and monitoring of clinical indicators, consumer/representative and workforce feedback.

The service had effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Management confirmed the organisation had been responsive to requests for budgetary changes to support the needs of consumers.

The service had a documented clinical governance framework, which included policies and guidelines relating to antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Staff used practice examples to demonstrate their understanding of open disclosure, antimicrobial stewardship and ways to minimise restrictive practices.

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)