Performance

Report

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| Name: | Yarriambiack Lodge Nursing Home |
| Commission ID: | 3488 |
| Address: | 18B Dimboola Road, WARRACKNABEAL, Victoria, 3393 |
| Activity type: | Site Audit |
| Activity date: | 15 May 2024 to 17 May 2024 |
| Performance report date: | 11 July 2024 |
| Service included in this assessment: | Provider: 266 Rural Northwest Health  Service: 2239 Yarriambiack Lodge Nursing Home |

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 Yarriambiack Lodge Nursing Home (**the service**) has been prepared by Denise McDonald, 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 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 25 June 2024
* other information and intelligence held by the Commission in relation to the performance of the service

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not 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 2(3)(a)** – The service ensures its assessment and care planning processes consider the risk of environmental restrictive practices and where risk is realised, consent is obtained, and strategies are planned to inform the delivery of safe care and services.
* **Requirement 5(3)(b)** – The service ensures consumers free movement is not restricted unintentionally, through the security mechanisms applied.
* **Requirement 8(3)(e)** – The service ensures the clinical governance framework provides guidance to staff, on identifying, managing and monitoring the use of environmental restrictive practices.

# Standard 1

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

Findings

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant, as:

Consumers and representatives said staff treated consumers with dignity, respect and consumers felt valued. Staff were knowledgeable of consumers interests, life history and what was important to them. Staff spoke about, and were observed to interact with consumers, in a respectful manner.

Consumers and representatives gave practical examples of how care delivery has been altered to ensure consumers felt safe. Staff demonstrated knowledge of consumer preferences, past trauma and described how this influences how they deliver day-to-day care and services. Care documentation reflected the needs of individuals to ensure the care delivered to them was culturally safe for them.

Consumers and representatives said consumers were supported make decisions on their own including deciding on who and when they wanted others to support them in their care decisions. Staff demonstrated knowledge of choices and decisions consumers had made in relation to their care and which relationships were to be maintained. Care documentation reflected consumers’ individual choices for care delivery, who participated in their care conferences, and how they were to be supported to maintain relationships of choice.

Consumers practical examples of being supported to sit on the edge of their bed rather than sitting in a chair, against physiotherapists recommendations as how they were supported to take risks. Care documentation evidenced consumers had made informed decisions where risk was involved, they were supported to live life as they chose, and strategies were planned to promote their safety. Policies and procedures guided staff to support consumers rights to self-determination and to take risks.

Consumers and representatives confirmed they were kept informed through written material, distributed to their rooms and were given verbal prompts if changes were made. Staff confirmed updating information on communal noticeboards daily and using newsletters, emails and meetings to ensure consumers had timely access to information. Activity schedules, menus and posters displayed were observed to be current and were formatted so they were easy to understand.

Consumers and representatives felt consumers privacy was respected as staff knocked and awaited consent prior to entering consumer’s rooms. Staff confirmed they had received training on handling consumer’s personal information and consumer consent was obtained for prior to sharing their information or image. Staff practice was observed to align with the privacy and confidentiality protocols outlined in policies and procedures to protect consumer privacy.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Not Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

The Quality Standard is assessed as non-compliant, as one of the 5 specific requirements were assessed as non-compliant. In coming to my finding, I have considered the information contained in the Site Audit report and the provider’s response submitted on 25 June 2024.

In relation to Requirement 2(3)(a), the Site Audit report evidenced assessment and planning processes had not identified or considered the risk of inappropriate environmental restrictive practice for individual consumers. Consumers had not been assessed to determine if they were able to operate an electronic security mechanism and no consumers were identified as having an environmental restrictive practice applied, despite some consumers being identified as only able to leave with the assistance of staff.

The providers response acknowledged these findings and submitted a plan for continuous improvement (PCI) outlining their actions taken, commenced, and forecast, to ensure all consumers have been assessed for environmental restrictive practices, informed consent has been obtained and their behaviour support plan updated where restrictive practice was identified. Additionally, staff are to be provided with training on restrictive practices and policies and procedures are being reviewed to accurately guide staff.

While the PCI confirms cognitive assessment has been undertaken for all current consumers, there was no evidence to support consumers had been assessed for restrictive practice. Additionally, other actions to support the sustainability of assessment processes and ensure accurate identification of environmental restrictive practice will take time to embed into ongoing practice and demonstrate their effectiveness.

Based on the evidence detailed above, I find Requirement 2(3)(a) non-compliant.

In relation to the remaining 4 requirements of this Quality Standard, I find them compliant, as:

Consumer’s files included a care plan which reflected the consumers goals of care, their current needs and preferences, and an advance care directive, where these had been completed. Consumers representatives confirmed staff discussed consumers preferences for advance care and end of life with consumers when they entered care and during care conversations. Staff described how assessment, monitoring and review processes kept consumers care documentation current.

