Accreditation Decision

**Decision to re-accredit service following a site audit**

**Service and approved provider details**

|  |  |
| --- | --- |
| **Name of service:** | Bupa Mildura |
| **RACS ID:** | 3947 |
| **Name of approved provider:** | Bupa Aged Care Australia Pty Ltd |
| **Address details:**  | 514 Deakin Avenue MILDURA VIC 3500 |
| **Date of site audit:** | 08 October 2019 to 10 October 2019 |

**Summary of decision**

|  |  |
| --- | --- |
| **Decision made on:** | 07 November 2019 |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. |
| **Decision:** | To re-accredit the service under section 41 of the Rules. |
| **Further period of accreditation:** | 14 December 2019 to 14 December 2021 |
| **Assessment of performance with the Aged Care Quality Standards** |
| Standard 1 Consumer dignity and choice | Met |
| Requirement 1(3)(a) | Met |
| Requirement 1(3)(b) | Met |
| Requirement 1(3)(c) | Met |
| Requirement 1(3)(d) | Met |
| Requirement 1(3)(e) | Met |
| Requirement 1(3)(f) | Met |
| Standard 2 Ongoing assessment and planning with consumers | Not Met |
| Requirement 2(3)(a) | Met |
| Requirement 2(3)(b) | Met |
| Requirement 2(3)(c) | Met |
| Requirement 2(3)(d) | Not Met |
| Requirement 2(3)(e) | Met |
| Standard 3 Personal care and clinical care | Not Met |
| Requirement 3(3)(a) | Not Met |
| Requirement 3(3)(b) | Not Met |
| Requirement 3(3)(c) | Met |
| Requirement 3(3)(d) | Met |
| Requirement 3(3)(e) | Not Met |
| Requirement 3(3)(f) | Met |
| Requirement 3(3)(g) | Met |
| Standard 4 Services and supports for daily living | Met |
| Requirement 4(3)(a) | Met |
| Requirement 4(3)(b) | Met |
| Requirement 4(3)(c) | Met |
| Requirement 4(3)(d) | Met |
| Requirement 4(3)(e) | Met |
| Requirement 4(3)(f) | Met |
| Requirement 4(3)(g) | Met |
| Standard 5 Organisation’s service environment | Met |
| Requirement 5(3)(a) | Met |
| Requirement 5(3)(b) | Met |
| Requirement 5(3)(c) | Met |
| Standard 6 Feedback and complaints | Met |
| Requirement 6(3)(a) | Met |
| Requirement 6(3)(b) | Met |
| Requirement 6(3)(c) | Met |
| Requirement 6(3)(d) | Met |
| Standard 7 Human resources | Met |
| Requirement 7(3)(a) | Met |
| Requirement 7(3)(b) | Met |
| Requirement 7(3)(c) | Met |
| Requirement 7(3)(d) | Met |
| Requirement 7(3)(e) | Met |
| Standard 8 Organisational governance | Not Met |
| Requirement 8(3)(a) | Met |
| Requirement 8(3)(b) | Met |
| Requirement 8(3)(c) | Met |
| Requirement 8(3)(d) | Not Met |
| Requirement 8(3)(e) | Met |
| **Timetable for making improvements:** | By 04 February 2020  |
| **Revised plan for continuous improvement due:** | By 22 November 2019  |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 48 of the Rules.**

Site Audit Performance
Assessment Report

The Commission makes the decision taking into account this site audit report, any response by the provider, and any other relevant information.

The met/not met recommendations made by the Assessment Team in this site audit report may differ from the findings in the decision.

## Introduction

**This is the report of an assessment of Bupa Mildura (the Service) conducted from 08 October 2019 to 10 October 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report contains detailed findings about the performance assessment of the Service against each Quality Standard and the requirements within each Quality Standard. The Quality Standard and assessed requirements are rated as either Met or Not Met.

A Met rating for the Quality Standard means that all requirements of that Quality Standard have been assessed and rated as Met

A Not Met rating for the Quality Standard means that one or more requirements of that Quality Standard has been assessed and one or more of those requirements have been rated as Not Met.

