Performance

Report

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| Name: | The Pines Lodge Residential Care |
| Commission ID: | 6094 |
| Address: | 342 Marion Road, NORTH PLYMPTON, South Australia, 5037 |
| Activity type: | Site Audit |
| Activity date: | 4 December 2023 to 7 December 2023 |
| Performance report date: | 12 January 2024 |
| Service included in this assessment: | Provider: 870 Southern Cross Care (SA NT & VIC) Incorporated  Service: 4111 The Pines Lodge Residential Care |

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 Pines Lodge Residential Care (**the service**) has been prepared by Katherine Richards, 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 consumers, representatives, staff, management, and others.
* the provider’s response to the assessment team’s report received 04 January 2024 and updated action plan received 05 January 2024.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not 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

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.

* The provider ensures assessment and planning is used to identify risks and inform care and services delivery, including for use of restrictive practices.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

This Quality Standard is compliant as 6 out of 6 requirements have been assessed as compliant.

Consumers said they felt valued, and staff were polite and kind. Staff demonstrated awareness of consumer preferences in line with care planning documentation and explained how this influenced provision of care. Care planning documentation included detailed information on consumer backgrounds, preferences, and interests, and, where consented, this was displayed outside consumer rooms. Staff interactions with consumers were observed to be kind and respectful.

Consumers, representatives, and staff discussed how care and services were tailored to meet cultural needs of consumers, for example, developing communication strategies for consumers with language barriers. Staff received training in culturally appropriate care and explained how cultural needs and customs were identified and used to inform a personalised care and services plan.

Staff described how they supported consumers to make decisions through offering information and respecting choices, and explained how they assisted consumers maintain relationships of importance. Consumers said they felt supported to make their own choices and decisions about care and people involved and were observed interacting with visitors and other consumers. Care planning documentation included information about consumer choices and key relationships, family members, and community connections.

Consumers described ways they were supported to take risks, with staff undertaking a risk assessment and discussing concerns to ensure safety. Staff could identify risks taken by consumers along with strategies to mitigate risks and provide support. Dignity of risk assessments had been undertaken, in line with the Dignity and choice policy, and outcomes incorporated into care and services plans.

Consumers and representatives said they received sufficient information to support decision making for daily living and care. Staff explained how they explained options to consumers and supported choices, ensuring consideration of consumers’ preferred communication style. Displayed information informed consumers of events and other available services, and meeting minutes and newsletters were readily available, including updates and details of events.

Consumers, representatives, and staff explained actions to ensure consumer privacy was respected and keep personal information confidential. Policies and procedures guided staff practice in respecting privacy and protecting personal information. A verbal handover of consumer information was observed to be conducted in an open area, with management taking immediate action, including moving the setting and undertaking staff training, to remedy and ensure consumer privacy was maintained.

# 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. | Not 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 non-compliant as one of the 5 requirements has been assessed as non-compliant.

The Assessment Team recommended Requirement 2(3)(a) as not met, specifically in relation to assessment processes failing to identify and inform consent for consumers subject to environmental restraint. The Assessment Team brought forward the following evidence relevant to my decision:

* Consumers were unable to independently exit and enter the service due to securing of the front door. Whilst some consumers had been given the key code for exit, none had a fob to open the door on return, relying on staff to support entry. This had not been identified as environmental restraint by the service, and only 10 of 140 consumers had been assessed as being environmentally restrained (the report does not reflect how many of the 140 consumers were unable to mobilise to the front door, and therefore did not need to be considered).
* Management advised they did not consider the secured doors to be an impediment to consumers, as staff would assist consumers to exit or enter the service. Furthermore, they do not consider consumers who do not demonstrate exit seeking behaviours to be environmentally restrained.
* Assessment and planning processes for sampled consumers did not include evidence of assessment or informed consent for the use of environmental restraint, even for consumers with identified risk of exit seeking behaviours.
* The service’s policy identified restrictive practices in line with legislation and included an example of environmental restraint as locking doors, however, places emphasis on it being for the primary purpose of influencing consumer behaviours.