Care documentation evidenced a partnered approach was undertaken with consumers, representatives, medical officers and health professionals when assessing and developing consumer’s care plans. Staff advised medical officers, specialists and health professionals provided input during assessment and care planning processes. Consumers and representatives confirmed their ongoing involvement in care conversations.

Consumers and representatives advised staff had explained and documented the outcomes of consumer’s care assessments and a copy of the consumer’s care plan had been offered. Staff advised assessment outcomes were discussed during care plan review conversations and copies of summary care plans were given to consumers and their representatives. Care documentation was observed to be readily accessible through the electronic care management system (EMCS).

Staff advised consumer’s care documentation was routinely reviewed and reassessment of care needs occurred when a consumer’s condition changed, or an incident occurred. Care documentation evidenced care plans were reviewed every 3 months and in response to an incident, such as a fall. Policies and procedures guided staff to review consumer’s care every 6 months, however management confirmed the timeframe for reviews had recently decreased to ensure care plans reflected consumer’s current needs.

# 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 found Compliant, as:

Consumers and representatives said consumers were receiving personal and clinical care which was tailored to their individual needs and care was delivered in line with their preferences. Care documentation evidenced consumers pain and wound management directives were followed by staff. Policies and procedures were consistent with best practice and guided staff in care delivery to consumers. I have considered evidence on restrictive practice under Requirement 8(3)(e) as the deficits are relevant to clinical governance.

Staff advised falls was a high impact and high prevalent risks for consumers. Staff demonstrated knowledge of the care strategies required of them to prevent individuals from falling and the procedures for post fall management. Care documentation evidenced post falls management procedures were implemented by staff, with consumers assessed for injury, monitored for neurological decline, and review by their medical officer and allied health professionals occurred in a timely manner.

Care documentation for a consumer who had recently passed away, evidenced they were kept comfortable when nearing end of life through administration of pain relief medication following review by palliative care specialists. Staff demonstrated knowledge of end of life comfort care requirements and confirmed consumers end of life wishes, including their choice for music or aromatherapy, were met. Policies and procedures guided staff practice in end of life management.

Care documentation evidenced when consumers experienced a decline in the condition or functionality this was escalated for reassessment. Consumer representatives confirmed staff monitored the consumer for signs of change and responded appropriately. Policies and procedures guided staff on the signs and symptoms indicative of clinical deterioration and strategies for escalation.

Consumers said their personal and clinical care needs and preferences were communicated effectively as staff knew their preferences. Care documentation was available to staff and visiting health professionals via the ECMS ensuring access to consumer information. Staff advised changes to consumer’s conditions or care needs was communicated verbally and in writing through handover processes.

Consumers and representatives said when a need was identified consumers were quickly referred to other health care professionals to be assessed. Staff confirmed consumer’s care was reviewed weekly and if concerns were identified, referral is triggered. Care documentation evidenced consumers were referred to podiatrists, dietitians and wound consultants, with a referral register used to monitor timeliness between referral and assessment.

Consumers and representatives confirmed consumers had access to antiviral medications, isolation and increased personal protective equipment protocols were initiated in response to infection and staff performed hand hygiene routinely. Staff confirmed policies and procedures promoted antimicrobial stewardship, with management plans guiding staff practice on their roles and responsibilities when infectious outbreaks occurred. Staff were observed implementing hand hygiene practices to reduce likelihood of infection transmission.

# 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 found Compliant, as:

Consumers and representatives said consumers daily living needs were met, they were supported to be independent, and the services provided enhanced their quality of life. Staff advised the supports and services required by consumers was assessed on entry and the leisure program was developed based on consumer’s interests. Consumers were observed engaging in daily living activities including working in the shed and knitting.

Consumers said they were supported when they were feeling low, and they had access to spiritual services. Care documentation evidenced consumers faith-based practices were recorded and the activities calendar supported consumers had access to weekly church services. Staff demonstrated knowledge of the supports required by each consumer to promote their emotional, psychological and spiritual wellbeing.

Care documentation contained consumer’s interests, their community connections and supports required to maintain relationships with their family and friends. Consumers were observed engaging in various activities aligned to their individual interests and receiving visitors. Consumers and representatives said consumers were supported to keep in touch with people who were important to them and enabled to participate in activities of interest, including in the local community. However, consumers said a community program they really enjoyed, was to be discontinued, management confirmed this was due community funding changes and the program would be reinstated.

Consumers and representatives said consumers’ conditions, needs and preferences were effectively communicated, as both care and catering staff knew their dietary modification needs. Staff said changes to consumer needs or preferences were communicated during shift handovers and recorded in consumer’s care documentation available on the ECMS. Catering and care documentation contained consistent information to support safe and effective delivery of meal services.

