Performance

Report

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| Name: | Uniting Eden |
| Commission ID: | 0842 |
| Address: | 22 Barclay Street, Eden, New South Wales, 2551 |
| Activity type: | Site Audit |
| Activity date: | 28 May 2024 to 31 May 2024 |
| Performance report date: | 9 July 2024 |
| Service included in this assessment: | Provider: 1352 The Uniting Church in Australia Property Trust (NSW)  Service: 6388 Uniting Eden |

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 Eden (**the service**) has been prepared by P. Wallner, 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, consumers, representatives and others.
* The approved provider’s response to the Site Audit report received 2 July 2024.
* Other information held by the Commission.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers and representatives said consumers were treated with dignity and respect, and staff knew their background and what was important to them. Staff described how they treated consumers with dignity and respect and met each consumer’s needs and preferences. Care planning documents outlined consumers’ background and identity, and staff were observed interacting with consumers respectfully.

Consumers and representatives said the service recognised and respected consumers’ cultural background and provided care in a culturally safe way. Staff described how the service provided culturally safe care and services, and how they adapted care to suit the consumer’s individual needs and preferences. Care plans detailed consumer’s cultural backgrounds, and their cultural needs and preferences. The service had policies to guide staff on providing culturally safe care.

Consumers and representatives said they were supported to make independent decisions about their care and services and to maintain important relationships. Staff described how they supported consumers to maintain their independence, make decisions about their care, and maintain relationships with the people important to them. Care planning documents clearly documented consumer’s care delivery choices and their important relationships.

Consumers described how the service supported them to take risks, to live the best life they could. Staff described how they supported consumers to participate in activities involving risks to enhance their quality of life. Care planning documents confirmed consumers were supported to understand and take risks with agreed mitigation strategies in place. The service had a policy and procedure to guide staff in supporting consumers’ choices to take risks.

Consumers stated they were provided with accurate and up-to-date information which enabled them to make decisions about their daily living and care. Staff described how they provided accurate and current information to consumers, to help them make informed decisions about their care and services. Current information about the choices available to consumers was displayed throughout the service.

Consumers said staff respected their privacy and kept their personal information confidential. Staff described the practical ways they respected the personal privacy of consumers and protected their personal information. Staff were observed respecting consumers’ privacy such as by knocking before entering consumers’ rooms, logging off computers when unattended, and discussing personal information in private areas.

# Standard 2

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

Findings

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

The Assessment Team recommended Requirement 2(3)(a) was Not Met. While consumers and representatives expressed satisfaction with the assessment and planning of care, the Site Audit found gaps in the assessment of consumers potentially subject to environmental restraint. Evidence brought forward included:

* Management and staff described the assessment and care planning processes, which included using validated assessment tools and considered risks to consumers’ health or well-being.
* Consumers and representatives stated they were satisfied with the assessment and planning and the care delivered.
* The Assessment Team found the service did not have a process for assessing whether consumers could freely exit/enter the service through the keypad code operated doors.
* Management explained how they applied the organisation’s policies and procedures to assess whether consumers were subject to restrictive practices.
* Management and staff had assessed all consumers residing within Memory Support Unit as being subject to environmental restrictive practice. However, they did not consider the locked keypad operated door to enter/exit the service may environmentally restrain some consumers unable to operate the doors, as staff could assist them.
* Multiple mobile consumers with cognitive impairment not residing in the Memory Support Unit, were observed being redirected away from the exit/entry doorway by staff. Care plans and handover reports confirmed some consumers required redirection and close supervision by staff to prevent them absconding.
* Records showed the service had not had discussions with some consumers and representatives or obtained written consent for environmental restraint from some consumers.

