Performance

Report

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| Name of service: | Torbay Hostel |
| Service address: | 43 Exeter Street TORQUAY QLD 4655 |
| Commission ID: | 5086 |
| Approved provider: | Torbay Lifestyles and Care Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 19 September 2022 |
| Performance report date: | 13 October 2022 |

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

**This performance report**

This performance report for Torbay Hostel (**the service**) has been prepared by S. de Jarlais, 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 - Site; the Assessment Contact - Site 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 12 October 2022.

# Assessment summary

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| Standard 8 Organisational governance | Non-compliant |

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

# Areas for improvement

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

* Requirement 8(3)(c) – the service ensures information management and regulatory compliance systems are embedded to ensure the effective collection and review of governance information systems is applied and controlled by the organisation.
* Requirement 8(3)(d) – the service ensures risk management systems including incident management are embedded and effective in the reporting of and response to serious incidents to identify and assess risk.

# 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. | Non-compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Non-compliant |

Findings

I have considered the assessment team’s findings; the evidence documented in the assessment contact site report and the approved provider’s response to the assessment contact site report received 12 October 2022. I note the approved provider accepted the evidence brought forward by the Assessment Team including the deficiencies identified under requirements 8(3)(c) and 8(3)(d).

In relation to Requirement 8(3)(c), the Assessment Team found the service had effective systems relating to financial and workforce governance and feedback and complaints; I accept this. However, deficiencies were identified in governance systems pertaining to information management, continuous improvement and regulatory compliance.

The Assessment Team brought forward evidence demonstrating incidents were not consistently recorded and that the information systems supporting incident management were incomplete. In some instances, management staff reported they were not aware of details relating to reportable incidents that had impacted consumers. This impacts the accuracy of the information that informs the service’s continuous improvement and risk management processes.

With respect to continuous improvement, the service has failed to rectify the deficiencies relating to incident management systems that were identified at the site audit 15 June -18 June 2021. Additionally, while management reported that incident data is used to inform continuous improvement, the Assessment Team found that this data is inaccurate.

I have considered the information provided by the Assessment Team relating to an incident that had not been reported in accordance with regulatory requirements. In addition, it was documented that staff were observed not wearing face masks at a point in time when the wearing of masks was a directive of Qld. Health. Management reported they did not have a shared understanding of their obligations in relation to reporting under the Serious Incident Response Scheme.

I am satisfied that requirement 8(3)(c) is non-compliant as the service’s systems and processes relating to continuous improvement, regulatory compliance and information management are ineffective.

In relation to requirement 8(3)(d), the Assessment Team brought forward information that incident reporting mechanisms were ineffective, and that staff were not reporting incidents in accordance with the organisation’s policies or the relevant legislation. Staff reported they did not consistently document behavioural incidents impacting consumers including those involving physical and verbal aggression and possible inappropriate sexual conduct. The Assessment Team found that a number of incidents that met the criteria for reporting under the Serious Incident Response Scheme had not been reported appropriately. Additionally, the approved provider did not refute the Assessment Team’s findings.

Therefore, I find Requirement 8(3)(d) is non-compliant.

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)