

**Performance Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Uniting Eabrai Weston ACT |
| Commission ID: | 2915 |
| Address: | 12 Namatjira Drive, WESTON, Australian Capital Territory, 2611 |
| Activity type: | Site Audit |
| Activity date: | 26 November 2024 to 28 November 2024 |
| Performance report date: | 3 February 2025 |
| Service included in this assessment: | Provider: 1352 The Uniting Church in Australia Property Trust (NSW) Service: 1202 Uniting Eabrai Weston ACT |

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 Uniting Eabrai Weston ACT (**the service**) has been prepared by Katrina Platt, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, older people/representatives and others
* the provider’s response to the assessment team’s report received on 10 January 2025.

# Assessment summary

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

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

# Areas for improvement

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

* Requirement 3(3)(b) – the approved provider ensures that high-impact high-prevalence risks are managed in accordance with the Quality Standards and other legislation including the *Quality of Care Principles 2014* (Cth). This includes for restrictive practices, which include comprehensive and individualised assessment to ensure the use of any restrictive practice is used as a measure of last resort to prevent harm to consumers or others, and to the extent possible, that best practice alternative strategies are used before the use of a restrictive practice.
* Requirement 8(3)(c) – the approved provider ensures an effective governance framework is in place for the purposes of regulatory compliance, particularly for the management of restrictive practices in accordance with the *Quality of Care Principles 2014* (Cth).

# Standard 1

|  |  |
| --- | --- |
| 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 of the 6 Requirements have been assessed as Compliant.

Consumer representatives said their consumers were treated with dignity and respect. Staff discussed getting to know consumers and using consumer life story knowledge to build rapport and connection with individual consumers. Management advised that all care and services were provided in accordance with the Charter of Aged Care rights and Code of Conduct for Aged Care. Policies for diversity and inclusion and education on culture and dignity supported staff practice and a consumer-focused approach.

Consumer representatives confirmed care and services delivery reflected consumer cultural backgrounds. Staff demonstrated awareness of consumer preferences and cultural needs, with several cultural backgrounds identified and celebrated. Care and service documentation evidenced social and cultural preferences, routines and practices, and observations confirmed engagement with consumers about important cultural events and relationships.

Consumer representatives consistently confirmed they were supported to undertake decision-making which reflected the best interests of consumers. Staff discussed the importance of understanding consumer relationships and support provided to consumers to facilitate decision-making where possible. Management confirmed staff training in person-centred practice was undertaken and consumer choice was evidenced for medical officers and pharmacy.

Consumers were supported to take risks and appropriate risk assessments were completed. Management discussed balancing risk taking and appropriate safety measures to ensure consumers were supported to undertake risks which were tailored to their individual needs and preferences and were consistent with the risk-taking policy.

Consumer representatives and appointed guardians confirmed they received sufficient information to make informed decisions and consumer choices, which included regular newsletters, meeting minutes, email communications, menus and activities calendars. Brochures for interpreter services, dementia specialists and external complaint services were observed. Management discussed monthly consumer representative meetings and the monthly newsletters were detailed and informative.

Consumer representatives were confident consumer information was kept confidential and consumer privacy was respected. Staff described ways they respected consumer privacy, which included knocking prior to entering a consumer’s room, providing personal and clinical care with consumer agreement and supporting consumers with their individual privacy needs. Consumer medical information was protected, stored and archived in accordance with privacy legislation.

# Standard 2

|  |  |
| --- | --- |
| Ongoing assessment and planning with consumers |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and
2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.
 | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

This Quality Standard is Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumer representatives indicated they were regularly consulted during the assessment and care planning process through in-person conferences and telephone discussions. Staff described and demonstrated the assessment and planning process and discussed information considered including hospital discharge summaries, and information provided by medical officers and other health providers. Care and service documentation evidenced individualised consumer management plans which included risks related to falls, pain, behaviours, swallowing, mobility and cognition and mental health.

Consumer representatives confirmed they participated in end of life discussions during care conferences. Staff were knowledgeable about consumer needs, goals and preferences and care plans were used to capture and review consumer care needs. Care and service documentation confirmed end of life wishes were considered and included individualised comfort measures.

