Bupa Clayton

Performance Report

12 Burton Avenue   
CLAYTON VIC 3168  
Phone number: 03 9543 1966

**Commission ID:** 3859

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

**Site Audit date:** 13 April 2021 to 15 April 2021

**Date of Performance Report:** 1 June 2021

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# 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** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | 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** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | 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 6 May 2021

# STANDARD 1 COMPLIANT Consumer 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

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.

Most sampled consumers considered 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 generally stated they are treated with respect by staff and feel valued as an individual. Staff were observed treating consumers with respect.

Consumers said they were satisfied with the delivery of care and services. They said they feel comfortable, safe and trusted the staff to provide for their individual needs.

Assessments and care planning documentation contains personalised information and reflects what is of importance to the consumer.

Overall consumers stated they could exercise choice and make decisions regarding their care and the provisions of services, while being supported to maintain relationships important to them.

Most consumers interviewed said they felt reasonably independent and were supported to take risks if they choose.

Most consumers said they receive sufficient information to enable them to exercise choice. Representatives said they are kept up to date regarding the care provided to their relative. They said they receive information in a variety of formats regarding activities and changes in the service.

Consumers and representatives are satisfied the consumer’s personal privacy is respected and their personal information is kept confidential. Consumers described in various way how staff maintain their privacy. The organisation has policies and procedures in relation to consumer privacy and keeping personal information confidential.

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 COMPLIANT Ongoing 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

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.

Overall sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services. For example:

For consumers and representatives interviewed most confirmed they are satisfied they are involved in planning of the care and services.

Representatives provided examples of when they were contacted by the service and have had discussions about care planning after a change in the consumer’s care needs.

Consumers and representatives expressed satisfaction with the level of communication provided on their care, reporting of incidents and general wellbeing. However, for the four representatives interviewed, all four could not recall being offered a copy of the consumer’s care plan.

Consumers and representatives stated consumers have access to visiting medical officers, allied health providers and other specialists.

The Assessment Team observed the care planning documents sampled had a comprehensive suite of assessments completed, and care planning interventions that reflected the consumer’s described needs and preferences. Consumer files reviewed demonstrated assessments and care plans are reviewed monthly, or when consumers’ preferences have changed, or following incidents.

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 COMPLIANT Personal 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

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.

Overall sampled consumers considered that they receive personal care and clinical care that is safe and right for them. For example:

The review of care files reflect care is individualised to ensure each consumer receives care that optimises their health and well-being. Care is tailored to consumer’s needs and interventions are best practice for skin integrity, pain management and minimising restraint. Staff are knowledgeable about each consumer and the care they require to optimise their health and wellbeing.

Consumers interviewed stated they get the care they need when they need it. Three consumers stated staff support them to remain independent with some aspects of their care, however two consumers stated staff are often rushed when providing care.

Reviewed care documentation reflects care provided as per the service’s palliative care pathway. Staff described the palliative care pathway and the resources available to them to support consumers nearing end of life.

Care documentation for the consumers sampled, reflects staff recognising and responding to changes or deterioration in the consumers’ health status. Care staff described ways they recognise and respond to changes in health needs of consumers and stated changes to consumers are communicated to them at handover.

For the consumers sampled, care documents including progress notes, handovers, communication books/diaries and referrals reflect, where appropriate, information regarding a consumer’s health status. Preferences and needs, are communicated to those involved in care provision. Consumer files sampled also included evidence of referrals to medical specialists and allied health professionals.

During interviews, staff could describe care needs and preferences of individual consumers and the Assessment Team observed staff providing care in accordance with the consumers’ care plans.

The Assessment Team found the service demonstrated infection control practices are in place to reduce the risk of transmission of infections and to the prevent and control infection. The service reviews and updates the service specific Covid-Safe plan in line with government guidelines and has procedures in place for appropriate use of antimicrobial therapy.

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

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

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

### 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 COMPLIANT Services 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

Consumers and representatives interviewed were satisfied they can participate within their community, do the things of interest to them and have social and personal relationships. Care plans reviewed by the Assessment Team included information about consumers’ goals and interventions for achieving these goals related to activity and lifestyle interests.