There will be no rating of the Quality Standard if only some of the requirements have been assessed and those requirements have been rated as Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| General services support officer | 1 |
| Enrolled nurses | 2 |
| Consumers | 16 |
| Clinical care manager | 1 |
| Maintenance officer | 1 |
| Lifestyle coordinator | 1 |
| Care staff | 5 |
| Catering staff | 1 |
| Representatives | 7 |
| Volunteer | 1 |
| Registered nurse | 1 |
| Lifestyle engagement staff | 1 |
| General manager | 1 |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Met

#### 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:

2. The organisation:

(a) has a culture of inclusion and respect for consumers; and

(b) supports consumers to exercise choice and independence; and

(c) respects consumers’ privacy.

#### Summary of Assessment of Standard 1:

The Assessment Team found the organisation met all six requirements under Standard 1 Consumer dignity and choice.

Consumers interviewed confirmed staff treat them with respect always or most of the time. Consumers and representatives provided examples of how staff showed them respect and valued individual consumer’s dignity identity, culture and diversity. The service encourages feedback and conducts surveys to monitor consumers’ satisfaction.

The Assessment Team observed staff engage with consumers in a kind, caring and respectful manner. Staff gave examples demonstrating they were familiar with consumers and their lifestyles and understand consumers’ individual preferences, culture and identity. Consumers and representatives agreed staff support and encourage consumers to maintain relationships in the service and within the wider community.

Consumers are encouraged to exercise their choice and to be as independent as possible in the life they choose to live. Consumers reported they could exercise their choice and continue to be involved in their activities of their choice such as visiting shops, gardening and other hobbies. The service offers a variety of activities to reflect consumers’ preferences.

Consumers and representatives are satisfied that the service promotes and protects privacy and confidentiality of information. The service demonstrated how information is stored and kept secure and confidential. The service promotes the value of privacy and dignity through staff training and performance management monitoring.

#### Requirements:

##### Standard 1 Requirement 3(a) Met

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### Standard 1 Requirement 3(b) Met

The organisation demonstrates that care and services are culturally safe.

##### Standard 1 Requirement 3(c) Met

The organisation demonstrates that each consumer is supported to exercise choice and independence, including to:

(i) make decisions about their own care and the way care and services are delivered; and

(ii) make decisions about when family, friends, carers or others should be involved in their care; and

(iii) communicate their decisions; and

(iv) make connections with others and maintain relationships of choice, including intimate relationships.

##### Standard 1 Requirement 3(d) Met

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

##### Standard 1 Requirement 3(e) Met

The organisation demonstrates that 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.

##### Standard 1 Requirement 3(f) Met

The organisation demonstrates that each consumer’s privacy is respected and personal information is kept confidential.

### Standard 2: Ongoing assessment and planning with consumers Not Met

#### Consumer outcome:

1. 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:

2. 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.

#### Summary of Assessment of Standard 2:

The Assessment Team found the organisation has met four of the five requirements under Standard 2 Ongoing assessment and planning with consumers.

The organisation demonstrated care plans are accessible to staff however, they did not adequately illustrate that they communicate the outcomes of assessment and care planning to the consumer, support consumers to understand their care plans and make care and services plans readily available to consumers. The service has introduced a staff care conference process, with the aim to provide a pathway for consumers to be involved in the planning of their care.

Consumer experience interviews show 94% of consumers and representatives agreed that they have a say in their daily activities most of the time or always. A small minority said they could not recall having a say in their activities.

Consumers and representatives gave various examples of how staff ensured consumers received the care they wanted and said they are confident staff would respond to consumers’ requests in a timely and appropriate manner. Consumers and representatives indicated they were satisfied the service communicates with them if there is a change in the consumer’s health status.

The service uses validated risk assessment and planning tools such as for risk for falls, nutritional risk, skin integrity and sensory deficits. A review of clinical care documentation demonstrates risks are generally identified and the consumers’ right to take risks is respected. Not all risks are formally assessed and included in the risk and safety care plan domain and some risks have inconsistent information. Staff described risk management strategies they used to keep consumers safe.

Staff said they engage with other providers to assist in the delivery of care. They described how they use care plan information to deliver safe and effective care and services, including end of life care planning if this is something consumers wish to discuss.

#### Requirements:

##### Standard 2 Requirement 3(a) Met

The organisation demonstrates that 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.

##### Standard 2 Requirement 3(b) Met

The organisation demonstrates that 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.

##### Standard 2 Requirement 3(c) Met

The organisation demonstrates that assessment and planning:

(i) 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

(ii) includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

##### Standard 2 Requirement 3(d) Not Met

The organisation demonstrates that 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.

