Bupa Coburg

Performance Report

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**Commission ID:** 3620

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

**Site Audit date:** 22 February 2021 to 24 February 2021

**Date of Performance Report:** 22 April 2021

# Publication of report

This Performance Report **may 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** | **Non-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) | Non-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** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-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) | Compliant |
| Requirement 8(3)(e) | Non-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 18 March 2021
* infection control monitoring checklist.

# STANDARD 1 NON-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.

Overall 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.

Overall, consumers and representatives said staff understood the consumer’s cultural background and needs and that care is culturally appropriate.

Staff were able to explain the preferences of consumers in relation to the way their care and services are delivered. Staff support consumers to maintain their independence and maintain relationships with those important to them.

Consumers and representatives expressed satisfaction that they receive current, accurate and timely communication and they can comfortably seek information regarding care and services from staff.

Although consumers and representatives expressed that consumers personal privacy and dignity was respected the Assessment Team observed staff on two occasions attending to consumers’ personal care and on one occasion toileting with the door to the room left open, in a manner that allowed people passing to see partially clothed consumers.

In addition, the Assessment Team observed a nurse attending to wound dressings for two consumers in the communal lounge. One of the consumers verbally indicated that she did not wish the care to be attended at this time and the staff member continued the dressing not abiding by the consumer’s wishes. The Assessment Team also noted consumer files containing personal information was not stored securely.

## The Quality Standard is assessed as Non-compliant as one of the six specific requirements have been assessed as Non-compliantAssessment of Standard 1 Requirements

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

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

Based on the information reviewed I find this requirement to be Compliant.

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

*Care and services are culturally safe.*

Based on the information reviewed I find this requirement to be Compliant.

### 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.*

Based on the information reviewed I find this requirement to be Compliant.

### Requirement 1(3)(f) Non-compliant

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

The Assessment Team’s report provided information that consumers, representatives and staff interviewed consider privacy is respected and personal information is kept confidential. While this is noted the Assessment Team observed the privacy of two residents not being respected in the communal area and in one consumer’s room with staff leaving a door open while attending to personal care. Consumer’s personal information was observed not stored securely in several locations including one with access from a main foyer.

The approved provider’s response to the findings in the Assessment Team report submitted information about remedial action to address the identified deficits noting education has been provided to staff about respecting consumer dignity and privacy, ensuring cupboards and doors to rooms where personal information is stored are locked and ongoing monitoring to ensure staff compliance with keeping personal information secure.

In making my decision have considered the Assessment Team report and the information in the response from the provider. While I acknowledge the actions taken by the provider I consider at the time of the site visit the approved provider did not demonstrate compliance with the requirement. I therefore find this requirement not met

# 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.

The Assessment Team found the service did not always demonstrate assessment and planning considers risk to consumer’s health and well-being or informs delivery of effective care. However, the response from the approved provider specifically addresses the concerns raised by the Assessment Team and further, explains the complex care provided and communication with representatives and a medical practitioner about care planning and management of care for the consumers identified.

Staff could describe assessment and planning processes and advised the process informs safe and effective care.

The service demonstrated assessment and planning that reflects consumers’ goals, needs and preferences and includes documentation of advance care and end of life care wishes. Consumers/representatives are overall satisfied care and services are planned around what is important to them. Staff know what is important to consumers in terms of how their care is delivered.

The service demonstrated ongoing partnership, with consumers and or representatives. Assessment and planning documents overall demonstrate planning and review of care with those whom the consumer prefers to have involved. Consumer files sampled include details of other organisations, individuals and providers of other services.

Outcomes of assessment and planning are communicated to consumers and/or representatives. Representatives described care planning discussions with staff, with the majority advising they have access to the consumer’s care plan.

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.

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.*

The Assessment Team found the service did not always demonstrate assessment and planning considers risk to consumer’s health and well-being or informs delivery of effective care. However, I am satisfied the response from the approved provider addresses the concerns raised and demonstrates assessment and planning, includes consideration of risks to the consumer’s health and well-being. Further, the response explains the complex and high level of care for identified consumers and the assessment undertaken. The documentation provided demonstrates consideration of the consumer and informs the delivery of safe and effective care and services. Based on the evidence provided the provider has demonstrated compliance with this requirement. I therefore find this requirement is met.

### 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.

The Assessment Team found the service demonstrated consumers receive both personal and clinical care that is safe and effective in relation to skin integrity and pain management. While the Assessment Team found the service did not consistently recognise restraint in line with best practice and regulatory requirements. in making my decision I have considered the approved provider’s response to the team’s report and further information provided and consider the provider is compliant. The organisation has policies and procedures to guide staff, and the service practices the risk management system, and staff could describe assessment and planning processes to monitor and review restraint.