The Assessment Team found staff demonstrated a broad understanding of what is important to consumers, how to support their emotional needs and what consumers liked. Staff provided examples of how they assist consumers to maintain their independence, health, wellbeing and quality of life by assisting them to access activities, socialisation and transport.

Consumers and representatives interviewed expressed their satisfaction, inclusion and enjoyment of the services they received.

Most sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. For example:

All the consumers interviewed feel supported to participate in the activities they choose and that the service supports them to access interests in the community. Consumers said they are supported by staff in the service to maintain emotional, spiritual and psychological well-being.

Consumers sampled spoke of how staff are attentive to their moods and emotional wellbeing. They described how staff would check in and ask how they are feeling and chat with them when they are feeling low.

The service enables consumers to maintain the social and personal connections that are most important to them. Consumer’s personal relationships are supported. Individual consumer interests are documented, and staff know what consumers preferences.

Consumers are highly satisfied with the choice of meals offered. Consumers said they are encouraged to provide feedback on meals and have choice in what is served.

The consumer’s preferences for how they want to be supported is clearly documented and communicated to those providing care and services to the consumer.

Lifestyle activities are provided catering for group and individual needs. There are a variety of activities appropriate for consumers’ level of mobility.

The service has systems and processes in place to include consumers in the development of the menu and to provide feedback on the quality of the food provided. Staff are knowledgeable about individual consumers preferences and dietary needs. Staff were observed assisting and encouraging consumers with their meals.

Equipment and resources are clean and well maintained.

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 COMPLIANT Organisation’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

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.

Overall, the consumers interviewed said they felt safe and comfortable in the service. Consumers said they were happy in having the option to personalise their rooms and helped them feel like they were at home. Consumers showed the assessment team family photographs and personal mementos including religious iconography displayed in their rooms. For example:

Consumers said they felt safe and well cared for in the service, felt at home and enjoyed using the communal areas to meet with their friends. There are a range of communal spaces with comfortable furnishing, providing opportunities for consumer socialisation.

Consumers said that the furniture, fittings and equipment in the service is clean and well maintained. They expressed confidence in knowing that if repairs are required maintenance is prompt and responsive. There is a variety of equipment available suitable for individual consumer needs.

Consumers interviewed said their visitors liked visiting and were made welcome by the staff. Consumer representatives confirmed that they are made to feel welcome when visiting.

Signage in the service is appropriate and at various height levels with words and pictures utilised.

The service was observed to be clean, well maintained and comfortable. Equipment was observed to be in good repair and appropriate for use. Sanitising equipment and directions are provided for cleaning equipment after use.

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 COMPLIANT Feedback 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

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.

Most sampled consumers considered they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken if they lodge a complaint. For example:

Consumers and their representatives say they feel comfortable and confident in making a complaint and providing feedback.

The majority of consumers did not describe external advocacy services; however, all representatives interviewed know how to access external advocacy services. Consumers are confident in the support they receive to provide feedback and complaints.

Most consumers and representatives who had made formal complaints were satisfied with the process used to resolve issues.

Consumer representatives described in various ways how feedback and complaints has resulted in improving the quality of care and services.

Staff are responsive to consumers wishing to provide feedback and provided examples of how they assist consumers to have a voice in their care.

The organisation has a well-defined feedback and complaints system supported by documentation and staff training.

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-COMPLIANT Human 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

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 service is unable to demonstrate there are sufficient staff in care, nursing and ancillary roles to deliver safe and quality care and services. A high number of staff report concerns and impacts to consumer care and services, staff feeling distressed, rushed and unable to meet consumer’s needs.

Some consumers and representatives considered consumers get quality care and services when needed and from staff who are knowledgeable, capable and caring. However, staff reported delays impacting on toileting, medication, meals, continence care, showering and supervision of frail consumers.