The provider’s response received 2 July 2024, acknowledged the issues identified in the Site Audit report and provided additional information and evidence of continuous improvement actions already taken, or planned. The provider advised:

* The locking of the facility at night is to ensure the safety and security of consumers and staff. It does not have the primary intention of influencing behaviour or preventing people from exiting.
* All existing consumers have been assessed for their ability to operate the keypad doors and the risk of environmental restraint. Consent has been sought and documented behaviour support plans put in place for all those consumers assessed as being restrained.
* The organisation has met with the Commissions Restrictive Practices Unit and has adjusted its approach with a focus on consumers’ ability and choice to get in and out of the service as they wish.
* Case conferences will reflect the adjusted approach and consumers’ environmental restraint status will be regularly reviewed.
* Other organisational policies, procedures, documents, and staff training have been amended to reflect the adjusted approach to assessing and managing environmental restraint.

I note the Assessment Team found the service had not assessed all consumers for their ability to operate the keypad doors and exit/enter the service as they chose. However, I note consumers and representatives were satisfied with the assessment and care planning process, and none expressed concern about their ability to access their environment. I accept the service acknowledged the issues identified by the Assessment Team in relation to the assessment of potential environmental restraint, and immediately initiated continuous improvement actions to address the issues. The improvement actions taken by the service have resulted in enhanced practices and all current consumers being assessed for potential restraint and documented accordingly. I consider the service’s risk assessment and care planning processes inform the delivery of safe and effective care and services. Therefore, on the balance of the evidence before me, I find Requirement 2(3)(a) Compliant.

I am satisfied the remaining 4 Requirements in Standard 2 are Compliant.

Consumers and representatives expressed satisfaction with the assessment and care planning process and said their care plans were sufficiently detailed to inform the delivery of safe and effective care and services. Management and staff described thorough assessment and care planning processes, including how they considered risks to each consumer’s health and well-being, to inform the delivery of safe and effective care and services.

Consumers and representatives described how the assessment and planning of care captured consumers’ needs, goals, and preferences, including advance care and end of life plans. Management and staff described how they ensured assessment and planning reflected each consumer’s current preferences and how they approached conversations around end of life care planning. Care planning documents included consumer’s current needs, goals, and preferences, including their advance care and end of life plans.

Consumers and representatives described how they were involved in the assessment and planning of care on an ongoing basis. Management and clinical staff said they involved consumers and representatives in assessment and planning upon entry and on an ongoing basis to ensure their personal needs and preferences were captured. Care planning documents confirmed consumers, representatives and allied health professionals were partners in the assessment and planning of consumers’ care.

Consumers and representatives described how outcomes of assessment and planning were communicated to them, and how they were offered/provided a copy of the consumer’s care plan. Staff described how they regularly communicated with consumers and representatives about changes to the consumer’s care plan. Care planning documents were observed to be available for staff to access, and staff were observed accessing consumer’s care planning information.

The service had effectively addressed previous non-compliance identified in a performance assessment contact from 16 January 2024 to 18 January 2024. The Site Audit conducted from 28 May 2024 and 31 May 2024, confirmed consumers and representatives said the care and services were reviewed every 3 months, or reviewed when consumers’ circumstances changed, or incidents impacted on the needs, goals, or preferences of consumers. Staff were all aware of their responsibilities in relation to the reporting and escalation of incidents. Care planning documents confirmed they had been reviewed regularly and following an incident or change in consumers’ circumstances.

# 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 assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives confirmed consumers received safe and effective personal and clinical care which optimised their health and well-being. Care planning documents reflected individualised care that was safe, effective, and tailored to the specific needs and preferences of the consumer. Clinical staff individual consumer’s personal and clinical care needs and could explain how they met them. The Assessment Team identified some consumers had not been assessed for potential environmental restraint related to their ability to operate the keypad coded doors. Management advised they had commenced a process to identify and assess all consumers for potential environmental restraint. Refer to Requirement 2(3)(a). The service had policies, procedures, and tools in place to guide staff in the delivery of best practice personal and clinical care.

Consumers and representatives expressed satisfaction with the personal and clinical care provided, and the way high-impact and high-prevalence risks to consumers were managed. Staff described the high-impact and high-prevalence risks impacting on consumers at the service, and how they prevented and managed these risks. Care planning documents showed risks associated with the care of individual consumers had been identified, and management strategies put in place. The service had written policies and processes to support staff in managing risks to consumers’ health and well-being.