Consumers said staff had organised for their daily living activities to be supported through engagement of other organisations and service providers, as needed. Staff advised they were currently recruiting volunteers to enable consumers at risk of social isolation to be referred to them for emotional support. Consumers were observed receiving individualised daily living supports from external service providers.

Most consumers and representatives gave positive feedback on the quality and quantity of the meals provided; however negative feedback was received from one consumer regarding the consistency of the soup. Staff confirmed the variety of meals was ensured through a rotating menu, and other options were available should a consumer request a different meal. Catering documentation evidenced the nutritional value of meals was assessed by a dietician and consumers had access to a variety of meals at each meal service.

Consumers said their mobility aids were kept clean and equipment provided, such as the tools in the shed, were maintained and safe. Staff confirmed they were able to access equipment suitable to support consumers daily living needs and confirmed consumers personal mobility aids were serviced, when requested. Equipment was observed to be clean, and in good condition.

# 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. | Not Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The Quality Standard is assessed as non-compliant, as one of the 3 specific requirements were assessed as non-compliant. In coming to my finding, I have considered the information contained in the Site Audit report and the provider’s response submitted on 25 June 2024.

In relation to Requirement 5(3)(b), the Site Audit report did not raise any concerns with the cleanliness, safety, comfort or maintenance of the service environment, however, consumer’s free movement was found to be restricted, resulting in unidentified restrictive practices being applied to consumers. I have considered deficits in restrictive practice assessment processes and guidance under Requirement 2(3)(a) and Requirement 8(3)(e) where it is more relevant.

The Site Audit report brought forward, during the day, entry and exit to the service was controlled by an electronic security system, requiring the use of a fob to release the lock, with the fob located on a chain at the front door of the aged care service entry. However, evidence brought forward identifies the fob is deactivated overnight and the only way for consumers to exit was with the assistance of staff.

Management confirmed all consumers were restricted to the service environment at night and consumers who were ambulate but had a cognitive impairment and could not independently release the lock, would only be able to leave with the assistance of staff or they would be redirected if attempting to exit.

The providers response acknowledged these findings and submitted a plan for continuous improvement (PCI) outlining their actions taken, commenced, and forecast, to assess all consumers ability to enter and exit independently.

I acknowledge consumers who were independent and wished to leave, confirmed they were able to do so, and no consumers raised concerns regarding their inability to exit at night or being reliant on staff to facilitate their exit into the community. While I acknowledge it is reasonable for security measures to be in place, I consider the practice of deactivating the fob has the potential to restrict the free movement of consumers. I encourage the provider to consider whether these are the most appropriate security arrangements given they restrict the free movement of consumers.

While the Site Audit report does not bring forward information on how the security arrangements at the hospitals front entrance impacts consumer’s free movement and access to broader community, the provider may wish to consider the impact of these arrangements on the free movement of consumers.

Based on the evidence detailed above, I find Requirement 5(3)(b) non-compliant.

In relation to the remaining 2 requirements of this Quality Standard, I find them compliant, as:

Consumers said they were made to feel welcome as they were encouraged to personalise their rooms with their own furniture, items of importance to them and finding their way around was easy. Staff advised when consumers enter care, they are provided with a tour to assist with navigation and introduced to others to encourage interaction. The service environment was observed to be furnished in a home like manner with outdoor garden areas and communal lounges for consumers to receive visitors and socialise.

Consumers confirmed the fittings within their rooms were in good condition. Staff advised shared equipment was cleaned between use and manual handling equipment was routinely inspected and serviced to ensure it was safe and suitable for use with consumers. Furniture in communal areas was observed to be clean, in good condition and enjoyed by consumers.

# 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 found Compliant, as:

Consumers and representatives described various ways in which they were supported to give feedback or make a complaint, and they felt comfortable doing so. Staff confirmed consumers were encouraged to give feedback at meetings and were supported to, through feedback forms, emails, by phone or speaking directly with staff. Feedback forms and secured lodgement boxes were readily accessible.

Consumers and representatives said they were not aware of external advocacy services, with an advocacy agency due to give an information session at an upcoming consumer meeting. Staff knew where to access translation and interpreter services and how to arrange access for consumers if required. Posters and brochures promoting consumer access to complaints, language and advocacy services were displayed and observed to be available in consumer rooms.

Consumers and representatives confirmed a quick response to any complaints or concerns raised. Staff demonstrated knowledge of the principles of open disclosure and confirmed apologies were given when negative feedback was received. Complaints documentation evidenced prompt action was taken when feedback or complaints were received, and consumers were kept up to date during resolution processes.

Consumers and representatives confirmed the feedback and complaints they had provided at consumer meetings had resulted in improvements to their care and services. Management advised feedback was trended to identify areas where they needed to make improvements. Continuous improvement documentation evidenced actions, were planned in response to trends, and progress towards completion was monitored to ensure improvement occurred.

