Bupa Dural

Performance Report

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**Commission ID:** 0570

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

**Assessment Contact - Site date:** 10 September 2020 to 11 September 2020

**Date of Performance Report:** 10 December 2020

# 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** |  |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 6 Feedback and complaints** |  |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** |  |
| 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 considered in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site 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 Assessment Contact - Site report received 14 October 2020.

# STANDARD 1 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 told the Assessment Team that they felt 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.

The Assessment Team observed staff treating consumers with dignity and respect, ensuring their privacy and supporting consumers to live the best life they could.

The organisation has policies and procedures to support consumer choice, manage diversity and to educate and guide staff to respect consumer’s choices, their rights to take risks and to assist consumers to live the way they choose.

Three of the six specific requirements of this Standard were assessed and I have found them to be compliant. However, as all of the requirements were not assessed an overall rating for the Quality Standard is not provided.

## 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.*

The majority of the consumers interviewed by the Assessment Team said that they are treated with dignity and respect and feel accepted and valued. Staff could describe what treating consumers with dignity and respect means in practice and how they promote individual consumers cultural and diversity needs. The Assessment Team observed staff treating consumers with dignity and respect and ensuring their privacy when delivering care and services. The organisation had policies and processes to support this requirement.

Based on this information I find that the approved provider is compliant with this requirement.

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

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

The Assessment Team found that the service supports consumers sampled to take risks and is involved in looking for solutions that are the least restrictive to their choices and preferences. Consumers said that staff make them feel supported in doing things they want. The service demonstrated staff are actively involved in supporting consumers in the things that are important to them.

Based on this information I find that the approved provider is compliant with this requirement.

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

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

The service delivers personal care and service in line with consumer expectations. Most of the consumers sampled stated their privacy is respected. Staff were observed knocking on doors and speaking with consumers before providing personal care. Most consumer’s personal information was held in a secure location. Any instances where such information was not held securely were acted upon promptly.

Based on this information I find that the approved provider is compliant with this requirement.

# STANDARD 2 NON-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 representatives of the sampled consumers considered that they feel like partners in the ongoing assessment and planning of the consumers care and services.

For example:

* Representatives confirmed they and consumers are involved in care planning and are informed about the outcomes of assessment and planning.
* Assessment and planning generally evidenced ongoing partnership with consumers, their representatives or others. Decisions about most of the consumers’ care and services were made with the input of or in consultation with others that are involved in their care.

However, care and assessment plans are not always individualised relative to the risks to each of the consumer’s health and well-being and does not always inform the delivery of safe and effective care and services. The care plans also did not always evidence comprehensive assessment and planning.

# STANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

Three (3) of the 5 specific requirements of this Standard were assessed and I have found one (1) of these requirements to be Non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-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 that care and assessment plans are not always individualised relative to the risks to each of the sampled consumer’s health and well-being. Care planning documents did not always evidence comprehensive assessment and planning for each of the consumers. For example, recommendations by a speech pathologist for two consumers were not adequately documented and communicated to staff, and risks associated with the use of blood thinning medications was not adequately documented in care planning documentation. Other risks such as ongoing infections and those associated with the use of psychotropic medications were not adequately integrated into the care planning process.

In its response the approved provider disputed that its care planning process had the identified deficiencies. It noted that staff have undergone significant training and education in care planning and assessment processes and that a full clinical care plan review had been undertaken, together with monthly clinical care audits. It noted that care delivery is informed by a range of assessments and management plans to support staff in this role.

While I acknowledge the approved provider’s response, I am not satisfied this has adequately addressed the issues around assessment and planning where there is a need to consider risk as identified by the Assessment Team.

I acknowledge that the approved provider has taken steps to address the issues identified and that it has implemented improvements, but I do not consider this

# STANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

demonstrates compliance with this requirement at the time of the assessment contact.

I find that the approved provider is Non-compliant with this requirement.

### 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.*

The Assessment Team found that generally the service involved consumers, their representatives and others in assessment and planning and review of care and services. Representatives told the Assessment Team that communication and involvement in their relative’s care had improved.

The Assessment Team reviewed care planning processes and found that consumers and representatives actively partnered in care conferences to support this process.

Decisions about most of the consumers’ care and services were made with the input or in consultation with others that are involved in their care. Involvement of other providers of care, particularly external dementia and other social support was mostly evident for some consumers. Issues identified in relation to substitute decision makers or immediate external/family support were promptly attended to.

