Bupa Bankstown

Performance Report

82 Allum Street
Yagoona NSW 2199
Phone number: 02 8700 0300

**Commission ID:** 0979

**Provider name:** Bupa Aged Care Australia Pty Ltd

**Site Audit date:** 25 February 2020 to 28 February 2020

**Date of Performance Report:** [eDecision Date]

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Site Audit; 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 provider’s response to the Site Audit report received 24 March 2020.

# STANDARD 1 COMPLIANTConsumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Most sampled consumers confirmed that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

For example, consumers interviewed confirmed that:

* they are treated with respect by staff all or most of the time
* they had a say over their care and staff do not force them to do anything against their wishes
* they were mostly satisfied with the information updates provided to them and their representatives, and that
* staff respect their personal privacy.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

* Staff demonstrated respect towards consumers and an understanding of their care preferences.
* Care plans reviewed were detailed and complete and progress notes painted a story of each consumers’ experiences.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*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.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*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.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

Overall sampled consumers confirmed that they feel like partners in the ongoing assessment and planning of their care and services.

For example:

* Consumers and representative interviewed said that there is a comprehensive discussion and assessment process on entry to the service about proposed care and services. This included an assessment of their care needs in relation to nutrition and hydration, skin integrity, falls prevention, and regular medications. Consumers who could not specifically recall this occurring on entry to the service were certain that their family was involved in care and service planning discussions with the service.
* Representative also said that staff are regularly in contact with them if there are any concerns or changes in their family member’s condition, or just to keep them updated. While most consumers and representatives were unfamiliar with care planning terminology and could not recall receiving a copy of their care and services plan, they could describe the process of initial and ongoing assessments and discussing their care needs and preference with staff.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

* Care planning and assessment documentation evidence a high level of participation and partnership with a multi-disciplinary team, with clinical coverage provided by general practitioners, gerontologists, a psycho-geriatrician, a nurse practitioner and a range of allied health staff. This partnership enables assessment and care planning which addressed most consumers goals, needs and preferences, and early identification of issues that can impact on health and well-being.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

### Requirement 2(3)(b) Compliant

*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.*

### Requirement 2(3)(c) Compliant

*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.*

### Requirement 2(3)(d) Compliant

*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.*

### Requirement 2(3)(e) Compliant

*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.*

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

Most consumers and representatives interviewed did consider that consumers receive personal care and clinical care that is safe and right for them.

For example:

* The majority consumers and representatives interviewed confirmed that consumers get the care they need always or most of the time. Most of the consumers and representatives gave positive feedback about the support they receive from the staff and management. For example:
	+ A consumer and their representative said the service has helped the consumer to recover and is living the best life they could. They said six months ago, the consumer was diagnosed with advanced cancer and was given about four months to live by doctors. They said the consumer has done far better since the consumer moved into the service. The consumer said the staff has also helped them maintain their independence. The consumer said they continue to manage their own medications and injections like they did at home.
	+ One consumer said they are looked after so well that they walk several times a day to maintain their weight. They are happy with their care/services, “food is good” and their medications are mostly given on time “sometimes late, so what!”.
* However several consumers said that there is not enough staff and staff are too busy to always provide the care they need. For example:
	+ Two consumers and representatives said that consumers do not always get the care they need. A representative said although staff try their best to care for the consumer who has dementia, they are concerned that staff leave the consumer sitting in the same position for too long causing “lots of bed sores”. The representative said some staff don’t make the effort to get the consumer up to walk and the consumer also seems to constantly get bruises saying they get “lots of injuries”.
* Most of the consumers and representatives interviewed confirmed that consumers have access to a doctor or other health professional when they need it. However, one consumer said they are “not really” happy with their current doctor; a representative said they would like the doctor to be more involved in the consumer’s care.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

* The organisation’s approach to assessment, planning and monitoring supports outcomes for most consumers.