Consumer representatives were consulted and provided input to assessment, planning and review of consumer care and services. Staff discussed care conferences which were conducted for consumer changes, or when requested by consumer representatives. Care and service documentation evidenced regular care conferences that engaged important supports including consumer representatives, geriatricians, medical officers and physiotherapists.

Consumer representatives confirmed that assessment and planning outcomes were communicated through various mechanisms including email correspondence, in-person discussions, care conferences and telephone calls. Care and service documentation indicated that assessment and planning outcomes were entered into consumer care plans and care plans were readily available to consumer representatives and appointed guardians.

Comprehensive reviews were conducted when consumer circumstances changed and incidents impacted consumer needs and preferences, which was consistent with consumer representative feedback. Staff described the regular review processes and care and service documentation contained regularly reviewed care and service plans, which included review following falls incidents.

# Standard 3

|  |  |
| --- | --- |
| 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. | Not 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 has been assessed as Not Compliant as I am satisfied that Requirement 3(3)(b) is Not Compliant.

For high-impact and high-prevalence risks, consumers experiencing falls were managed with best practice incident assessments which included post fall assessments for injury, pain, vital signs and neurological observations, and referrals to medical officers, physiotherapy and hospital if required. Staff were familiar with generalised strategies for falls mitigation including appropriate footwear, use of mobility aids and obstacle and clutter removal.

Behaviour support plans detailed consumer behaviours, behaviour triggers and individualised consumer non-pharmacological strategies for staff guidance and implementation, which included pain and infection reviews, reminiscing and garden walks. However, one of the observed de-escalation strategies was used as a restrictive practice which was not in accordance with the *Quality of Care Principles 2014* (Cth) (‘Quality of Care Principles’). Use of the de-escalation strategy was not accompanied by a comprehensive individualised assessment to ensure its use was a measure of last resort to prevent harm to consumers or others, and did not demonstrate, to the extent possible, that best practice alternative strategies were used before the use of the restrictive practice.

In response to the Assessment Team report, the approved provider reiterated their ongoing commitment to providing care and services to consumers which meets the requirements of the *Aged Care Act 1997* (Cth) and the Quality Standards. In discussing the identified de-escalation strategy, the approved provider disagreed with the recommendations made by the Assessment Team and considers its use is an appropriate behaviour support strategy and not a restrictive practice.

The approved provider discussed use of the de-escalation strategy in accordance with their restrictive practice policy and procedure, the Quality of Care Principles, the *Aged Care Act 1997* (Cth) and the Department of Health’s Specialist Care Dementia Framework. A newly developed safe operating procedure was provided which details the purpose of the strategy and various criteria and conditions for its use.

The approved provider discussed the minimal use of the de-escalation strategy with regular staff supervision and provided a letter which supports use of the de-escalation strategy for consumer safety, and when all other strategies have been unsuccessful. Guidelines for special dementia care units were also provided.

The approved provider discussed the therapeutic nature of the de-escalation strategy, the specific design principles applied to ensure consumers are safe and supported in the environment, and photographs of the environment associated with use of the de-escalation strategy were submitted. The approved provider stated the de-escalation strategy is only used to manage extreme aggression and violence and supports consumers in a quiet, calm and fully supervised environment. The strategy is used as an ‘exception only’ and alternate strategies are trialled before the de-escalation strategy is implemented. Improved consumer outcomes were detailed.

Consumer care and service documentation was also submitted by the approved provider for consideration, which included a care plan, behaviour support plan and positive risk assessment tools.

The approved provider committed to the full implementation of their continuous improvement plan, a copy of which was provided for consideration. The several actions that have been undertaken and those which are to be completed are acknowledged.

In making a decision about Requirement 3(3)(b), I have considered the intent of the Requirement which requires all organisations to ensure high-impact high-prevalence risks are managed effectively and in accordance with best practice guidance. For the use of restrictive practices, Requirement 3(3)(b) requires consideration of the interventions and practices and whether those practices are consistent with best practice and comply with the relevant legislation.

