Accreditation Decision

**Decision not to revoke accreditation following review audit**

**Decision to vary period of accreditation following review audit**

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Bupa Tamworth |
| **RACS ID:** | 0513 |
| **Name of approved provider:** | Bupa Aged Care Australia Pty Ltd |
| **Address details:**  | 68-74 Bligh Street TAMWORTH NSW 2340 |
| **Date of review audit:** | 22 October 2019 to 29 October 2019 |

**Summary of decision**

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| --- | --- |
| **Decision made on:** | 05 December 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 77 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service after receiving a review audit report. |
| **Decision:** | Not to revoke the accreditation of the service under section 77 of the Rules.To vary the period of accreditation under section 77(4)(a) of the Rules. |
| **Varied period of accreditation:** | 05 December 2019 to 05 June 2020 |
| **Assessment of performance with the Aged Care Quality Standards** |
| Standard 1 Consumer dignity and choice | Not Met |
| Requirement 1(3)(a) | Not Met |
| Requirement 1(3)(b) | Not Met |
| Requirement 1(3)(c) | Not Met |
| Requirement 1(3)(d) | Not Met |
| Requirement 1(3)(e) | Not Met |
| Requirement 1(3)(f) | Not Met |
| Standard 2 Ongoing assessment and planning with consumers | Not Met |
| Requirement 2(3)(a) | Not Met |
| Requirement 2(3)(b) | Not Met |
| Requirement 2(3)(c) | Not Met |
| Requirement 2(3)(d) | Not Met |
| Requirement 2(3)(e) | Not 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) | Not Met |
| Requirement 3(3)(d) | Not Met |
| Requirement 3(3)(e) | Not Met |
| Requirement 3(3)(f) | Not Met |
| Requirement 3(3)(g) | Met |
| Standard 4 Services and supports for daily living |  Not Met |
| Requirement 4(3)(a) | Not Met |
| Requirement 4(3)(b) | Not Met |
| Requirement 4(3)(c) |  Not Met |
| Requirement 4(3)(d) |  Not Met |
| Requirement 4(3)(e) |  Not Met |
| Requirement 4(3)(f) |  Not Met |
| Requirement 4(3)(g) |  Not Met |
| Standard 5 Organisation’s service environment | Not Met |
| Requirement 5(3)(a) |  Not Met |
| Requirement 5(3)(b) |  Not Met |
| Requirement 5(3)(c) |  Not Met |
| Standard 6 Feedback and complaints | Not Met |
| Requirement 6(3)(a) | Met |
| Requirement 6(3)(b) | Met |
| Requirement 6(3)(c) | Not Met |
| Requirement 6(3)(d) | Not Met |
| Standard 7 Human resources |  Not Met |
| Requirement 7(3)(a) | Not Met |
| Requirement 7(3)(b) | Not Met |
| Requirement 7(3)(c) |  Not Met |
| Requirement 7(3)(d) |  Not Met |
| Requirement 7(3)(e) |  Not Met |
| Standard 8 Organisational governance |  Not Met |
| Requirement 8(3)(a) |  Not Met |
| Requirement 8(3)(b) |  Not Met |
| Requirement 8(3)(c) | Not Met |
| Requirement 8(3)(d) |  Not Met |
| Requirement 8(3)(e) |  Not Met |
| **Timetable for making improvements:** | By 31 March 2020 |
| **Revised plan for continuous improvement due:** | By 20 December 2019 |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 80 of the Rules.**

Review Audit Performance
Assessment Report

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

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

## Introduction

**This is the report of an assessment of Bupa Tamworth (the Service) conducted from 22 October 2019 to 29 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** |
| --- | --- |
| Consumers | 21 |
| Consumer representatives  | 12 |
| Management | 7 |
| Clinical staff | 8 |
| Care staff | 14 |
| Hospitality and environmental services staff | 8 |
| Lifestyle staff | 3 |
| External contractors | - |
| Visiting service providers such as allied health professionals | 1 |
| Other | 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 Not 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:

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.

#### Summary of Assessment of Standard 1:

Some consumers and representatives said that consumers are not treated with respect and their dignity is not maintained, and the service’s complaint records and resident/relative meeting minutes reflect this. The deficits in care and service provision for individual consumers identified through this performance assessment reflect that consumer dignity is not being maintained and respect is not consistently being shown to them.