Consumers and representatives reported they had discussed end-of-life care with staff, and they were confident the service would respect consumer’s end of life needs, goals and preferences. Staff described how they adjusted care delivery for consumers receiving palliative or end-of-life care to meet their needs and preferences and maximise their dignity and comfort. Care planning documents included advance care and end-of-life care plans where appropriate.

The service had implemented effective improvement actions after previously being found non-compliant with this Requirement following a performance assessment contact from 16 January 2024 to 18 January 2024. Consumers and representatives said they were happy with the care provided, and staff identified and responded quickly to a deterioration or change in consumers’ condition. Staff described how deterioration or change in consumers’ condition was identified and communicated effectively within the service. The service had policies and procedures to guide staff on recognising and responding to deterioration and changes in consumers’ condition.

Consumers and representatives expressed satisfaction with how current information about consumers’ condition, needs and preferences was shared between staff, and others involved in care provision. Staff described how current information about consumers’ condition, needs and preferences was shared within the organisation and with external care providers.

Consumers and representatives said the service arranged timely referrals to appropriate other organisations and health professionals. Staff described the processes for referring consumers to other health providers to support their ongoing care. Care plans confirmed the timely input of other health professionals such medical officers and allied health professionals.

Consumers and representatives expressed confidence in the infection prevention and control measures at the service and said staff used the appropriate personal protective equipment and practiced hand hygiene. Management and staff described how they applied infection prevention and control measures and promoted antimicrobial stewardship. The service had a dedicated infection prevention and control lead and documented policies and procedures to guide staff in preventing and controlling infections and promoting antimicrobial stewardship.

# 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 assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives reported the services and supports for daily living met consumers’ needs, goals, and preferences, and promoted their independence and quality of life. Staff described how the lifestyle assessment documented the supports needed by each consumer to meet their needs, goals, and preferences for daily living. Staff explained how they encourage input from consumers and adapt different activities to ensure consumers of different cognitive and physical abilities could participate Care planning documents included information about the services and supports required for consumers to optimise their independence, quality of life, and wellbeing.

Consumers and representatives described how the service promoted their emotional, spiritual and psychological well-being. Staff provided examples of how they supported consumer’s emotional, psychological, and spiritual well-being such as by providing religious services or spending one on one time with consumers. Care planning documents included information on supporting consumers' emotional, psychological, and spiritual well-being.

Consumers described how they were supported to do things of interest, both within the service and out in the community, and maintain relationships with people important to them. Staff described how they supported consumers to do things of interest and maintain their important relationships. Care planning documents detailed the support consumers needed to maintain their interests, participate in their community, and maintain important relationships. Consumers were observed participating in various activities, and socialising with visitors and other consumers.

Consumers and representatives said staff were aware of their current condition, needs and preferences in relation to the services and supports for daily living. Staff described how they communicated current information about consumers’ condition and their needs and preferences for daily living. Care planning documents detailed sufficient current information to provide suitable services and supports for daily living.

Consumers and representatives confirmed the service provided timely and appropriate referrals to other organisations and volunteers providing services. Staff described how they engaged with external individuals and organisations to provide additional services and supports to consumers. Care planning documents and the activities schedule showed consumers had access to external services to enhance the lifestyle supports and services available.

Consumers and representatives expressed satisfaction with the quality, quantity and variety of meals provided. Consumers confirmed they could request alternative meals and snacks at other time. Management explained various ways consumers could provide feedback about the food and input the menu such as through food focus meetings. Staff were aware of consumers’ dietary needs and preferences, which aligned with their documented care plans. The meal service appeared pleasant with consumers eating their meals, socialising together, and staff engaging and supporting consumers respectfully.

Consumers and representatives said the equipment provided was safe, suitable, clean, and well maintained. Staff described the processes in place for keeping the equipment safe, clean and well maintained. The equipment appeared to be safe, suitable, clean, and well-maintained.

# 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 assessed as Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers and representatives described the service environment as welcoming, homely and enabled them to maintain their independence and have a sense of belonging. Staff described how they made consumers and visitors feel welcome and at home, and encouraged consumers to personalise their rooms. The service had design features which helped optimise consumers’ sense of belonging, independence, interaction, and function. The service environment appeared welcoming, with wide hallways, handrails, and clear signage throughout the service.