##### Standard 2 Requirement 3(e) Met

The organisation demonstrates that 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: Personal care and clinical care Not Met

#### 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:

2. 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

#### Summary of Assessment of Standard 3:

The Assessment Team found the organisation has met four of seven requirements in relation to Standard 3 personal and clinical care.

Consumer experience interviews show that 100% of consumers and representatives said they feel consumers are safe and get the care they need most of the time or always. Consumers and representatives said they feel confident when talking to staff and feel sure staff would respond appropriately to meet consumers personal and health care needs if these should change. Consumers and representatives said staff speak with them regarding consumers’ care and communicate if there is a change in the consumer’s condition. Consumers’ palliative care preferences are identified, monitored and updated in response to any deterioration in condition.

The service cannot consistently demonstrate they provide and understand how to deliver safe and effective personal and clinical care and services. Consumer care files demonstrate assessments and care plans are completed for the provision of clinical and personal care. However, there is limited information to capture details of ongoing care provided. There are inconsistent processes for recording blood glucose levels and documentation does not support that appropriate actions are taken when these levels fall outside the stated acceptable range. Risks associated with individual consumer’s preferred lifestyle are not always formally assessed, accurately included in the care plan and managed in practice.

Outcomes of medical practitioner consultations are not always documented and readily available to staff. Management and staff said they did not follow up with medical practitioner to ensure notes were completed. The Assessment Team observed that consumers' charts and notes are both in electronic and hard copy versions. Discrepancies in information including blood glucose parameters were noted. Consumers’ clinical files, including progress notes, do not always provide consistent information about consumers’ conditions and treatment provided.

Staff demonstrated an understanding of infection prevention and control practices appropriate to their positions and the service is working with medical officers to ensure antibiotic use is monitored and appropriate. Processes used by the service to promote best practice include policies, procedures and weekly clinical meetings.

#### Requirements:

##### Standard 3 Requirement 3(a) Not Met

The organisation demonstrates that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

(i) is best practice and

(ii) is tailored to their needs and

(iii) optimises their health and well-being.

##### Standard 3 Requirement 3(b) Not Met

The organisation demonstrates that effective management of high impact or high prevalence risks associated with the care of each consumer.

##### Standard 3 Requirement 3(c) Met

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

##### Standard 3 Requirement 3(d) Met

The organisation demonstrates that 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.

##### Standard 3 Requirement 3(e) Not Met

The organisation demonstrates that 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.

##### Standard 3 Requirement 3(f) Met

The organisation demonstrates that timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### Standard 3 Requirement 3(g) Met

The organisation demonstrates that minimisation of infection related risks through implementing:

(i) standard and transmission-based precautions to prevent and control infection; and

(ii) practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

### Standard 4: Services and supports for daily living Met

#### 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:

2. 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.

#### Summary of Assessment of Standard 4:

The Assessment Team found that the service met all seven requirements under Standard 4 Services and supports for daily living.

Consumers and representatives expressed in various ways satisfaction with the supports for daily living consumers receive. Of consumers and representatives randomly interviewed, 94% said that consumers are encouraged to do as much as possible for themselves. The other 6% said consumers are encouraged some of the time. Staff promote independence for consumers by appointing tasks and giving consumers a sense of purpose.

Consumers, representatives and staff provided various examples about how the service promotes emotional, spiritual and psychological wellbeing. The service provides an activities program for consumers to participate in and seeks information from consumers about additional individual activities in which they would like to partake. Staff support consumers' religious affiliations and provide individual support to ensure consumers' spiritual needs are met. Staff described how they identify and provide one to one engagement for consumers who prefer to stay in their rooms.

Consumers and representatives interviewed provided positive feedback and indicated satisfaction that the service supports consumers interests, community involvement within and external to the service and their relationships with others. Consumers and representatives interviewed said they are satisfied staff know consumers’ conditions, care needs and preferences and staff interviewed are able to provide examples of how consumers' individuality is respected. Management advised they use informal and formal survey results to review and monitor care needs for consumers. Formal surveys are recorded and results are discussed in staff meetings, management meetings, team meetings and ‘resident and relative’ meetings.

Of consumers and representatives randomly interviewed, 94% said consumers like the food most of the time or always. Six percent said they like the food the service provides some of the time. Positive consumer feedback includes meals always being hot and alternatives being provided if chosen. Staff advise that consumers are offered choice regarding meals, including alternatives if they are not happy with the main course on the menu. Management advised that they sample all meals on the menu, including the pureed diet to ensure food quality is high.

