Performance

Report

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| Name of service: | Torbay |
| Service address: | 43 Exeter Street TORQUAY QLD 4655 |
| Commission ID: | 5086 |
| Approved provider: | Torbay Lifestyles and Care Limited |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 27 February 2023 |
| Performance report date: | 13 March 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 Torbay (**the service**) has been prepared by S Turner, 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 Assessment Contact - Desk; the Assessment Contact - Desk report was informed by a review of documents and interviews with staff

# Assessment summary

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| Standard 8 Organisational governance | Not applicable as not all requirements have been assessed |

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 8

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| Organisational governance | |  |
| 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 |

Findings

Following an assessment contact that occurred 19 September 2022 the service was found to be non-compliant in two requirements in Standard 8; these were requirements 8(3)(c) and 8(3)(d). Deficiencies primarily related to processes relating to incident management including the accurate recording of incidents, the inconsistent recording of quality improvement activities relating to incidents and reporting processes.

The service has taken action to improve its performance under Standard 8 and specifically under these two requirements. The plan for continuous improvement was reviewed to address these improvement opportunities; systems and processes have been reviewed; staff education and training has been completed; resources have been provided to staff and monitoring mechanisms have been enhanced.

I am satisfied requirements 8(3)(c) and 8(3)(d) are now Compliant; further details in relation to my reasoning are addressed below.

Requirement 8(3)(c)

*Information management*

Staff said they can readily access the information they require to deliver safe, quality, care and services and that this information supports them in their roles. For example, the service maintains an electronic care management system which provides staff with access to consumer files including care related and clinical information. Additionally, an electronic program stores policies, procedures and a staff training system whereby staff have access to online training modules. The Assessment Team reviewed the service’s policies and work instructions and identified that policies relating to incident management were up to date and were readily accessible to staff.

Management said they communicate regularly with staff via the organisation’s electronic messaging system which send alerts to staff’s mobile devices.

The organisation has a set of governance systems in place that support the effective management of the organisation, including in relation to regulatory compliance, information management and continuous improvement.

The following action has been taken to improve the service’s performance in relation to information management:

* The processes relating to the documentation of serious incidents and reporting to the Serious Incident Response Scheme have been reviewed. All staff have been provided with education and training on incident documentation, investigation and management.
* An escalation process has been implemented with information relating to incidents now documented in the electronic care management system and escalated to senior nursing staff for further investigation if required.
* The Serious Incident Response Scheme Register was reviewed and updated with information regarding incidents, actions and strategies included. Documentation captured on the Serious Incident Response Scheme Register now details communication and consultation with consumers, representatives, and staff.

*Continuous improvement*

The Assessment Team reviewed the service’s plan for continuous improvement and identified that it reflected changing consumer needs, was updated regularly, and was communicated to staff. Management advised senior nursing staff and the Chief executive officer are responsible for maintaining the service’s plan for continuous improvement and consult regularly to discuss further opportunities for improvements using consumer and representative feedback, clinical indicator data and incident data.

The following action has been taken to improve the service’s performance in relation to continuous improvement:

* Management advised the service has established a new position of Clinical Nurse Consultant; this role commenced 15 February 2023 and includes responsibilities associated with clinical governance and clinical leadership.
* Management staff explained how consumers’ experiences are captured and reported to the Board and governance committees to identify possible quality and safety risks so that the organisation can respond. Management advised the service has revised the plan for continuous improvement and has updated it to include improvement initiatives relating to consumer risk assessments, Serious Incident Response Scheme education and training, and the provision of resources for staff on risk management, incident management and the Serious Incident Response Scheme. Staff meetings include a discussion on the plan for continuous improvement.

The Assessment Team reviewed the service’s plan for continuous improvement which identified planned and completed improvement actions in relation to care and service delivery; and included a focus on rectifying the deficiencies previously identified.

*Regulatory compliance*

Staff said they are advised of any legislative changes through electronic mail, education and training and through staff meetings. Management staff said the organisation monitors legislative changes, industry standards and guidelines through subscriptions to various legislative services and peak bodies, including the Aged Care Quality and Safety Commission. The Assessment Team reviewed incident reporting data and found the service complied with legislation relevant to the Serious Incident Response Scheme and associated incident management processes.

The service’s performance in relation to regulatory compliance has improved; actions taken include:

* Management advised the organisation has communicated updates and provided resources to staff regarding the reporting obligations associated with the Serious Incident Response Scheme and the recent changes made to restrictive practices. They advised this has occurred via electronic mail, staff meetings and the provision of policies and staff training; this was confirmed by staff. The Assessment Team reviewed the service’s education records and found all registered staff and care staff have completed the required education.

Requirement 8(3)(d)

The service demonstrated it has effective risk management systems and practices in place to manage high impact and high prevalence risks, to identify abuse and neglect, to support consumers to live the best life they can and has an incident management system that manages and prevents future incidents.

There are policies and procedures relevant to risk management available to guide staff. Staff were aware of these policies and were able to describe what it meant for them in a practical way. Management described incident reporting processes and the escalation pathway that is followed as needed. The service is collating clinical incident data each month and providing reports to the Board.

The service’s performance in relation to incident reporting processes has improved; actions taken by the service to address this include:

* Incident reporting processes were reviewed by the organisation and it was identified that some staff did not have a consistent understanding of reporting requirements for serious incidents. In response to this:
  + training was completed for all staff, including contracted staff,
  + the associated procedures were simplified in order to provide a guide for staff that was easy to follow,
  + a resource folder was placed in each staff area.
* Management advised risk assessments are now completed following each incident and care reviews are completed with any required changes made to the consumer’s care and service plan.
* Registered staff have also received training in risk assessment processes; this was confirmed by registered staff when interviewed by the Assessment Team.
* Management advised, and staff confirmed, the service meets monthly with staff and incident reporting processes is now included as a standing agenda item.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)