Consumers and representatives said the service environment was safe, clean, well-maintained, and enabled them to move around freely, both indoors and outdoors. The Assessment Team identified some consumers had not been assessed for their ability to operate the keypad coded doors however, management advised they had commenced a process to identify and assess all consumers for potential environmental restraint. Refer to Requirement 2(3)(a). Staff described the cleaning and maintenance systems in place, and how they ensured the service environment was kept safe, clean, and well maintained. All areas of the service appeared to be clean, tidy, and well-maintained.

Consumers and representatives said the furniture, fittings and equipment were safe, clean, and well maintained. Staff described the processes in place for cleaning and maintaining, the furniture, fittings, and equipment at the service. The furniture, equipment and fittings appeared to be safe, clean, well maintained, and suitable for use.

# 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 assessed as Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives described different ways they could provide feedback and make complaints, and said they felt comfortable doing so. Management and staff described how they encouraged and supported consumers to provide feedback and make complaints through a variety of channels. Information about complaints processes and feedback forms were observed around the service. All feedback was entered into the service’s electronic complaints management system.

Consumers and representatives were aware of external avenues to make complaints, such as the Commission, and of advocacy and language services. said they preferred to raise concerns within the service. Management and staff were aware how to access interpreter and advocacy services, and described how they supported consumers to access these services, including those with communication barriers. Information regarding alternative complaint avenues, the Commission, and advocacy services was displayed around the service.

Consumers and representatives said the service responded appropriately and resolved their complaints promptly, using open disclosure. Management and staff showed an understanding of open disclosure and explained how they recorded and resolved complaints following an open disclosure process. The service had an open disclosure policy and staff confirmed they were provided with training on open disclosure.

Consumers and representatives confirmed their feedback and complaints were used to improve the quality of care and services. Management described how feedback and complaints were reviewed and used to identify opportunities for improvement on the Continuous Improvement Plan. The Continuous Improvement Plan and other records confirmed feedback and complaints were used to improve the quality of care and services.

# 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 assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives considered the service had sufficient staff to provide the necessary care in a timely manner. Staff advised there were sufficient staff and they worked as a team to ensure consumers received the care and services they needed. Management described how they planned the workforce based on consumers’ care needs, to ensure the delivery of safe and effective care and services. Documentation confirmed the service had sufficient staff and met the regulations for care minutes and registered nurse coverage.

Consumers and representatives said staff were kind, caring, and respectful. Management and staff were familiar with each consumer’s identity, culture, and needs. Staff explained how the ‘Homemaker Model’ allowed them to know consumers well and develop comfortable relationships with them. Staff were observed always interacting with consumers in a kind, caring, and respectful manner.

Consumers said staff were knowledgeable and good at their jobs, and their care needs were met. Management described how the recruitment processes ensured staff were competent and met the qualification, registration, and security requirements before they commenced. Workforce records confirmed qualifications, professional registrations and security checks were monitored and current.

Consumers and representatives felt staff had the appropriate training and support to deliver safe and quality care and services. Staff confirmed receiving initial and ongoing training and support to perform their roles effectively and delivery quality care and services. Management described the initial and ongoing training staff received in delivering care in line with the Quality Standards. Records confirmed the service’s training and support for staff was up to date.

Management described how the performance of staff was continually monitored, assessed, and reviewed through biannual performance appraisals, continuous monitoring, and performance management, if the need arose. Staff confirmed they engaged in regular performance conversations with management and identified opportunities for improvement. Records showed the service had effective systems in place to regularly assess, monitor, and review the performance of the workforce.