Overall the service demonstrated consumers who may experience high impact and high prevalence risks such as falls, weight loss and behaviours are identified, assessed and responded to, to reduce and mitigate risks to the consumer.

The service demonstrated advanced care and end of life planning in line with consumers’ expressed needs, goals and preferences. Consumers/representatives and staff interviews confirmed palliative care interventions are recognised and addressed to maximise comfort and preserve dignity.

The service demonstrated deterioration or change is recognised and responded to in a timely manner. Consumers/representatives expressed satisfaction with the responsiveness of staff in relation to consumers’ deterioration and or change. Staff describe recent examples of deterioration and or change, escalation processes, and timely reviews. Care planning documents and/or progress notes outlined the identification of, and response to, deterioration or changes in function, capacity or health.

The service demonstrated information is documented and available to staff and others when a consumer’s condition, needs and preferences change and there are timely referrals to individuals, other organisations and providers of other care and services.

There are written procedures relating to infection prevention and control practices to reduce the risk of resistance to antibiotics. The service has appointed a nurse infection prevention and control (IPC) lead. Staff demonstrated an understanding of infection-control, minimisation of infection related risks and described how they minimise the need for or use of antibiotics and ensure they are used appropriately.

### 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.*

The Assessment Team found the service demonstrated consumers receive both personal and clinical care that is safe and effective in relation to skin integrity and pain management. While the Assessment Team found the service did not consistently recognise restraint in line with best practice and regulatory requirements. in making my decision I have considered further information provided along with the approved provider’s response to the team’s report. I am satisfied that the approved provider has demonstrated each consumer gets safe and effective clinical care. The organisation has policies and procedures to guide staff, and the service practices the risk management system, and staff could describe assessment and planning processes to monitor and review restraint. Based on the evidence provided I consider that the approved provider has demonstrated compliance with this requirement. I therefore find this requirement met

### 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

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.

The majority of consumers and representatives sampled 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.

Overall, consumers and representatives had positive feedback regarding how the service supports them to maintain their independence, health, well-being and quality of life. Lifestyle plans are individualised and detail the consumer’s life history, needs, goals and preferences. Planning information is consistent with information obtained from consumers, representatives and staff.

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 NON-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.

Most sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. Consumers interviewed believed that the service was clean and well maintained, however some representatives raised concerns around the cleanliness of the service.

Observations and interviews with consumers, representatives and staff indicated that there are ways in which the service environment can be improved. The service environment was found to be unsafe due to frayed carpet, an inappropriate smoking zone, and unsuitable furniture. In addition, consumers have limited ability to move freely between the two levels of the service, as well as to access outside areas.

The Quality Standard is assessed as Non-compliant as one of the three specific requirements have been assessed as Non-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.*

Based on the information reviewed I find this requirement to be Compliant.

### Requirement 5(3)(b) Non-compliant

*The service environment:*

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

Observations and interviews with consumers, representatives and staff indicated that there are ways in which the service environment can be improved. The service environment was found by the Assessment Team to be unsafe due to frayed carpet, an inappropriate smoking zone, and unsuitable furniture. Some representatives noted that they have at times observed crumbs, rubbish and water on the floor around the service. In addition, consumers have limited ability to move freely between the two levels of the service, as well as to access outside areas.

The approved provider submitted further documentation acknowledging some of the Assessment Team’s findings and a plan and timeline for refurbishment was also supplied. I acknowledge the information about extensive planned improvements including prioritising consumer’s rooms, relocation of the smoking area and a further planned upgrade to provide shelter since the site visit and management’s response to the Assessment Team feedback about limited consumer access to outdoors. However, based on the evidence available the approved provider has not demonstrated compliance with the requirement. While the works are scheduled they are not yet started, therefore I find this requirement not met.

### 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 and complaints trend analysis, and tested staff understanding and application of the requirements under this Standard.

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

Consumers and representatives indicated that they feel comfortable to raise complaints about the care and services provided.

Consumers and representatives indicated that overall, they feel satisfied with the actions taken in response to their complaints, and that open disclosure is used throughout the complaint’s management process.

Representatives indicated that overall, changes have been made at the service in response to their feedback.

Complaints documentation is in place to provide guidance to the service as to how to manage complaints and complaints data are being reviewed and analysed by service management.

Information is available to consumers and representatives about internal and external complaints mechanisms, and regarding advocacy and language services.

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

Most sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

Based on evidence obtained from interviews with consumers and representatives and observations of staff providing care, the workforce interactions at the service are generally kind, caring and respectful of each consumer’s identity, culture and diversity. However, observations and interviews indicate that the workforce at the service at the time of the site visit was not adequately staffed particularly on the weekend. Staff were sometimes difficult to locate and consumers and representatives said they had to wait for assistance impacting on their quality of life, especially on the weekends.