Care and services are not culturally safe for some consumers. There has been a lack of guidance for staff about implementing cultural safety, and staff were not knowledgeable about the identity and culture of some consumers. There is limited information to show that support is being provided which values consumers’ identity and maintains their culture.

Some consumers and representatives provided information indicating consumers’ choices are not considered or respected. Management and staff did not demonstrate that consumers are always encouraged to make decisions about how care and services are delivered and about others involved in their care, or that they can freely exercise their choices. There is also information that some consumers are not supported to maintain relationships of choice.

While consumers are taking risks they are not being supported to live the best life they can due to lack of risk assessment and management. Information provided to each consumer is not always current, accurate and timely and does not enable them to exercise choice. The privacy of consumers is not being maintained due to poor staff practices and unwanted intrusions on consumers by other consumers whose behaviours are not effectively managed.

Management was responsive to the findings and developed action and education plans.

In relation to monitoring and review processes for Standard 1 the Assessment Team requested the results of ongoing self-assessment/quality assurance monitoring processes at the service. These generally were not provided.

#### Requirements:

##### **Standard 1 Requirement 3(a) Not 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) Not Met**

The organisation demonstrates that care and services are culturally safe.

##### **Standard 1 Requirement 3(c) Not Met**

The organisation demonstrates that 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.

##### **Standard 1 Requirement 3(d) Not 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) Not 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) Not 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:

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.

#### Summary of Assessment of Standard 2:

Initial assessment is not being undertaken for new consumers in a timely manner in accordance with the organisation’s policy, and is not consistently carried out by appropriately qualified health professionals. Ongoing assessment and planning, including consideration of risks to the consumer’s health well-being, does not inform the delivery of safe and effective care and services for consumers.

Assessment and planning does not identify and address the consumer’s current needs, goals and preferences, including in relation to end of life planning. Assessment and planning is not based on ongoing partnership with the consumer, and others they wish to involve, or with providers of other care and services. Outcomes of assessment and planning are not always consistently communicated to the consumer and the care and services plan is not made readily available to them.

Care and services are not readily reviewed for effectiveness and are not updated when the consumer’s clinical condition and their related needs change or when consumer incidents occur to prevent reoccurrence. For some consumers incidents continue to occur.

Management described some actions underway to address some of these gaps. They were also responsive to the findings and developed action and education plans.

In relation to monitoring and review processes for Standard 2 the Assessment Team requested the results of ongoing self-assessment/quality assurance monitoring processes at the service. These generally were not provided.

#### Requirements:

##### **Standard 2 Requirement 3(a) Not 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) Not 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) Not Met**

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.

##### **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) Not 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:

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.

#### Summary of Assessment of Standard 3:

Some consumers and representatives have previously and are currently raising concerns about inadequate personal and clinical care provision for the consumer.

Care and service provision for many consumers is not best practice, is not tailored to the consumer’s needs, and/or does not optimise the consumer’s health and well-being. In particular consumer sensory loss is not effectively managed, consumers do not have effective bowel management programs, and there is a lack of physiotherapy services and physiotherapist directives are not being implemented for consumer health and well-being.

High impact and high prevalence risks are not managed effectively for the safe and effective care of many consumers. This includes ineffective falls prevention and management, behaviour management, pressure injury prevention and management, identification and management of unintended weight loss, and medication management.

The needs, goals and preferences of consumers nearing the end of life are not being recognised due to a lack of advance care planning, and they are not being addressed including for the comfort and dignity of the consumer. Deterioration in consumer cognitive or physical function, capacity or condition is not being monitored and actioned in a timely and appropriate manner to optimise the consumer’s health and well-being. Referrals are not always made to other health professionals and services in accordance with consumer needs and wishes.

Some consumers and representatives report communication regarding the consumer’s condition, needs and preferences is not always effective. Some information about care provision in clinical records is unclear or is kept across multiple sources making it difficult to understand the consumer’s condition and their plan of care for implementation.

There have been two infectious outbreaks at the service in recent months affecting significant numbers of consumers and staff. It was not demonstrated that standard and transmission based precautions to prevent and control infection have been or are consistently implemented, including during the outbreaks. It was not demonstrated that

practices promote appropriate antibiotic prescribing and use for consumers to support optimal care and to reduce the risk of increasing resistance to antibiotics.