The provider refutes the finding, stating the doors are secured for consumer sense of safety and monitoring of visitors, evidenced through consumer feedback, rather than for the primary purpose of influencing consumer behaviour. All consumers have an assessment for independent or assisted outings yet were still identified as impacted by environmental restraint. To better assess whether locked doors may be used as a strategy to delay consumers from leaving or influence behaviour, further decision-making tools have been developed and all consumers reviewed with a more conservative approach, identifying a further 63 consumers subject to environmental restraint (35 with supported outing assessments). Where there was a changed interpretation of whether environmental restraint was applicable, appropriate consent has been obtained and behaviour support plans updated.

I acknowledge the provider’s response and actions undertaken and recognise the concerns to security and safety. In coming to my decision, I have also considered evidence presented in Standard 8 Requirement (3)(c) by both the Assessment Team and the provider. I recognise assessments were undertaken for consumers who wished to leave the service independently or with support. However, I do not find this assessment sufficient to identify whether the consumer is subject to restrictive practice.

I have placed weight on evidence in the Site Audit report relating to consumers residing within the secured memory support unit, of which only 10 of 64 consumers were identified as being subject to environmental restraint. Consumers did not have free access to all parts of the environment due to the secured door within the memory support unit, and this had not been identified within assessment and planning processes. Consumer access through the front door, requiring use of a keypad for exit and staff assistance for entry, had not prompted individual assessment of whether this prevented free access to the external service environment, which would constitute environmental restraint.The provider’s audit, described as using a more conservative viewpoint, identified a significant increase in the number of consumers considered subject to environmental restraint. Whilst I recognise improvement actions of the provider, the service will need time to demonstrate the effectiveness of these new processes, and for the reasons outlined above, I find the service non-compliant with Requirement 2(3)(a).

**Other Requirements**

Clinical staff and management described assessment and planning processes to identify consumer needs, goals, and preferences, including for end-of-life planning. Consumers and representatives said they were provided opportunity to express end-of-life care needs and wishes. Care planning documentation identified consumer needs, goals, and preferences and included advance care planning and end-of-life wishes.

Consumers and representatives detailed involvement in assessment and planning processes, including choosing who is involved in care provision. Clinical staff and management explained how they sought input from consumers and representatives and ensured care planning documentation reflected this and recommendations of others involved in care.

Consumers and representatives said they are updated regularly and when changes occur and offered a copy of the written care plan. Staff explained consultation processes, including through care evaluations and following changes, and input from individuals and providers is incorporated into care and services plans. Care planning documentation evidenced input of others, and recorded provision of documentation to consumers and/or representatives.

Care planning documentation demonstrated regular evaluation, undertaken every 6 months, or following incident or identified changes. Staff could describe review schedules and monitoring processes to identify changes to trigger evaluation of consumer care and strategies. Policies and procedures informed staff on assessment, planning, and evaluation processes.

# Standard 3

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

Findings

This Quality Standard is compliant as 7 out of 7 requirements have been assessed as compliant.

Consumers and representatives described delivery of individualised care to meet their personal and clinical care needs. Staff demonstrated knowledge of consumer care needs and management in line with care planning documentation, and explained delivery of best practice care was ensured through following policies, procedures, and guidance of specialist providers, including Allied health staff. Staff also detailed monitoring processes for effectiveness of care, and escalation pathways of concerns in relation to sampled areas of changed behaviours, skin integrity and wound care, pain management, and medication administration.

Staff explained practices and procedures used to identify and manage risks associated with consumer care and explained risks and strategies for individual consumers in line with care planning documentation. Consumers and representatives said staff were familiar with risks, with management strategies developed within assessment and planning consultations. Care planning documentation identified risks and included strategies, in line with policies and procedures, with monitoring of effectiveness.