I have referred to the legislative requirements relating to restrictive practices under section 15E of the Quality of Care Principles, and the subsequent use of any restrictive practice detailed in section 15FA.

On the information provided, I consider the de-escalation strategy could be considered a restrictive practice when the strategy is used to restrict or prevent free movement of the consumer, or a consumer’s access to their environment or involves the use of solitary confinement. The approved provider has provided inconsistent information which details the use of the de-escalation strategy as an appropriate behaviour support strategy, whilst submitting documentation, including newly implemented procedures, which describes the de-escalation strategy as a restrictive practice.

Based on the Quality of Care Principles and the information provided, I have considered 2 of the 5 recognised practices or interventions which closely align with the use of the de-escalation strategy, depending on the circumstances under which it is used. This includes an ‘environmental restraint’ and ‘seclusion’. I have considered the additional information submitted by the approved provider and, for the purposes of restrictive practices, the necessary requirements for the use of the de-escalation strategy which are detailed below.

*To be used only as a last resort*

The ‘safe operation procedure’ submitted for consideration details use of the de-escalation strategy ‘in response to an adverse event’ and ‘to temporarily protect the resident and others while restraint-free care strategies and interventions are rapidly reviewed, trialled and implemented’. It is unclear, however, if the de-escalation strategy is implemented prior to completion of an individualised and comprehensive assessment, including the use of individualised and person-centred strategies, which must be trialled to the extent possible before last resort measures are considered. I note these actions are inconsistent with the intended application of the de-escalation strategy as a measure of last resort in accordance with the approved provider’s responsibilities associated with the use of restrictive practices as outlined in the Quality of Care Principles.

*Use of best practice alternative strategies to the extent possible*

Several of the behaviour support strategies detailed in consumer care plans and behaviour support plans are generic in nature and do not detail individualised and tailored behaviour support strategies based on comprehensive assessment and monitoring of consumers. It has not been demonstrated that best practice alternative strategies were considered or used prior to the use of the de-escalation strategy.

Additionally, consumer care plans, behaviour support plans and the safe operation procedure do not clearly describe the change behaviours which may require use of the de-escalation strategy. Adequate information and guidance has not been provided to staff about individual consumer’s change behaviours and on the use of any restrictive practice, including the de-escalation strategy as a last resort to manage clearly articulated risks of harm, in accordance with the Quality of Care Principles.

*Used in the least restrictive form, and for the shortest time*

The level of supervision provided to consumers during use of the de-escalation strategy has not been clearly articulated or evidenced. There are multiple descriptors used including ‘regular supervision’, ‘full supervision’, and monitoring by staff ‘every 10 minutes’ for recent incidents in October and November 2024. The approved provider noted the maximum period of use is 60 minutes, and asserts this period has not been exceeded when the de-escalation strategy has been used.

Positive risk assessments are completed when the de-escalation strategy is used. However, they do not provide sufficient detail to support the effective monitoring and evaluation of behaviour support strategies and the use of restrictive practices to ensure consumers are provided with best practice care to support their changed behaviours. For example, they do not detail the events which preceded the use of the de-escalation strategy, including the behaviours and risk of harm, the best practice alternative strategies trialled and used, consultations with consumer representatives and the successful strategies used to de-escalate the situation and support the consumer.

It is unclear from the safe operation procedure if the entry door to the de-escalation strategy is locked when the room is in use. I note that if a locked door was used, this practice may be an environmental restraint and/or seclusion if it restricts a consumer’s free access to their environment and/or results in the consumer’s solitary confinement. Further, if a practice or intervention implies that voluntary exit is not permitted from a room or physical space, that too can be a restrictive practice.

I am not satisfied the approved provider has demonstrated that consumers who experience the de-escalation strategy are provided with consistent and appropriate supervision and support which ensures their safety and well-being. The application of additional behaviour support strategies that promote reassurance and safety, and evidence that the periods of de-escalation are being applied for the shortest time possible and in the least restrictive form has not been demonstrated.