Staff interviewed were able to describe how they would involve consumers in assessment and care planning and others involved in the care of the consumer. This generally aligned with the feedback from the representatives of the sampled consumers.

Based on this information I find that the approved provider is compliant with this requirement.

# STANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

### 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.*

The Assessment Team found that care and services for most sampled consumers are reviewed on a regular basis. Care records mostly reflected changes to consumer care or relevant details to guide care, and incidents were generally investigated including input from medical and allied health, including the physiotherapist. Representatives sampled told the Assessment Team that the service informs them of any changes that occur in the consumers condition and of any incidents that happen. Staff interviewed could articulate how and when care plans are reviewed for the consumers sampled. Staff advised that review is driven by the care needs of the consumer, when incidents or when changes to consumer’s condition occur.

Based on this information I find that the approved provider is compliant with this requirement.

# STANDARD 3 NON-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. They also examined relevant documents.

Most of the consumers and representatives said consumers currently receive personal care and clinical care that is safe and right for them. Consumers and representatives confirmed consumers generally get the care they need although concerns were raised about some aspects of consumer care.

The service demonstrates that information about consumer’s condition, needs and preferences is generally documented and communicated between staff and others that are involved in the consumer’s care.

However, review of care and other records indicate that each consumer does not always get care that is safe or effective. Clinical and personal care was not always tailored to meet individual consumer’s needs; that is best practice and optimises their health and well-being.

Four of the seven specific requirements of this Standard were assessed and I have found one of these requirements is non-compliant. A decision of non-compliance in one or more requirements results in a decision of the overall Quality Standard being non-compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-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 in their review of care and other records found that that the service could not demonstrate each consumer consistently gets care that is best practice, tailored to their needs and that is safe and effective. Some representatives interviewed raised concerns about aspects of their consumer’s care.

The Assessment Team provided a number of examples showing where consumer clinical and personal care was not being adequately managed. Care domains where they identified issues included ongoing management of infections, skin integrity and wound care, oral care and hygiene care, behavioural management, falls management and the use of psychotropic medications as chemical restraint.

The service general manager provided an updated draft psychotropic medication tool as part of their action plan to address this identified gap. They also said that from August 2020 the service enlisted a new general practitioner who is working alongside three geriatricians to review the use of psychotropic medications.

The approved provider submitted other information which addressed some of the issues identified for named consumers, however I am not satisfied that this addressed gaps identified in relation to oral care, ongoing behaviour management and the service’s monitoring of the use of psychotropic medications.

Although a number of improvements are being implemented, I consider that these improvements will take time to become embedded.

I find that the approved provider is Non-compliant with this requirement.

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

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

The Assessment Team found that whilst high impact or high prevalence risk associated with care areas such as falls, skin integrity, infections and medications are identified for inclusion in care planning documentation; such risks were not consistently recorded or followed-up and were seen in some instances to have an impact on individual consumer care delivery.

In its response the approved provider noted that it collects and analyses monthly clinical indictors, which allows it to monitor, review and make improvements to the clinical care of consumers categorised as being of high risk. It stated it had already implemented a falls prevention campaign and indicated there was a system in place to ensure clinical oversight. I note that I have considered issues in relation to behaviour management and the use of psychotropic medications in relation to other requirements.

I am satisfied that the approved provider’s response demonstrates it was compliant with this requirement.

I find that the approved provider is Compliant with this requirement.

### 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.*

The Assessment Team found that the service demonstrated that information about consumer’s condition, needs and preferences is generally documented and communicated between staff and others that are involved in the consumer’s care. Consumers and representatives said that communication within the service had improved and that consumer needs and preferences are effectively communicated within the staffing team. Staff were able to describe how changes in the consumers condition and needs are communicated within the service.

Based on this information I find that the approved provider is compliant with this requirement.

### 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.*

The Assessment Team found the service promotes infection control and prevention practices as part of their COVID-19 infectious outbreak preparedness. However, they raised concerns as to whether other infection related risks are being effectively managed or minimised for some consumers. They found staff practices in antimicrobial stewardship were not consistently applied to enable the appropriate use of antibiotics. Such as following correct pathology testing procedures and promoting the appropriate use of antibiotics to ensure they did not lose effectiveness as a treatment for infections.