Staff explained how they prioritised care of consumers nearing end-of-life, prioritising comfort, including pain management, and emotional needs of the consumer and family. Management said they can engage additional providers, including palliative care specialists and spiritual services, to ensure consumer needs were met. The Palliative care and terminal phase procedure guide staff in provision of end-of-life care.

Consumers and representatives said staff were responsive to change in consumer condition and needs. Staff described how they recognise and respond to deterioration or change in consumer condition, including assessment, monitoring, and escalation pathways. Care planning documentation demonstrated timely identification of change in consumer condition and assessment for underlying causes, monitoring, medical review, and responsive change in management strategies.

Consumers and representatives were satisfied care needs and preferences were communicated and known by staff. Staff explained information is shared through verbal handovers, care and services plans, progress notes, and correspondence received from visiting providers is implemented into care planning documentation. Handover processes were observed to effectively communicate consumer changes, needs, and upcoming evaluations or appointments.

Consumers and representatives said they received timely review by Medical officers, Allied health staff, and other providers. Staff explained referral processes utilised within the services network of internal and external providers, and how consumer preference was considered when determining appropriate referral pathway. Care planning documentation demonstrated referrals were timely and appropriate to consumer needs.

Staff described how they apply infection prevention and control measures within care and ensure appropriate antimicrobials are used and reviewed. Consumers and representatives were aware of staff actions to minimise infections, such as hand washing, and were satisfied with efforts to prevent and manage infections. The service’s Outbreak management plan was reviewed regularly, incorporating learnings from infectious outbreaks and ensuring information is updated with government directives.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

This Quality Standard is compliant as 7 out of 7 requirements have been assessed as compliant.

Consumers and representatives explained how services and supports met their needs and preferences, enabling them to maintain independence. Staff described how preferences and needs were identified within care planning processes, and this informed how consumers were supported to participate in a way that optimised their independence, such as obtaining additional equipment.

Consumers said staff recognised when they were sad or distressed and provided additional support. Staff explained they identified consumers at risk of isolation and developed strategies to encourage participation in activities or spent one-on-one time for support, and actions taken if they identified a change in emotional status. Care planning documentation captured spiritual and emotional needs and preferences. Religious services were included within scheduled activities detailed on the activity calendar.

Consumers identified supports to maintain social relationships, with other consumers and outside the service, and do things of interest. Care plans included consumer preferences for activities, outings and community contact, and relationships of importance. Staff explained how social interaction between consumers was promoted, and actions taken to assist consumers keep in touch with family and friends. Consumers were observed engaging with other consumers and visitors and participating in group activities.

Consumers said information about needs and preferences was effectively communicated, and staff were well informed about them. Staff explained communicating consumer condition verbally and/or through written channels to enable adjustment of needs, such as adapting lifestyle activities or changing dietary requirements. Care planning documentation contained sufficient information on consumer needs and preferences to inform services and supports.

Staff explained how the service collaborates with external organisations and individuals, such as volunteer organisations and pastoral care, to meet consumer needs. Care planning documentation demonstrated referrals were made in a timely manner and appropriate for consumer needs.

Consumers expressed satisfaction with the quality, and quantity of provided meals, highlighting choices are available. Staff explained systems for ensuring meals met consumer dietary requirements, captured in care planning documentation. The seasonal rotating menu had been informed through consumer feedback and Dietitian input. Feedback is sought through consumer meetings, food focus meeting, and discussion with staff.

Consumers provided feedback confirming equipment, such as mobility aids and activity resources, were clean and well-maintained. Staff said they have sufficient equipment to support consumers, and cleaning and maintenance processes. Cleaning records and maintenance equipment were up to date, demonstrating the service actively monitored equipment for safety and cleanliness.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

This Quality Standard is compliant as 3 out of 3 requirements have been assessed as compliant.