The service provides safe, suitable and well-maintained equipment that staff are appropriately trained to use. Staff interviewed said they have access to sufficient and well-maintained equipment to enable them to complete the work effectively. Management advised that equipment audits are completed regularly as per the services internal audit schedule.

#### Requirements:

##### Standard 4 Requirement 3(a) Met

The organisation demonstrates that 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.

##### Standard 4 Requirement 3(b) Met

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

##### Standard 4 Requirement 3(c) Met

The organisation demonstrates that services and supports for daily living assist each consumer to:

(i) participate in their community within and outside the organisation’s service environment; and

(ii) have social and personal relationships; and

(iii) do the things of interest to them.

##### Standard 4 Requirement 3(d) Met

The organisation demonstrates that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

##### Standard 4 Requirement 3(e) Met

The organisation demonstrates that timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### Standard 4 Requirement 3(f) Met

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

##### Standard 4 Requirement 3(g) Met

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

### Standard 5: Organisation’s service environment Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 5:

The Assessment Team found that the service met all three requirements under Standard 5 Organisation's service environment.

Of consumers and representatives randomly interviewed, 81% said consumers feel at home at the service most of the time or always. Nineteen percent said they feel the service is their home some of the time. Two consumers who said some of the time the service feels like home expressed that they feel comfortable and welcome, but it is not the same as the homes they raised their families in. Consumers and representative feedback included that the service was clean, well maintained and welcoming and they have access to a range of equipment and furnishings and felt safe using them. Of consumers and representatives randomly sampled, 100% said they feel safe always or most all of the time.

Consumers' private rooms are personalised with furniture, memorabilia and photographs. Internal and external areas are available and fitted with furniture to make them welcome. The Assessment Team observed internal and external areas being used freely by consumers. The access doors to the memory support community are opened during the day to allow consumers who reside in that area to walk through the service. Access doors to the main reception and the front door remain closed and require keypad access.

Management confirmed preventative maintenance and cleaning occur as per schedule. Staff described maintenance processes and how they report any maintenance issues they identify. Cleaning staff were observed to be carrying out their duties. Management advised that equipment and environmental audits are completed regularly according to the service’s internal audit schedule.

#### Requirements:

##### Standard 5 Requirement 3(a) Met

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

##### Standard 5 Requirement 3(b) Met

The organisation demonstrates that the service environment:

(i) is safe, clean, well maintained and comfortable; and

(ii) enables consumers to move freely, both indoors and outdoors.

##### Standard 5 Requirement 3(c) Met

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

### Standard 6: Feedback and complaints Met

#### 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:

2. 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.

#### Summary of Assessment of Standard 6:

The Assessment Team found that the service met all four requirements under Standard 6 Feedback and complaints.

Of consumers and representatives randomly sampled, 88% agree that staff follow up when they raise things most of the time or always. Twelve percent of consumers and representatives interviewed said staff follow up occurs some of the time, choosing not to elaborate. Seven consumers and representatives interviewed said in different ways that they knew how to complain however, they said they either had no cause to complain or any complaint was actioned to their satisfaction.

Consumers and representatives interviewed did not provide feedback about access to advocates. All consumers and representatives interviewed spoke English and they did not require the use of interpreting language services. They confirmed in various ways that they can access mechanisms to provide feedback about matters affecting them. The organisation provides information on advocacy services, complaint services information in culturally and linguistically diverse languages, guest speakers to provide advocacy information to consumers and representatives. The feedback and complaints system is monitored through review of complaint data at service and corporate levels.

#### Requirements:

##### Standard 6 Requirement 3(a) Met

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

##### Standard 6 Requirement 3(b) Met

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

##### Standard 6 Requirement 3(c) Met

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

##### Standard 6 Requirement 3(d) Met

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7: Human resources Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 7:

The Assessment Team found that the service met all five requirements under Standard 7 Human resources.

Of consumers and representatives randomly interviewed, 100% said consumers get the care they need most of the time or always. Of consumers and representatives randomly interviewed, 100% said staff were kind and caring most of the time or always. Of consumers and representatives randomly sampled, 100% said they felt staff know what they are doing most of the time or always.