*Informed consent*

Based on the information submitted, the approved provider has not demonstrated that informed consent for use of the de-escalation strategy has been obtained in accordance with the Quality of Care Principles. There was limited evidence presented about the information provided to consumers and their Restrictive Practices Substitute Decision Maker about the de-escalation strategy which supported them to make an informed choice, including the circumstances of its use and best practice alternatives used prior.

*Other considerations*

The approved provider submitted photographs of the de-escalation strategy, which does not align with the best practice design principles and recommendations relating to the use of sensory features for consumer support were not observed.

The safe operation procedure notes staff are required to ‘maintain line-of-sight’, however the photographs do not demonstrate whether staff have clear sight when they are not physically located with the consumer. In addition, consumer care plans, behaviour support plans and the safe operation procedure do not clearly describe or provide adequate information to guide and support staff to understand how they are to support each consumer when the de-escalation strategy is used.

*Summary of decision for Requirement 3(3)(b)*

I do not consider the approved provider has demonstrated a consistent or correct understanding and identification of practices or interventions that are a restrictive practices, specifically in relation to the use of the de-escalation strategy. In addition, the approved provider did not demonstrate the use of the de-escalation strategy was in accordance with the Quality of Care Principles, or the assessed needs of the consumers, to ensure that high-impact and high-prevalence risks associated with the behaviour support needs of consumers are appropriately supported.

Whilst the approved provider has implemented several continuous improvement actions to demonstrate their willingness to apply best practice behaviour support strategies, the practices used in relation to the de-escalation strategy are not best practice or person-centred and are not consistent with the legislative requirements of the Quality of Care Principles. The particulars of the inconsistencies in best practice have been discussed above.

For further discussion about the safe operation procedure and its relationship to governance and regulatory compliance, please refer to Standard 8 Requirement (3)(c).

I therefore find that Requirement 3(3)(b) is Not Compliant.

I am satisfied the remaining 6 Requirements of Standard 3 Personal care and clinical care are Compliant.

Consumer representatives were satisfied with personal care and clinical care provision for consumers. Staff demonstrated individual consumer knowledge about personal care and clinical care needs and preferences, which included personal care preferences, psychotropic medications, pain management and skin integrity and wound management. Care and service documentation confirmed personal care choices were individualised and care charts were maintained for showers, oral hygiene and continence care. Consumer diabetes management reflected diabetes management plans and optimum blood glucose parameters were established and monitored. Behaviour support plans evidenced chemical restraint consents, mitigation strategies and medication effectiveness reviews.

Care and service documentation evidenced that staff honoured consumer advance care directives and end of life plans. Staff described consumer comforts provided during palliation and end of life including repositioning, mouth care and pain relief. Policies and procedures guided staff practice and focussed on consumer dignity preservation and comfort maximisation which included pain management, pressure area care and hydration.

Consumer representatives and care and service documentation confirmed appropriate recognition and response to consumer deterioration and health and well-being changes. Staff described consumer deterioration escalation processes which included head-to-toe assessments, delirium screening, vital observations and referrals to medical officers, geriatricians and hospital when required. Management described ongoing deterioration monitoring and staff education about consumer deterioration was confirmed.

Consumer representatives provided positive feedback about communication with staff about consumer conditions and needs. Care and service documentation confirmed shared information with medical officers, hospitals and fracture clinics, and other allied health professionals. Internal handover documents included relevant consumer information sharing between shifts about personal care preferences, and assessments and monitoring requirements for medications, blood glucose and consumer appointments.

Consumer and consumer representative preferences were considered for referrals, which were evidenced for medical officers, medical specialists and allied health professionals including dieticians, speech pathologists, dentists and physiotherapists. Staff were familiar with referral processes and described engagement with medical officers and escalation protocols when required.

An effective infection control program was demonstrated which supported antimicrobial stewardship. Staff demonstrated a good understanding of infection prevention and control practices and antimicrobial stewardship. Management discussed consumer and staff vaccinations programs. Staff received mandatory training and competency assessments for infection control practices, hand hygiene and personal protection equipment donning and doffing. The outbreak management plan and associated policies and procedures supported readiness, response and recovery processes were evidenced for infection and outbreak control.