Consumers said they felt at home, and they found it easy to navigate their way around. Staff members described encouraging consumers to personalise their rooms to enhance comfort and sense of belonging. Corridors and common areas were observed to be spacious, free of clutter, with sufficient living spaces for consumers to entertain visitors. Management explained a redecoration of the memory support unit incorporated input from representatives and dementia enabling design principles.

Consumers reported their rooms were regularly cleaned and well-maintained, and they could easily access indoor and outdoor areas within the service environment. Staff described cleaning processes recorded in cleaning logs. The service environment was observed to be clean, and well-maintained, and consumers were able to access outdoor areas within the service environment.

Consumers said equipment was clean and well-maintained, and they felt safe with use. Staff described how assessment processes were undertaken to ensure equipment was safe and suited to individual consumer use. Preventative and reactive maintenance processes were recorded in the electronic system, demonstrating timely action, and staff were knowledgeable about how to report concerns.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

This Quality Standard is compliant as 4 out of 4 requirements have been assessed as compliant.

Consumers and representatives said they felt comfortable and encouraged to provide feedback, including making complaints. Management described available feedback and complaint processes, including written and verbal opportunities, and staff explained processes used if consumers voiced concerns to them. Meeting minutes demonstrated feedback was actively sought and recorded.

Consumer and representatives were aware of access to advocacy services. Staff could describe available advocacy and language services available, and awareness of how to make contact. Consumers were informed of available complaint services and supports through visits by advocacy services, information within the Residential handbook, newsletters, and information displayed on posters.

Overall, consumers and representatives felt the service appropriately dealt with complaints. Management was able to demonstrate timely actions with application of an open disclosure process, focusing on communication, investigation, and outcomes, with ongoing efforts to ensure consumers and representatives received satisfactory outcomes. Documentation demonstrated complaints and actions were recorded, demonstrating application of open disclosure and response in line with policies and procedures.

Consumers said the service developed improvements in response to feedback. Management explained how they used feedback to drive improvement at an individual level as well as for all consumers, providing examples of changes made. Documentation demonstrated how feedback informed continuous improvement activities, for example, improvements to the environment within the memory support unit to add visual effects to support consumer orientation.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

This Quality Standard is compliant as 5 out of 5 requirements have been assessed as compliant.

Consumers and representatives reported enough staff to meet consumer needs in a timely manner. Management explained development of staff rosters based on the needs of consumers, and processes for filling vacant shifts or unplanned leave, drawing from the organisation’s pool of casual staff. Sampled rosters demonstrated adequate staffing levels and consideration of skill mix. Monitoring processes, including review of call bell reports, were used to ensure sufficient staff were available to deliver safe and quality care.

Consumers and representatives described staff interactions as kind, caring, and respectful. Staff explained they treat consumers as if they are family members, getting to know and respect what is important to individuals.

Management described recruitment processes to ensure staff had necessary qualification and knowledge to perform their roles, onboarding activities including mandatory training and buddy shifts, and monitoring of staff performance. Staff records demonstrated the organisation undertook necessary checks required to confirm staff had the qualifications and knowledge of undertake duties outlined within the relevant position statement, including registration with the relevant professional body.

Consumers and representatives were satisfied staff were well trained and provided safe and quality care. Staff said they received adequate training to perform their roles, and management described measures to ensure staff comply with mandatory training expectations. Opportunities for further education are identified on an individual or organisation level, relevant to roles, for example, staff within the memory support unit are encouraged to complete additional training on dementia support.

Staff explained the annual performance review process, with opportunity to meet with management and discuss their performance or concerns at any time. Management explained performance is monitored through appraisals, observing staff working, and communicating with staff about their needs or concerns. Documentation demonstrated all staff were up to date with performance reviews, with some in progress at time of the Site Audit.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

This Quality Standard is compliant as 5 out of 5 requirements have been assessed as compliant.