Staff interviewed advise that at times they may work short due to short notice leave but generally feel they can get their tasks completed. Management advised that the organisation sets a human resources budget based on home layout, number of consumers and needs of the consumers. Senior management advise that if required such as during an outbreak, the budget allows for increased staff. Management use the daily clinical meetings to identify areas that may require the most staff due to consumer deterioration and move staff from communities if required, to ensure adequate coverage without impact to consumers.

Staff interviewed provided examples of how the respect a consumer’s identity, culture and diversity and the Assessment Team observed kind and caring interactions between staff and consumers. Consumer feedback is encouraged through consumer meetings, ‘walk around and take 10’ observation processes and through the feedback and complaint system.

Qualifications and regulatory compliance obligations such as police checks for staff and volunteers, visa information and APRHA registration as appropriate are managed by the organisation's human resources team. Workforce issues are addressed at service level by senior management. Management advised that they have identified a gap in the current education calendar provided to staff for 2019 and have a plan for continuous improvement in place to improve the education provided in 2020.

Management advised that recruitment is completed with the assistance of the organisation’s human resources department. New staff are provided with support and ‘buddy’ shift prior to working in an area. Management said they use a range of processes to monitor staff performance, including feedback from consumers and representatives, feedback from senior staff, observation of staff practices and incident reviews. Senior management conduct performance reviews for all staff are conducted on an annual basis.

#### Requirements:

##### Standard 7 Requirement 3(a) Met

The organisation demonstrates that 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.

##### Standard 7 Requirement 3(b) Met

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

##### Standard 7 Requirement 3(c) Met

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

##### Standard 7 Requirement 3(d) Met

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

##### Standard 7 Requirement 3(e) Met

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce.

### Standard 8: Organisational governance Not Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 8:

The Assessment Team found that the service met four of the five requirements under Standard 8 Organisational governance.

Consumers and representatives interviewed said in different ways there are opportunities for them to be involved in consumer and representative meetings where care and services are discussed. Consumers and representatives interviewed said in different ways that the service provides safe, inclusive, quality care and supports their safety and wellbeing. Of consumers and representatives randomly sampled for the consumer experience report 94% responded that the service was well run always or most of the time. A very high proportion of consumers and representatives interviewed said in different ways that management often spoke with them and managed the service well.

The service did not adequately demonstrate the effective management of high impact risks associated with medication safety, choking risk and diabetes management. However, the service demonstrated it understands, applies, monitors and reviews risk management systems related to identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can.

Management described various ways consumer engagement occurs in relation to the development, delivery and evaluation of care and services. Engagement occurs through consumer and representative meetings that incorporate a food focus meeting, satisfaction surveys and frequent contact between management and consumers. However, a very high proportion of consumers and representatives interviewed who said they did not attend meetings could not recall other ways they have been involved in the development, delivery and evaluation of care and services.

Management showed the service has a low incidence of infections and said consumers are prescribed antibiotic therapy only when needed. The service has a psychotropic medication register however, reviews in relation to the use of this medication are not fully implemented. The organisation has an open disclosure business process to guide management response to situations involving harm or the potential to cause harm. Management showed knowledge of the importance of implementation of the elements of the organisational open disclosure process as appropriate in relation to complaints and clinical incidents.

Service performance is monitored and reviewed at service, regional and organisational levels through review of a range of service level information, including key performance indicators, incident and comment and complaint data, budget, national indicators and survey results. Corporate staff provide assistance to the service as needed.

#### Requirements:

##### Standard 8 Requirement 3(a) Met

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

##### Standard 8 Requirement 3(b) Met

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

##### Standard 8 Requirement 3(c) Met

The organisation demonstrates that effective organisation wide governance systems relating to the following:

(i) information management

(ii) continuous improvement

(iii) financial governance

(iv) workforce governance, including the assignment of clear responsibilities and accountabilities

(v) regulatory compliance

(vi) feedback and complaints

##### Standard 8 Requirement 3(d) Not Met

The organisation demonstrates that effective risk management systems and practices, including but not limited to the following:

(i) managing high-impact or high-prevalence risks associated with the care of consumers

(ii) identifying and responding to abuse and neglect of consumers

(iii) supporting consumers to live the best life they can

##### Standard 8 Requirement 3(e) Met

The organisation demonstrates that where clinical care is provided - a clinical governance framework, including but not limited to the following:

(i) antimicrobial stewardship

(ii) minimising the use of restraint

(iii) open disclosure