# Standard 4

|  |  |
| --- | --- |
| 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 of the 7 Requirements have been assessed as Compliant.

Consumer representatives were satisfied that supports for daily living were provided and were meeting consumer needs, goals and preferences. Staff demonstrated sound knowledge of individual consumer activities and supports delivered, and this was consistent with care and service documentation. Activities were reviewed daily to ensure consumer health and well-being were considered and consumer satisfaction surveys were conducted twice a year to ensure consumer expectations were being met.

Consumer representatives confirmed consumers were engaged in meaningful activities. Staff discussed supports provided to individual consumers for their emotional and psychological well-being and were observed providing effective emotional and person-centred support. Care and service documentation identified individual consumer emotional support strategies which included religious and specialist dementia services.

Consumer representatives said consumers were supported to participate within their community, had social and personal relationships and do things which interest them. Daily living supports and important relationships were captured on service entry and activities observed included group exercises, individual support, outdoor barbeque, games and stories. Management discussed facilitation of activities outside the service which included regular bus trips to different locations around the local Canberra area.

Consumer care and service documentation included current and accurate information about consumer conditions, needs, goals and preferences. Staff confirmed they were informed of consumer changes through the documented handover process, communication books, the electronic care management system and through verbal communication. Dietary needs, for example, were communicated verbally, in printed handover documents and the kitchen communication book for daily review and checking.

Consumer care and service documentation verified external service engagement for consumers, with complementary day diaries and handover notes which recorded consumer appointments and reminders. Staff discussed various organisations and service providers which delivered consumer well-being supports including hairdressers, local religious organisations, pastoral care, the National Disability Insurance Scheme and a local equine group.

Consumer representatives provided positive feedback about meal quality and variety. Staff were familiar with individual consumer dietary needs and preferences and described reporting processes for consumer weight loss and dehydration. Management confirmed consumer menu preferences were informed by consumer feedback and focus groups and dieticians were engaged for menu review.

Equipment was safe, suitable, clean and well-maintained. Staff discussed shared equipment cleaning for lifters and pat slides after use and were familiar with equipment maintenance reporting processes. Electronic maintenance records evidenced prompt resolution of maintenance requests and management oversight of work performed by external contractors.

# Standard 5

|  |  |
| --- | --- |
| 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 of the 3 Requirements have been assessed as Compliant.

A welcoming and easily navigated service environment was observed. Sufficient lighting, signage and sound proofing art works contributed to consumer comfort, interaction and function. An open communal area supported consumer engagement in leisure activities, with consumer access available to outdoor garden areas.

Consumers were observed to be engaged with visitors, staff and other consumers in the communal lounge and dining areas and outdoor seated areas. Appropriately positioned furniture and art works provided a home-like environment which supported consumer interactions, and wide easily navigated internal corridors and handrails assisted with safe mobility. Outdoor areas were accessible and outdoor pathways and sun shaded areas offered safe weather protection.

Furniture, fittings and equipment were safe, clean and well maintained. Staff understood the importance of clinical, care and activity equipment cleanliness, which was consistent with observations of consumer aids and equipment. Cleaning and maintenance activities were optimised through work order tracking, asset management and scheduled preventive maintenance.

# Standard 6

|  |  |
| --- | --- |
| 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 of the 4 Requirements have been assessed as Compliant.

Consumer representatives were encouraged to raise complaints and provide feedback and were comfortable speaking directly with staff. Staff described several avenues available for providing feedback or making complaints and escalation processes. Management advised that feedback was actively encouraged and confirmed multiple discussion pathways were available including meetings, case conferences, email correspondence, and telephone.

Consumer representatives discussed their preference to raise complaints directly, and were familiar with available advocacy services. Management discussed engagement with advocacy and interpreter services and past referrals. Information about external complaints agencies and advocacy services were available in brochures, posters, the consumer handbook, newsletters and information sessions.