Consumers explained their input into the development, delivery, and evaluation of care and services through meetings, and were aware of nominated consumer representatives to raise concerns to management. Management described consumer opportunities for involvement in focus groups, meetings, and surveys. Items within the continuous improvement plan demonstrated input from consumers through feedback and suggestions. Board meeting minutes demonstrated input of the organisation’s consumer advisory body.

Management explained how the governing body maintains oversight and remains involved in the delivery of care and services, with reporting submitted to the Board through relevant sub-committees to satisfy the Board care is delivered in line with expectations within the Quality Standards. The organisational structure detailed clear reporting lines, and meeting minutes demonstrated review of key performance indicators and areas for improvement.

Management and staff could identify processes for identifying, managing, and minimising risks, with oversight and monitoring processes detailed within clinical reports. Risk management systems were used to support consumers live their best lives, capturing risks and providing an assessment framework to optimise safety. Staff demonstrated understanding of their roles and responsibilities to identify abuse or neglect, and report all incidents through the incident management system, including for Serious Incident Response Scheme reporting. A risk management framework was documented and supported by policies and procedures.

An effective clinical governance framework was demonstrated through policies, procedures, and oversight and reporting of service delivery practices. Monitoring processes identified areas for improvement through staff training. Staff were aware of relevant policies, procedures, and obligations in relation to antimicrobial stewardship, minimising use of restrictive practices, and using an open disclosure process when things go wrong.

Requirement 8(3)(c)

The Assessment Team recommended Requirement 8(3)(c) not met in relation to regulatory compliance, in relation to the service not identifying consumers unable to access the front door as being environmentally restrained. The Assessment Team brought forward the following evidence relevant to my decision:

* Access to and from the service through the front door was restricted due to security measures, requiring use of code on a keypad to exit, and fob activation to enter. Whilst some consumers had access to the code to exit independently, none were able to enter until staff opened the door to them.
* The service identified 10 consumers who were environmentally restrained but did not demonstrate consideration of the impact of locked doors on other consumers, including those residing in the memory support unit.
* The service’s policy on environmental restraint specifically references locking of doors in memory support units as being a form of environmental restraint, but this was not recognised within assessment and planning.
* Management advised they did not consider the door to be an impediment to consumers, as staff were available to assist, and they had not considered consumers to be subjected to environmental restraint unless actions, such as the locked door, had been used to influence behaviours in line with legislative wording.

The service refutes the Assessment Team’s findings, explaining the front doors are locked as a security measure, and the memory support unit doors locked for consumer safety. Assessments are undertaken for consumers wishing to undertake outings, if the consumer did not express wishes to leave the service, an assessment had not been undertaken. A review of all consumers has been undertaken, identifying a total of an additional 63 consumers with environmental restraint, although 35 of these consumers have supported outing assessments. Fobs are only allocated to staff for security. The service recognises errors made in reviewing the process for providing the security code to consumers and representatives, and new assessments and discussions have been undertaken. The code is now displayed in several positions for consumer awareness, and care plan review processes have been updated to include a review of the consumer’s choice to leave the service.

I acknowledge the provider’s response and actions undertaken and recognise the concerns to security and safety. I do not find the evidence before me demonstrates deficiencies with governance systems for regulatory compliance. The organisation has processes for monitoring legislation and regulatory compliance requirements, ensuring policies are updated and communicated in a timely manner. Effective governance systems were demonstrated in relation to information management, continuous improvement, financial governance, workforce governance, and feedback and complaints, with evidence brought forward in the Site Audit of a framework including policies, procedures, reporting structures and oversight processes.

I have also considered the evidence against Requirement 8(3)(e), relating to clinical governance frameworks effectively minimising the use of restraint. However, I consider the deficiencies relate most to assessment and planning processes, rather than monitoring and oversight, addressed within my finding for Standard 2 Requirement (3)(a).

Accordingly, I find the service compliant with all requirements under Standard 8 Organisational governance.

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)