Consumers and representatives interviewed said that pain is generally well managed. The service is making efforts to reduce psychotropic medication use and records show as required (PRN) and antipsychotic medication use is decreasing. However, while the service identify, analyse and implement strategies to manage skin integrity issues, pressure injury risk is not always minimised for consumers receiving pressure area care. Monitoring of consumers prone to pressure injury is also not always effective. Falls risks and the impact of consumer’s challenging behaviours on them and other consumers are also not always minimised.

The Quality Standard is assessed as Non-compliant as one (1) of the seven specific requirements have been assessed as Non-compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

The assessment team identified issues in relation to management of skin integrity, however I have considered these issues in relation to requirement 3(3)(b) below.

### Requirement 3(3)(b) Non-compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The Assessment team found that while the service identifies, analyses and implements strategies to manage skin integrity issues, pressure injury risk is not always minimised for consumers receiving pressure area care and that monitoring of consumers prone to pressure injury is also not always effective. In particular, one consumer was identified as developing pressure injuries in November 2019 and two stage 2 pressure injuries in January 2020 whilst on pressure area care. In its response the approved provider indicated that around that time the consumer showed increased non-compliance with care, however it was not clear if any risk assessment was done or other measures implemented to manage that consumers pressure area care at that time.

Another consumer was noted to have developed two pressure injuries while on pressure are care. The approved provider noted that this consumer’s skin integrity was high risk due to other health conditions and the injury was quickly identified by staff, however it was not clear what preventative measures were in place commensurate with that consumer’s condition. No response was received in relation to a consumer whose pressure injury on their sacrum was seen to increase in size.

The assessment team also found that, in relation to falls, while the service identifies and makes efforts to address risks, including further staff education and training, medical and allied health review and further interventions and strategies, monitoring was not always effective to minimise falls risk to consumers, with three consumers having ongoing falls after hospital treatment for fractures. In its response the approved provider identified measures it had implemented to address the falls for these consumers, which the approved provider stated had been effective. While this is acknowledged, it is considered that the falls of these consumers were not effectively managed at the time of the events, and that the improvements implemented will take time to embed for consumers.

The assessment team further found that the impact of behaviours of some consumers was not always well managed. In its response the approved provider identified the measures in place for the identified consumers, however the extent to which the impact of the consumer’s challenging behaviours on them and other consumers was being minimised was not apparent.

The assessment team found that improvements were required in relation to medication management, however I consider that the service responded appropriately to identified events.

I consider that, while improvements have been implemented and that the service’s systems are capable of supporting these improvements, full integration of these matters will take time to consolidate.

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*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.*

### Requirement 3(3)(e) Compliant

*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.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*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.*

# STANDARD 4 COMPLIANTServices and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

Most consumers did confirm that they get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

For example:

* Many consumers interviewed confirmed that they are supported by the service to do the things they like to do.
* Consumers were observed to be supported to keep in touch with people who are important to them through regular family visits or telephone calls
* Most consumers interviewed were satisfied with the variation, quality and quantity of the food served.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

* For consumers sampled, all care plans detailed their interests, likes and dislikes. Additionally, lifestyle, cultural, and emotional assessments were completed for all consumers sampled which outlined their life histories and more detailed interests.
* A pastor is also available to support consumers and their representatives at the service.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*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.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*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.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANTOrganisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

Most consumers and representatives interviewed said consumers feel safe in the service environment. They said consumers can find and generally make their way around the service, both indoors and outside. They also said the service environment, furniture and equipment is clean, well-maintained and comfortable.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

Management advised that the outdoor areas in the memory support unit were to be re-designed to encourage consumers to enjoy the outdoor areas and pathways.

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANTFeedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

Most consumers consider that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

For example:

* Consumers and representatives interviewed know how to provide feedback or make a complaint and do so when required.
* Consumers and representatives interviewed are satisfied that their feedback is heard and management work with them to effect changes, where necessary, to resolve concerns.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

* There are established processes for the management of feedback and complaints. Management and staff demonstrated understanding of preferred practices which is confirmed through sample review of complaints documentation and interview with consumers and representatives.