The Assessment Team observed staff rushing during lifestyle activities; not being available when consumer care is urgently required; a recreational activities officer rush through an activity with a group of consumers during an activity; and a staff member not able to locate an additional staff member to assist a consumer requiring repositioning.

A consumer was observed to be unattended for a length of time requiring assistance with an episode of incontinence impacting the consumer and the wider environment.

While consumers and representatives report a lack of staff, they spoke positively about being kind and caring.

Consumers and representatives feel staff have the skills and knowledge to provide care and services but are often rushed impacting consumers care needs.

Management said they are aware of some staff shortages and fill most vacant shifts. However, the service has ongoing recruitment for a variety of staffing roles. Management said they have spoken with staff in meetings and one on one discussions have been held regarding staffing and planned roster changes.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements has 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:

* The service is unable to demonstrate there are sufficient staff in care, nursing and ancillary roles to deliver safe and quality care and services. Some sampled consumers and representatives said staff do not have time to deliver care and services so rush tasks. They described how consumers are adversely impacted by insufficient staffing and can experience delays in having meeds met, being supported with daily activities and when assistance is required
* Most staff said workforce planning does not enable them to deliver timely, safe and quality care for consumers
* Adverse impacts of staffing on consumers in relation to activities of daily living, assisting consumers with meals, cleaning, continence care, supervising vulnerable consumers and supporting consumers with activities
* Some staff said they felt overworked, distressed, rushed and unable to meet consumers’ needs or complete tasks. Management said staff have raised concerns with staffing levels but there is sufficient staff to meet consumer need

The Assessment Team observed instances where consumers were left unattended when in need of care and where staff were rushed when delivering care.

The response from the provider was a detailed letter:

* to provide further clarification and context to the information noted in the Assessment Team report.
* refuting some of the Assessment Team’s findings.
* considering some observations made by the Assessment Team to be inaccurate and
* including actions taken and planned since the site audit.

The service did not provide corroborating evidence referred to in the rebuttal letter such as minutes of the most recent resident’s meeting and staff meeting or a copy of the of the regular staffing review the service stated it undertakes and identifying areas where further staff would better support the service.

The response acknowledges that the outcome of the most recent review resulted in the employment of more staff. The response also states the home is currently recruiting and interviewing for further staff to support the roster and build the causal pool to address unforeseen and planned staff leave across a range of positions.

Notwithstanding the feedback received from the provider stating it considers staffing is adequate to enable care and delivery of services, direct evidence from consumers and representatives, supports a finding of non-compliance in this requirement. I have also considered feedback from consumers documented throughout the report.

I am not satisfied that at the time of the site visit, the provider demonstrated the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. In particular, I find the evidence that care is rushed and/or delayed particularly in relation to activities of daily living, assisting consumers with meals, cleaning, continence care, supervising vulnerable consumers and supporting consumers with activities and this supports a finding of non-compliance. I therefore find this requirement not met.

### 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 COMPLIANT Organisational 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

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).

Consumers sampled consumers considered that the organisation is well run and said the staff and general manager are good. However, a representative said while the service is good there is a need for more staff.

Management and documentation evidence demonstrated how a consumer was engaged in the planning and delivery of new temperature controlled split systems enhancing their living environment.

Management and staff could describe the obligations in relation to regulatory compliance such as the requirement to report and evaluate allegations of consumer abuse and neglect. While most senior staff and management understood open disclosure and what this meant for consumers, all care and ancillary staff did not demonstrate an awareness.

The service has effective risk management systems and practices. Management and staff could provide an understanding and examples regarding antimicrobial stewardship, use of restraint and supporting consumers to take risks.

Management have a clinical governance framework that embeds a variety of meetings, audits, work instructions, policies and procedures to ensure effective clinical care outcomes for consumers.

The service has an established infection control and prevention lead implementing new practices and management and staff have received education, demonstrated an awareness and apply the Serious Incident Response Scheme (SIRS) incident reporting processes.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as 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) 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*
4. *managing and preventing incidents, including the use of an incident management system.*

### 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.

* Ensure 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 in a timely and way.