Consumers and representatives felt that staff were adequately competent to perform their roles. Discussions with management and review of documentation indicated that overall, the service is able to ensure that staff are qualified and have the required knowledge to effectively perform their roles.

Overall, staff are recruited, trained, equipped and supported to deliver the outcomes required by the Quality Standards. Care staff indicated that they receive regular training on a monthly basis and provided examples of falls management training, continence training and dementia training.

The service demonstrated that they regularly assess, monitor and review the performance of staff at the service. Staff confirmed that their performance is being monitored, and the service demonstrated that they there is a functioning performance assessment process in place.

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.*

Observations and interviews indicate that the workforce at the service at the time of the site visit was not adequately staffed particularly on the weekend. This was indicated in interviews with representatives saying they could not always find staff, the consumer having to wait for staff assistance, as well as worrying about the care of the consumer when the representatives are not on site. Consumers and representatives reported long wait times for response when seeking assistance, difficulty in locating staff especially when two people are required to assist a consumer impacting the consumer’s quality of life. The Assessment Team also observed staffing levels impacting the quality of care provided to consumers on site including observing consumer’s long wait time for assistance and not being able to locate staff or at times view any staff on the floor of the service.

### In making my decision I have considered the Assessment Team report and the response from the approved provider. Notwithstanding the evidence submitted of adequate rostering of staff and targets for responses to call bell times being met, I consider the impact on consumers reported in interviews and observed by the Assessment Team such as waiting for assistance, being rushed with care and having difficulty locating staff is sufficient reason to consider that the approved provider has not demonstrated 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 NON-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).

The service demonstrated consumers and representatives being involved in the development, delivery and evaluation of care and services. Management seeks input from the consumers and representatives, having either actioned or are in the process of actioning improvement ideas. Management described how consumers are actively engaged in the development, delivery and evaluation of care and services and are supported to do so.

The service demonstrated a culture of safe, inclusive and quality care and services. Overall, consumers and representatives expressed feeling safe at the service and living in an inclusive environment. The organisation in general, promotes safe and inclusive care to guide staff practice.

The service demonstrated it has organisation wide governance systems that are in place and their application in general, considers best outcomes for consumers. The board monitors and reviews routine reporting and analysis of data related to consumer experience.

The organisation provided a documented risk management framework, including policies, in relation to identifying abuse and neglect and supporting consumers to live

their best life the service and has demonstrated it has effective management of high impact risks.

While the service demonstrated a clinical governance framework in relation to antimicrobial stewardship and open disclosure the service it did not demonstrate clinical governance that effectively and consistently always identifies and monitors restraint.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements has 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) 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 deficits in managing risk associated with some consumers’ care and considered the risk is not always identified through ongoing assessment and care planning and effectively managed. However, in response to the team’s report the approved provider submitted further documentation that addresses some of the Assessment Team’s findings and was not considered at the site visit.

The approved provider has demonstrated that it has effective risk management systems and practices in place. In making my decision I have considered the Assessment Team report and the response from the approved provider.

Based on the evidence available the approved provider complies with this requirement. I therefore find this requirement met. The risks identified by the team in relation to restraint and supervision of nutrition for a consumer with complex care had been considered in assessment and planning and identified risks are managed

### Requirement 8(3)(e) Non-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.*

Information documented about chemical restraint showed discrepancies in the total number of consumers prescribed psychotropic medication. The service has three psychotropic registers/summaries. Collectively these have not identified all consumers subject to chemical restraint. The Assessment Team found indications are not always recorded and do not define behavioural and psychological symptoms of dementia. Consent for use of psychotropic medication is not always sought and restraint assessment and planning documentation is not consistently completed.

The Assessment Team identified multiple keypads throughout the service restricting consumers free movement. The reason for the keypads is concern about some consumer’s ability to move safely about the multilevel service layout, and codes for keypads were provided when the Assessment Team discussed the lack of access to codes with management.

Based on the evidence in the Assessment Team report and the response of the provider to the Assessment Team report, the approved provider did not demonstrate compliance with this requirement. While the service has organisational policies and procedures to guide staff and a clinical framework is in place application of these inconsistently identifies restraint for consumers. I therefore find this requirement not met.

# 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 each consumer’s privacy is respected when care and services are delivered and personal information is kept secure and confidential.
* Ensure that consumers can move freely indoors and outdoors at the service.
* Make sure the staffing is sufficient to enable timely provision of care, personal and clinical care that is delivered in private, is not rushed and that staff are available to assist consumers so negative impact on the quality of consumer care and services is avoided.
* Consolidate the register documenting restraint, psychotropic medication and ensure indications are accurately recorded so management, review and monitoring is effective, consent is in place when restraint is required and that the clinical governance framework is consistently implemented.