In its response the approved provider detailed its infection control and antimicrobial stewardship strategies and supporting procedures. This includes extensive education that is provided to staff to prevent and manage infections including urinary tract infections (UTI’s). The organisation uses specific antimicrobial guidelines to optimise the quality use of antimicrobials in prescribing practice. The response also included details and supporting practices for consumers with specific medical conditions, including frailty and other aged related factors, which place such consumers at risk of infections or repeating infections. The approved provider notes staff have had extensive training in infection control practices.

I am satisfied that the approved provider’s response demonstrates it was compliant with this requirement.

I find that the approved provider is Compliant with this requirement.

**Standard 6**

### 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.

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

## The service demonstrates it encourages and supports consumers to provide feedback and complaints about their care and service. The service demonstrates it is making improvements based on feedback and complaints and uses an open disclosure approach when something does go wrong.

Three of the four specific requirements of this Standard were assessed and I have all of found them to be compliant. However, as all of the requirements were not assessed an overall rating for the Quality Standard is not provided.

## 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.*

#### The service demonstrates consumers are supported to provide feedback, make complaints and that they take action to resolve consumers concerns. Consumers are informed by signage and assisted by staff to provide feedback and complaints and management conduct regular consumer meetings to discuss feedback and complaints. Consumers and representatives stated that they felt comfortable to raise complaints and provide feedback to the service. Staff were able to provide the Assessment Team information on how they would receive, action and escalate complaints if required. The Assessment Team observed documentation, information brochures and policies and processes on complaint management and resolution. Information on complaint management was made available to consumers and representatives throughout the service.

Based on this information I find that the approved provider is compliant with this requirement.

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

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

#### The Assessment Team found that the service demonstrated that changes are made as a result of consumers feedback and complaints and most staff were able to articulate a practical understanding and application of open disclosure. Most of the consumers and representatives sampled told the Assessment Team that the service addressed their care concerns and provides an apology and explanation when things go wrong. The service has policies and procedures on complaint management which includes information on open disclosure.

Based on this information I find that the approved provider is compliant with this requirement.

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

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

The Assessment Team found that the service demonstrates consumer complaint information is gathered and analysed to action complaints and changes. Most consumers sampled said that they did not have any complaints. Consumers said that the service is addressing issues raised and making improvements by increasing consumer input and feedback. Care staff said they have seen changes in an increase of staff training and education. Care staff said they feel more confident in helping consumers and are able to handle problems more effectively.

Based on this information I find that the approved provider is compliant with this requirement.

# 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 Assessment team found that the majority of consumer feedback and the observed management relating to staff numbers indicated that the workforce is planned, and the number of staff enables safe quality care and services.

All observations made by the Assessment Team and feedback provided by consumers and/or their representatives identify workforce interactions to be kind and respectful. Most sampled consumers indicated they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

However, the Assessment Team found that the service has not effectively identified or delivered training needs for staff. The service was not able to demonstrate its workforce is trained, equipped and supported to implement best practice care and services to consumers. This includes that not all staff have completed mandatory training and some training/education records were missing.

Four of the 5 specific requirements of this Standard were assessed and I have found one (1) of these requirements to be Non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) 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 overall consumer feedback and the management of staff numbers demonstrated that the workforce is planned, and the number of staff enables safe quality care and services to be delivered.

Most consumers said they are happy with staff numbers at the service and they feel there are enough staff. Management advised that staffing levels are up to capacity, that staffing is regularly reviewed including the skill mix required to meet consumer needs and preferences.

The Assessment Team found that the service is proactively managing staffing levels including unplanned shift absences. Call bells response times are regularly reviewed to determine consumer wait times for service and care delivery. The service also now has a complete leadership team with the general manager commencing in May 2020.

Based on this information I find that the approved provider is compliant with this requirement.

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

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

The Assessment Team observed that the workforce interactions with consumers were kind, caring and respectful. Most of the consumers sampled said that staff are kind and caring when delivering personal care.

Based on this information I find that the approved provider is compliant with this requirement.

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

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

The Assessment Team found that the service has not effectively identified training needs for staff through staff feedback, surveys or review of consumer care needs. The Assessment Team identified that the approved provider could not demonstrate that the workforce was trained, equipped and supported to implement best practice care and services to consumers, for example, in areas such as assessment and care planning and the management of behaviours.