Consumer representatives stated management were responsive to any matters raised. Complaints were acknowledged, actioned, documented and resolved in accordance with policies and procedures, and included appropriate apologies. Management discussed investigation processes and consumer outcomes which included improvements in cleaning systems and additional education.

Feedback and complaints were thoroughly reviewed and resulted in continuous improvement actions. The plan for continuous improvement demonstrated several actions which included clinical care reviews, community education, and upgrades to the service environment.

# Standard 7

|  |  |
| --- | --- |
| 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 of the 5 Requirements have been assessed as Compliant.

Consumer representatives consistently indicated staff were meeting consumer care needs and staff numbers were adequate. Staff noted there were enough staff available to provide consumer support. Consumer care needs were monitored and maintained which ensured consistent provision of safe and quality care and services. Core rosters were facilitated to ensure clinical care staff allocation and non-agency regular staff were utilised for consumer continuity of care.

Consumer representatives said staff were kind, caring and respectful of each consumer and were calm and considered during care and service delivery. Staff demonstrated familiarity with consumers and their backgrounds and were observed to be caring and respectful. Management emphasised the importance of kind and caring interactions and promotion of a positive staff culture that aligned with organisational values.

Consumer representatives were satisfied staff were competent and trained in consumer care and service delivery. Management discussed position descriptions, roles and responsibilities and duty statements and the capability framework which ensured appropriate skills, training and competencies were identified for the workforce. Staff files evidenced qualifications relevant to position roles and responsibilities and employment checks were undertaken. Staff competencies were assessed across various topics which included (but were not limited to) code of conduct, positive workplace behaviour and the Serious Incident Response Scheme and were actively monitored for completion.

Consumer representatives were satisfied with consumer care and said staff knew what they were doing. Staff confirmed their participation in training and the availability of resources and equipment to deliver consumer outcomes. Management explained that staff recruitment was supported by the organisational recruitment team which ensured qualified and knowledgeable staff were recruited. A training needs analysis directed staff training and clinical nurse educators were engaged. An orientation program and ‘buddy’ shifts supported new staff and education and training included (but was not limited to) communication with dementia, referral pathways, behaviour charting, lewy body dementia and basic lower limb assessment.

Formal staff performance review processes were demonstrated. Performance appraisals were monitored at organisational level and reminders ensured annual appraisals were competed when required. Staff confirmed engagement in performance appraisals and identification and provision of further education and training. Staff performance was monitored through observations, supervision and consumer, representative and staff feedback. Management discussed good role modelling and encouragement of positive staff performance.

# Standard 8

|  |  |
| --- | --- |
| 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.
 | Not 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 has been assessed as Not Compliant as I am satisfied that Requirement 8(3)(c) is Not Compliant.

Effective organisational governance systems were demonstrated for information management, continuous improvement, financial governance, workforce governance and feedback and complaints. Regulatory compliance included monitoring, review and implementation of changes to aged care regulation and legislation, with communication to all staff and relevant changes made to policies and procedures evidenced. Whilst policies and procedures were in place to direct care for restrictive practices, adherence to, and understanding of, the Quality of Care Principles and regulatory requirements for restrictive practices was not demonstrated.

In response to the Assessment Team report, the approved provider disagreed with the Assessment Team recommendations. The approved provider discussed several actions taken to address staff understanding of the restrictive practices policy and procedure, which included finalisation of the safe operation procedure for the de-escalation strategy, staff training on the safe operation procedure and use of the de-escalation strategy and distribution of the restrictive practice policy and procedure to staff. All consumer representatives have received information about the de-escalation strategy and circumstances for its use, and positive risk assessments and behaviour support plans will be updated for individual consumers should the de-escalation strategy be used.

The approved provider described the management of high-impact and high-prevalence risks, which are monitored in accordance with the high-impact high-prevalence protocol. The actions include consumer risk assessments and personal and clinical care delivery consistent with consumer specialised nursing plans, access and referral to appropriately qualified clinical nurse consultants for specialised care and external specialist services. Additionally, clinical indicator data is monitored for care effectiveness and quality audits are undertaken for risk identification, and are discussed at service level governance and clinical forums.