Management was responsive to the findings and developed action and education plans.

In relation to monitoring and review processes for Standard 3 the Assessment Team requested the results of ongoing self-assessment/quality assurance monitoring processes at the service. These generally were not provided.

#### 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:

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

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

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

##### **Standard 3 Requirement 3(c) Not 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) Not 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) Not Met**

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

##### **Standard 3 Requirement 3(g) Not Met**

The organisation demonstrates 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:Services and supports for daily living Not 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:

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.

#### Summary of Assessment of Standard 4:

#### Information gathered across Standard 4 shows that each consumer does not get safe and effective services and support for daily living that meet the consumer’s needs, goals and preferences and optimises their independence, health, well-being and quality of life.

Some consumers and representatives raised concerns or provided information indicating an unmet need in relation to the consumer’s emotional and psychological well-being. Review of the care and services for consumers shows they are being provided with services and supports for daily living which promote their spiritual well-being, but not their emotional and psychological well-being.

Consumers and representatives provided mixed feedback about their satisfaction with services and supports for consumers to participate in the community within and outside the service environment, to have social and personal relationships and to do the things of interest to them. Outings into the community have not occurred recently due to infectious outbreaks. There are activities for consumers to participate in, however those who choose to stay in their room or who cannot actively participate in group activities are not receiving the services and supports they need and want. This is not limited to when the infectious outbreaks occurred. There is some information that consumers’ are not being supported to have social and personal relationships.

Information about the consumer’s condition, needs and preferences is not always well communicated within the organisation, and with others where responsibility for care is shared. Timely and appropriate referrals are not being made for all consumers in accordance, with their needs and wishes, to other individuals, organisations and providers of care and services.

Some consumers and representatives have raised concerns about the variety, quality and/or quantity of the meals provided. While seasonal menus are meant to be in place the service continued to implement the winter menu at the time of this performance assessment. The menu is not well planned with consumer input or well documented to ensure variety in the foods provided for consumers. Information about the meals is not made readily available to staff, consumers and representatives so they know what is on the menu.

Management was responsive to the findings and developed action and education plans.

In relation to monitoring and review processes for Standard 4 the Assessment Team requested the results of ongoing self-assessment/quality assurance monitoring processes at the service. These generally were not provided.

#### Requirements:

##### **Standard 4 Requirement 3(a) Not 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) Not 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) Not Met**

The organisation demonstrates that 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.

##### **Standard 4 Requirement 3(d) Not 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) Not Met**

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

##### **Standard 4 Requirement 3(f) Not Met**

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

##### **Standard 4 Requirement 3(g) Not Met**

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

### Standard 5:Organisation’s service environment Not Met

#### 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.

#### Summary of Assessment of Standard 5:

Some consumers and representatives interviewed provided feedback that the service environment is not welcoming and that the service environment and furniture is not kept clean. Observations made show the service environment is not easy to understand and is not safe for some consumers and does not support them to move freely. Observations made and review of documentation shows the service environment and some equipment and fittings are not clean. It was not demonstrated that all equipment and fittings are safe and suitable for the consumer.

Management described some actions planned to address some of these gaps. They were also responsive to the findings and developed action and education plans.

In relation to monitoring and review processes for Standard 5 the Assessment Team requested the results of ongoing self-assessment/quality assurance monitoring processes at the service. These were not provided.

#### Requirements:

##### **Standard 5 Requirement 3(a) Not 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) Not Met**

The organisation demonstrates that the service environment:

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

##### **Standard 5 Requirement 3(c) Not Met**

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

### Standard 6:Feedback and complaints Not 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:

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.

#### Summary of Assessment of Standard 6:

Consumers and representatives are aware of ways they can provide feedback and make complaints. Key documents given to consumers, and those displayed within the service environment, promote feedback and complaint mechanisms. At meetings with them consumers and representatives are encouraged to give feedback and are reminded about complaint mechanisms. Management and staff understood the importance of encouraging and supporting consumers and representatives to provide feedback and make complaints.

None of the consumers and representatives said they had a need for use of advocates or language services, however there is one consumer who requires an interpreter and staff said this is used at times such as during case conferencing. Those who had made a complaint said they had communicated this verbally or in writing to the management or staff. There is promotion of advocacy services to consumers, and interpreting services are available. It was demonstrated that consumers and representatives have access to methods for raising and resolving complaints as they are making complaints.