Consumers and representatives raised concerns with the Assessment Team about the adequacy and competency of staff caring for consumers with dementia. A staff needs training analysis also identified that staff would like extra training in best practice dementia care. Overall, the Assessment Team found mandatory and other training and education records were incomplete and/or incorrect.

The service’s management said all mandatory e-learning modules have been completed by staff but not face-to-face education and training. They said some of the planned training/education program had been impacted by COVID-19. They intend to ensure a planned program of mandatory education will be completed by December 2020.

In its response the approved provider recognised the feedback regarding the knowledge of staff about consumers and the need for training in dementia care.

I acknowledge the continuous improvements that the approved provider has taken in response to the feedback provided. However, it is my view that at the time of the assessment contact the service could not demonstrate its compliance under this requirement.

I find that the approved provider is Non-compliant with this requirement.

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

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

The Assessment Team said staff confirmed that performance review planning had commenced and that they had received their annual performance appraisal for 2020. Staff informed the Assessment Team that they had also completed their self-appraisals for 2020. Most of the consumers interviewed were satisfied with the staff providing their care and services. The Manager confirmed that a majority the performance appraisal process had commenced. Management advised that staff appraisals would be reviewed to identify trends and then complete a training needs analysis for staff education requirements.

Based on this information I find that the approved provider is compliant with this requirement.

# STANDARD 8 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 organisations governance frameworks and systems provide guidance for staff to perform their roles. The Assessment Team found that the organisation has policies and procedures, human resource systems, risk management mechanisms, governance frameworks and information management systems to support the delivery of the outcomes across the Standards and this Standard.

The Assessment Team found that the service has systems and practices in place to manage high-impact or high-prevalence risks associated with the care of consumers, to identify and respond to abuse and neglect of consumers and support consumers to live the best life they can.

The Assessment Team found that the organisation has a documented clinical governance framework and policies to support antimicrobial stewardship and minimise the use of restraint.

Three of the five specific requirements of this Standard were assessed and I have found them to be compliant. However, as all of the requirements were not assessed an overall rating for the Quality Standard is not provided.

## Assessment of Standard 8 Requirements

### 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.*

The Assessment Team found that the service demonstrated that they have governance systems in place for information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Staff have access to information to assist with the safe delivery of care and services. The service has a Continuous Improvement Plan which is updated from information and issues identified from complaints and feedback, risks, changes in regulatory requirements which impact on consumers and critical incidents.

Management told the Assessment Team the service tracks legislative changes through its corporate office. The information is disseminated to the service using a variety of communication strategies. The Assessment Team reviewed the notifiable incidents register identified all incidents had been logged, reported if necessary and demonstrated that care plans had been reviewed for all consumers involved.

Based on this information I find that the approved provider is compliant with this requirement.

### 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 that the service has systems and practices in place to monitor and manage risks associated with the care of its consumers, identify and respond to abuse and neglect of consumers and support consumers to live the best life they can. Policies were seen to be in place to support these practices.

Staff said that they have received training in relation to consumer centred care and reportable assaults and could provide examples of how these policies could be applied in practice. The Assessment Team reviewed the notifiable incidents register identified all incidents had been logged, reported if necessary and demonstrated that care plans had been reviewed for all consumers involved.

Based on this information I find that the approved provider is compliant with this requirement.

### 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.*

The Assessment Team found that the organisation has a documented clinical governance framework and policies to support antimicrobial stewardship and minimise the use of restraint. Management advised that the framework and policies has assisted the service with risk identification particularly in the recent COVID 19 infection control requirements and has supported the service to plan and review the safety of services delivered.

Based on this information I find that the approved provider is compliant with this requirement.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

### Requirement 2(3)(a)

### *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*

* Demonstrate that the care planning and system is effective in identifying and managing consideration of risk and that this informs the delivery of safe and effective care and services
* Monitored and review the effectiveness of this system

### Requirement 3(3)(a)

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

* Demonstrate that each consumer gets clinical and personal care that is tailored to meet the individual consumer’s needs; that is best practice and optimises their health and well-being, including but not limited to oral care, behaviour management and monitoring the use of psychotropics.

### Requirement 7(3)(d)

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

* That the service and organisation can demonstrate its workforce training and education is sufficient to ensure the safe delivery of care and services.