# 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 assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

The Assessment Team recommended Requirement 8(3)(e) was Not Met. The organisation had a documented clinical governance framework with policies and procedures related to antimicrobial stewardship, the minimisation of restraint, and the use of open disclosure. However, the Assessment Team identified gaps in the assessment of consumers potentially environmentally restrained due to keypad operated doors. Evidence brought forward included:

* Management and staff were aware of the clinical governance framework and the policies and procedures addressing antimicrobial stewardship, minimising the use of restraint, and the use of open disclosure.
* Consumers and representatives expressed satisfaction with the care and services provided.
* The Assessment Team found the service did not have a process for assessing whether consumers could freely exit/enter the service through the keypad code operated doors.
* Management and staff had assessed all consumers residing within Memory Support Unit as being subject to environmental restrictive practice. However, they did not consider the locked keypad operated door to enter/exit the service may environmentally restrain some consumers unable to operate the doors, as staff could assist them.
* Multiple mobile consumers with cognitive impairment not residing in the Memory Support Unit, were observed being redirected away from the exit/entry doorway by staff. Care plans and handover reports confirmed some consumers required redirection and close supervision by staff to prevent them absconding.
* Records showed the service had not had discussions with some consumers and representatives or obtained written consent for environmental restraint from some consumers.

The provider’s response received 2 July 2024, acknowledged the issues identified in the Site Audit report and provided additional information and evidence of continuous improvement actions already taken, or planned. The provider advised:

* The locking of the facility at night is to ensure the safety and security of consumers and staff. It does not have the primary intention of influencing behaviour or preventing people from exiting.
* All existing consumers have been assessed for their ability to operate the keypad doors and the risk of environmental restraint. Consent has been sought and documented behaviour support plans put in place for all those consumers assessed as being restrained.
* The organisation has met with the Commissions Restrictive Practices Unit and has adjusted its approach with a focus on consumers’ ability and choice to get in and out of the service as they wish.
* Case conferences will reflect the adjusted approach and consumers’ environmental restraint status will be regularly reviewed.
* Other organisational policies, procedures, documents, and staff training have been amended to reflect the adjusted approach to assessing and managing environmental restraint.

I note the organisation had a documented clinical governance framework with policies and procedures related to antimicrobial stewardship, the minimisation of restraint, and the use of open disclosure. I accept the Assessment Team found the service had not assessed all consumers for their ability to operate the keypad doors and exit/enter the service as they chose however, I consider this to reflect a difference in interpretation rather than a lack of clinical governance policies. I note consumers and representatives were satisfied with the clinical care provided, and none expressed concern about their ability to access their environment. I accept the service acknowledged the issues identified by the Assessment Team in relation to the assessment of potential environmental restraint, and immediately initiated continuous improvement actions to address the issues. The improvement actions taken by the service have resulted in enhanced practices and all current consumers being assessed for potential restraint and documented accordingly. I consider the service has a clinical governance framework with documented policies and procedures related to antimicrobial stewardship, the minimisation of restraint, and the use of open disclosure. Therefore, on the balance of the evidence before me, I find Requirement 8(3)(e) Compliant.

I am satisfied the remaining 4 Requirements in Standard 8 are Compliant.

Consumers and representatives said they were involved in the development, delivery and evaluation of care and services through avenues such as, the Consumer Advisory Body (CAB), consumer meetings, and various feedback mechanisms. Management said consumers and representatives were actively engaged in the development, delivery and evaluation of care and services through consumer meetings, food focus meetings, feedback and complaint mechanisms, and the Consumer Advisory Body. Documentation showed consumers and representatives were encouraged to participate in the development and improvement of care and services.

Consumers said they felt safe in the service and their care and service needs were met. Management described how the Board was accountable for the delivery of safe, inclusive, quality care and services in accordance with the Quality Standards. Management described the organisational and governance structures and systems in place, which included regular oversight by the Board through various committees and reports. Management confirmed the service had established a Quality Care Advisory Body (QCAB) with a consumer representative, and a Consumer Advisory Body. Records showed the Board communicated regularly with the service and was accountable for the performance of the service.

Management described effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, and feedback and complaints. Management and staff feedback and records confirmed the governance policies and procedures were translated into practice.

The service had effective risk management systems and practices which were supported by documented policies and procedures addressing the management of high-impact and high-prevalence risks to consumers, identifying and responding to abuse or neglect, supporting consumers to live their best lives, and management and preventing incidents. Management and staff demonstrated an applied understanding of these policies and how they implemented them.

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)