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

Overall most consumers indicated that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

For example:

* Consumers and representatives said staff are kind, caring and gentle when providing care to the consumer.
* The majority of consumers and representatives stated that staff know what they are doing and there are adequate staff to provide care and services.

However, some consumers and representatives said they believed some staff were better than other. For example, one consumer said, “some younger staff are a bit careless”. One representative stated that some younger staff don’t understand older people.

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

The majority of consumers and representatives generally stated that staff numbers were adequate, and that staff are adequately trained to deliver the outcomes required. However, consumers and representatives and observations indicated that staff are very busy, often rushing throughout their shifts and are not around or available when required.

The Quality Standard is assessed as Non-compliant as one (1) of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-compliant

*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.*

The assessment team found that while overall consumers, representatives and staff say staff numbers are generally adequate to meet the needs of consumers, several consumers and representatives state that staff numbers could be improved at mealtimes or on weekends. Observations identified staff were often rushing and not available to assist consumers at times. Additional observations indicated that often one or no staff were in two common areas where ten to thirty consumers were watching/participating in karaoke or listening to music or watching TV. Some care staff stated it was sometimes challenging to manage consumers with wandering behaviours as they can be busy attending to other consumers. The assessment team observed instances of a consumer who was unattended and calling out for assistance and not being unattended, and two consumers arguing with no staff around to assist them.

In its response the approved provider indicated its annual surveys indicated no issues with staff levels and that it adjusts staffing levels as required.

While I acknowledge that call bell response times are trending down, and that other improvements are being implemented, I consider that these improvements will take time to become embedded.

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

Overall consumers and representatives interviewed, and documentation reviewed indicated that the organisation is well run and that they can partner in improving the delivery of care and services.

For example:

* Consumers confirmed they are involved in care planning, delivery and evaluation of care. Consumers described how their feedback is sought in the delivery of care and services. For example:
* One consumer described how the organisation provided the opportunity for consumers and representatives to participate in a consumer committee and take part in consumer forums on a regular basis. Another consumer stated that he was involved in the selection committee for staff to the service.

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

The organisation was able to demonstrate that its governing body is accountable for the delivery of safe and quality care and services regarding promoting a culture of safe, inclusive and quality care or that it has effective governance systems, risk management systems or a clinical governance framework. Consumers and representatives generally felt engaged or that they had an impact on care and services. However, the organisation’s and risk management systems have not been implemented effectively at the service and are not improving the delivery of care and services to some consumers.

The Quality Standard is assessed as Non-compliant as one (1) of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*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.*

### Requirement 8(3)(d) Non-compliant

*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.*

The assessment team found that the service has effective risk management systems and practices in place in relation toidentifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can. However, the assessment team found that while the service identifies high impact and high prevalence risks, it could not demonstrate that all high impact and high prevalence risks are being managed or monitored effectively, as identified in Standard 3 requirement 3(3)(b). In particular, I have identified concerns in relation to skin integrity and falls and behaviour management.

In its response the approved provider set out its processes of clinical profiling, identification of risks, clinical data analysis, management oversight and education.

I acknowledge these processes and systems and that recent improvements have been implemented. And while I consider that the service’s systems are capable of supporting these improvements, full integration of these matters will take time to consolidate.

### Requirement 8(3)(e) Compliant

*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.*

# 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)

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

* Ensure effective management of high impact or high prevalence risks associated with the care of each consumer, including but not limited to:
* monitoring and managing pressure injury risk, including for consumers receiving pressure area care
* monitoring and managing the falls risks of consumers, including those with repeated falls; and
* monitoring and managing the impact of the consumer’s challenging behaviours on them and other consumers

### 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.*

* Ensure that the workforce is planned to enable, and the number of members of the workforce deployed enables, the delivery and management of safe and quality care and services.

### 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.*
* Ensure there are effective risk management systems and practices to manage high impact or high prevalence risks associated with the care of consumers, including but not limited to the areas identified in requirement 3(3)(b).