# 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 found Compliant, as:

Consumers and representatives felt there was sufficient staff to meet their care and service needs and confirmed staff were available to assist when needed. Management advised the roster was developed, based on consumers’ assessed care needs, with various workforce strategies implemented to ensure an appropriate skill mix of staff were available to provide care. Rostering documentation evidenced a mix of staff were allocated to meet consumer’s needs, all shifts were filled, and response times to calls for assistance were monitored to identify if the number of staff deployed is sufficient’.

Most consumers and representatives said staff were kind, caring, and respectful of consumer’s identity and culture, while one consumer said staff needed to be more respectful of consumer’s care choices. Staff were observed interacting with consumers in a positive, caring, and respectful manner by greeting each consumer by their preferred name. Staff demonstrated knowledge of practices which affords consumers with respect, with management reinforcing respect for consumers choice and behaviour expectations at handover.

Consumers and representatives gave positive feedback on the competency of staff and said they performed their roles effectively. Management advised competency against knowledge outlined in position descriptions, was assessed through education, and observation of practice, including for new employees. Personnel records evidenced qualifications and suitability to work in aged care were checked and monitored for currency, with the provider’s response confirming all infection prevention and control leads had the necessary qualifications.

Most consumers and representatives felt staff were equipped with the knowledge to deliver the care and services they required, while one said staff required more training on hearing aids. Education records evidenced staff were trained in incident management, open disclosure, restrictive practices and all staff had completed training relevant to their roles. Staff confirmed mandatory and supplementary training was provided to support them to provide care consistent with the Quality Standards, including in assisting consumers with their hearing aids. However, restrictive practice training was not effective with management and staff unable to accurately identify all restrictive practices.

Management advised the performance of staff was assessed through an annual formal appraisal process, with informal processes of observation and consumer feedback used as monitoring mechanisms. Staff confirmed and personnel records evidenced, performance appraisals had been completed as scheduled or were due for completion within the following month.

# 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. | Not Compliant |

Findings

The Quality Standard is assessed as non-compliant, as one of the 5 specific requirements were assessed as non-compliant. In coming to my finding, I have considered the information contained in the Site Audit report and the provider’s response submitted on 25 June 2024.

In relation to Requirement 8(3)(e), the Site Audit report evidenced clinical governance processes were not in place to ensure environmental restrictive practice was accurately identified, assessed and managed resulting in some consumers’ free movement being restricted without consent.

The Site Audit report evidenced security measures were in place at the service’s front door which had not been recognised as a potential environmental restrictive practice for consumers who did not have the cognitive capacity to release the lock to exit the premises. Additionally, as the security system was deactivated at night, any consumer seeking to exit the premises, was unable to do so, unless they were physically assisted by staff. Staff did not demonstrate a common understanding of restrictive practices, resulting in restrictive practices being unidentified, misclassified and whether restrictive practices used were the least restrictive unable to be monitored.

The providers response acknowledged these findings and submitted a plan for continuous improvement (PCI) outlining their actions taken, commenced, and forecast, to review restrictive practice resources, refine policies and procedures, and provide additional training to staff.

While the PCI confirms these actions have commenced, I consider it will take time to finalise and embed these changes into ongoing practice and for their effectiveness to be evaluated.

Based on the evidence detailed above, I find Requirement 8(3)(e) non-compliant.

In relation to the remaining 4 requirements of this Quality Standard, I find them compliant, as:

Consumers and representatives said they were invited to provide feedback on service operations and evaluate the quality of the care and services consumers received. Management described a variety of mechanisms in place to ensure consumers provide input including meetings, feedback processes, surveys and through the consumer advisory board. Meeting minutes evidenced consumers and representatives had contributed to menu development and improvements to laundry services.

Management advised a skills-based board, including clinicians, was appointed and had overall accountability for the quality and safety of services. Management confirmed they meet with the Board bi-monthly reports to discuss the performance of the service against the Quality standards and reciprocal communications practices are in place between the different levels of management. Meeting minutes evidenced the Board is kept appraised about the care and services provided, including through internal audits results.

Organisational governance systems were effective as staff confirmed they had access to relevant information required to perform their roles, feedback and complaints informed continuous improvement actions, staff understood their roles and responsibilities, financial controls were in place and changes to legislative requirements were detected and communicated. While staff practice was observed to align with expected behaviours, policies and procedures, deficits in understanding and management of restrictive practices were identified.

An effective risk management system supported by policies and procedures was in place and guided staff on the management of high-impact and high-prevalence risks, while supporting consumers to live the life they chose. Staff understood their roles and responsibilities in identifying and reporting potential incidents of elder abuse and neglect. Incident management documentation evidenced clinical and serious incidents, were being reported and responsive strategies implemented to reduce risk of reoccurrence.

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)