The approved provider discussed the comprehensive care systems and processes in place to ensure appropriate oversight of clinical care for consumers, which is supported by service level governance processes including daily huddles, weekly service level consumer risk review meetings, and identification of high-risk consumers in the high-risk register. High-risk consumers are also discussed in weekly risk meetings and monthly governance meetings monitor clinical performance, trends and outcome effectiveness for the purposes of continuous improvement.

The approved provider noted that monthly ‘resident of the day’ activities contributes to supporting consumers to meet their clinical and non-clinical needs, which include visual and physical review of consumer rooms, clothing, weight checks, nail and oral assessments, and skin reviews. Changes to consumer needs, goals and supports are identified and escalations and referrals are recognised, with actions documented in updated care plans. Quarterly care plan reviews, annual formal case conferences and informal case conferences and reviews were also discussed.

In making a decision about Requirement 8(3)(c), I have considered the intent of the Requirement which requires all organisations to ensure effective governance systems and processes for certain key areas are in place. Regulatory compliance is a key area and organisations are required to ensure all relevant legislation, regulatory requirements, professional standards and guidelines are complied with. The organisation must be able to demonstrate that the workforce has an understanding of governance systems and regulatory compliance and that ongoing monitoring of systems and processes is conducted to improve consumer outcomes.

Based on the information submitted by the approved provider, it has not been demonstrated that an effective regulatory governance framework is in place to ensure the legislative requirements contained in the Quality of Care Principles related to the management of restrictive practices, a noted high-impact and high-prevalence risk, are understood and applied accordingly.

I also note there are service-level deficiencies related to the management of restrictive practices, as discussed in Requirement 3(3)(b), which demonstrates an effective regulatory governance framework is not in place to ensure that high-impact and high-prevalence risks associated with the behaviour support needs of consumers are appropriately supported.

Whilst I acknowledge the various actions taken by the approved provider to align staff understanding of restrictive practices with the relevant policies and procedures and the legislative framework set out in the Quality of Care Principles, staff understanding and improvements in clinical practice requires sufficient time to be embedded and demonstrated.

I therefore find that Requirement 8(3)(c) is Not Compliant.

I am satisfied the remaining 4 Requirements of Standard 8 Organisational governance are Compliant.

Consumer representatives said they were included and encouraged to engage in decisions about care and service development and delivery. Management described a multi-level engagement framework for consumers, staff and other key stakeholders. Consumer participation in decision-making was demonstrated in monthly representative meetings, the consumer advisory body, directly through management observational walks, feedback and complaints mechanisms and consumer surveys and audits.

Consumer representatives said the service was well run and management promoted consumer safety. Management discussed a safe and inclusive culture promoted by the governing body, supported by regular communications and sub-committee reports. Documentation confirmed the board identified, assessed and actioned improvements to consumer quality care and services and clear reporting pathways were evidenced. Reportable incidents, complaints and clinical indicators were captured and trended and continuous improvements activities were identified and applied. A quality care advisory board supported and informed the board in its strategic direction.

The risk management framework detailed risk management strategies, responsibilities and policies and procedures. Risk oversight was demonstrated at organisational and service levels through audits, reporting, data analysis and trending, clinical assessments, daily clinical reviews and ongoing monitoring, collection and analysis of clinical data. Risk mitigation strategies were reviewed by the clinical leadership team and specialised care practice committee. Policies and procedures included, for example, the serious incident management scheme, consumer dignity of risk, mandatory reporting responsibilities, and incident management and closure.

An effective clinical governance framework included consumer engagement and partnership and layers of clinical oversight. Clinical care oversight was demonstrated through a dedicated clinical effectiveness governance committee, which included key representatives from several clinical and health and safety disciplines. Additional clinical mechanisms included the specialised regional quality teams, specialist clinical roles, the medication advisory committee, and the ageing clinical governance committee. Relevant policies and procedures were evidenced for antimicrobial stewardship, restrictive practices and open disclosure and staff were knowledgeable about these and their practice.

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)