Some consumers and representatives interviewed said they had raised a concern or made a complaint to management or staff, and they consistently expressed dissatisfaction with the response or the result. Review of the service’s complaint records shows complaints are being addressed, however the information from interviews and recurring issues in the complaints being made indicates appropriate action is not being taken and feedback and complaints are not being reviewed and used to improve the quality of care and services.

Management was responsive to the findings and developed action and education plans.

In relation to monitoring and review processes for Standard 6 the Assessment Team requested the results of ongoing self-assessment/quality assurance monitoring processes at the service. These were not provided, however the organisational quality and compliance manager and clinical quality consultant demonstrated that information about complaints is collated and analysed for reporting within the organisation and to the governing body.

#### 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) Not 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) Not Met**

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

### Standard 7:Human resources Not Met

#### 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.

#### Summary of Assessment of Standard 7:

Consumers, representatives and staff said there is not enough of the right staff to meet consumers’ needs and wishes for care and service delivery. Observations show staff were not present to supervise consumers who need a lot of assistance from staff, who have previously been involved in incidents, and who have an assessed need to be supervised. Review of rostering shows some shifts are not being filled, or are partially filled, and staff are working double shifts and extra hours. Management has recruited additional staff and was planning to recruit more, and also said the service is not at full occupancy at present.

Some consumers and representatives said staff are kind and caring towards consumers, however many said, or provided information indicating, that staff are unkind and/or uncaring towards consumers. Review of the service’s complaints records show this is a trend in the complaints and has been ongoing for some time. Management was aware of this, some education had been provided to staff and workforce culture change was planned. However, the performance of individual staff has not been effectively managed.

Some consumers and representatives provided information which raises concerns about the competency of staff. Review of records show some staff have not completed mandatory and additional training. Staff interviews and the findings from this performance assessment show staff do not have the knowledge they need to perform their roles effectively.

Management was responsive to the findings and developed action and education plans.

In relation to monitoring and review processes for Standard 7 the Assessment Team requested the results of ongoing self-assessment/quality assurance monitoring processes at the service. These were not provided.

#### Requirements:

##### **Standard 7 Requirement 3(a) Not 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) Not 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) Not 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) Not 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) Not Met**

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

### 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:

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

#### Summary of Assessment of Standard 8:

Consumers have some engagement in the evaluation of care and services, however it was not demonstrated they are engaged in the development and delivery of care and services. An example was provided of consumers being involved in the development of care and services at the service, but none at organisational level and no examples were provided in relation to delivery. A draft policy was provided showing there are plans to involve consumers in development, delivery and evaluation across key business areas of the organisation.

The governing body has documented a commitment to a culture of safe, inclusive and quality care and services, however it was not demonstrated the governing body is accountable for this. Some consumers and representatives interviewed commented that the governing body needs to be more accountable for the care and services provided at the service. Information was not provided to show the governing body was aware of the gaps in the service’s performance against these standards.

Information gathered shows that organisation wide governance systems are not effective in relation to information management, continuous improvement, workforce governance, regulatory compliance, or feedback and complaints at the service. In relation to financial governance, the general manager said he is able to purchase what is needed for the care of consumers.

Information gathered shows that risk management systems are not effective in relation to managing high impact or high prevalence risks associated with the care of consumers, for identifying and responding to abuse and neglect of consumers, or for supporting consumers to live the best life they can. Risk management systems also are not effective in relation keeping consumers safe from harm associated with chemicals.

Information gathered shows the clinical governance framework is not effective in relation to antimicrobial stewardship, minimising the use of restraint, or open disclosure. This is primarily, but not only, as these are in the early stages of implementation at the service and there is a lack of staff knowledge regarding these topics or aspects thereof. The clinical governance framework also is not effective in relation to safe and quality care and services for consumers in general.

Management was responsive to the findings and developed action and education plans.

In relation to monitoring and review processes for Standard 8 the Assessment Team requested the results of ongoing self-assessment/quality assurance monitoring processes. These were not provided.

#### Requirements:

##### **Standard 8 Requirement 3(a) Not 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) Not 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) Not Met**

The organisation demonstrates 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.

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

The organisation demonstrates 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.

##### **Standard 8 Requirement 3(e) Not Met**

The organisation demonstrates that 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.