Bupa Traralgon

Performance Report

96 Park Lane
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Phone number: 03 5171 1200

**Commission ID:** 3977

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

**Site Audit date:** 17 November 2020 to 19 November 2020

**Date of Performance Report:** 16 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** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Non-Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* The Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* The provider’s response to the Site Audit report received 11 December 2020

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall most sampled consumers and representatives considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

For example:

Consumers said they are treated with dignity and respect, care and services meet their cultural needs, staff know their backgrounds and will adjust care to reflect these needs and preferences. They are supported to maintain their relationships of choice and to make decisions about the risks they wish to take, receive a range of updated information to enable them to make decisions, and confirmed their personal privacy is respected behind closed doors.

Staff know consumers’ sensitive care needs, demonstrated an understanding of the complexity of consumer and representative relationships and the support they require to make and communicate decisions. Staff ensure consumers are as safe as possible, are able to live the best life they can, and information is current and available where needed.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

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

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

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

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

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

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

For example:

Consumers and representatives said their care and services are planned around what is important to them. They described their participation and others they wish to be involved in assessment and care planning, and they discuss care plans with staff.

Care documentation shows care planning includes relevant assessment and risk identification, reflect consumers’ current goals, needs and preferences and include the documentation of advance care wishes and end of life planning occurs. Care planning documents demonstrated consumers, and/or their representatives and others are involved in their care planning and are used as the basis of care delivery and are easy to understand. Care plans reflect changes in care as a result of reviews.

Staff know consumers’ risks and described strategies to ensure their safe and effective care, know what is important to consumers in terms of how their care is delivered. Staff described how consumers, representatives, health professionals and other organisations contribute to the consumer’s care and how they work together to deliver a tailored care and service plan.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### Requirement 2(3)(e) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

The service did not demonstrate that minimisation of infection related risks is effective. The implementation of standard precautions such as required personal protective equipment (PPE) use, hand hygiene, application of density signage and monitoring of staff practice is not effective.

However, consumers and representatives sampled considered that they receive personal care and clinical care that is safe and right for them.

For example:

Consumers and representatives said care is safe and meets consumers’ needs and are effectively managed. Representatives are satisfied consumer comfort and care at the end of their life is provided and they are provided with support. Referrals occur to health professionals when needed and in a timely manner.

Staff interviews, and documentation reflect individualised care that is safe, effective and tailored to the specific needs and preferences of the consumer. This includes best practice management to optimise health and well-being of skin integrity, pain, restraint and behaviours, and other high impact or high prevalence risks associated with the care of each consumer are effective. Staff interview, documentation and observation confirm end of life needs are met in line with consumer wishes and comfort is maintained, and staff are responsive to changes in health and well-being and take timely action with monitoring occurring. Infections are identified and trended with the usage of antimicrobials minimised and monitored.

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

### Assessment of Standard 3 Requirements

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

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

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

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

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

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

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

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

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

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

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

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

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Non-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 minimisation of infection related risks at the service is not effective. The implementation of prevention strategies related to screening entry to the service, staff usage of required PPE and hand hygiene, application of density signage and monitoring of practice is not effective. Infections are identified and trended with the usage of antimicrobials minimised and monitored.

The Assessment Team observed the following:

* Ineffective completion and monitoring of screening information provided by visitors, contactors and staff on entry to the service.
* Staff were not face shields or eye protection as required at the time of the site audit.
* Staff hand hygiene practice was not effective
* High touch equipment such as desks and computer keyboards was not cleaned between users.
* Sanitiser wipes were not consistently available.
* Furniture in the staff room did not support social distancing and there was limited density signage through the service.

The response submitted by the approved provider outlines actions taken to address all of the deficits identified above, including strengthening internal monitoring processes on each shift to ensure ongoing compliance with infection prevention strategies. Processes to escalate and address issues as they arise have also been strengthened.

Having considered all the information provided I find this requirement is Non-Compliant and the provider was unable to demonstrate effective infection prevention strategies.

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

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

For example:

Consumers said that their needs, goals and preferences are respected when participating in one to one or group activities and explained how the service supports them to maintain their spiritual, emotional and psychological well-being. They are free to come and go as they wish and to stay in touch with significant people in their lives either in person or using technology, and the quality and quantity of food provided was suitable.

Lifestyle and care staff know the consumers and care plans reflect the wishes of consumers to optimise their independence and quality of life. The service supports consumers to maintain social relationships and participate in activities of interest to themselves within and in a limited capacity outside of the service. Staff know consumers’ preferences and dietary requirements and offer them choice and feedback regarding the quality of meals is sought.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

Overall most sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment.

For example:

Consumers commented on staff welcoming visitor and the decoration and cleanliness and they find the service environment safe, clean and welcoming.

Consumers are able to move freely indoors, outdoors and across the service and are encouraged to personalise their rooms and the shared areas include gardens, activity areas and sitting/reading areas.

Maintenance occurs as scheduled and as needed and an effective cleaning schedule is in place. Staff said they have access to enough equipment and that requests for cleaning/servicing of equipment are responded to in a timely manner.

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

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

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

### Requirement 5(3)(b) Compliant

*The service environment:*

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

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

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

For example:

Consumers and representatives demonstrate an awareness of how to raise any concerns with management. Consumers said they are confident raising concerns and that actions would generally be taken. Information is available to inform and support the provision of feedback confidentially internally or externally as preferred.

Consumers and representatives interviewed demonstrated an awareness of complaints mechanisms and supports available for them to access to raise concerns. Most said when they had a concern about their care and services it was addressed at the time and are satisfied the service has listened to their concerns regarding food and were able to describe improvements the service has made.

Management described their open-door approach and processes to review feedback, identify improvements and action these. Staff described, and documentation indicates responsiveness to feedback and an open disclosure approach is used.

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

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

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

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

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

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

# STANDARD 7 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.

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

For example:

Consumers said staff are available most of the time when they need them, are kind and caring, know what they are doing and know consumers well. Most consumers and representatives are satisfied with management’s responsiveness to feedback on staff performance.

The workforce is recruited to specific roles requiring qualification, credentialing or competency with orientation of new staff occurring.

Staff are trained and equipped to undertake their roles and supported to deliver outcomes for consumers. Performance is monitored and reviewed with action taken. The knowledge and practice of staff in relation to infection prevention and hand hygiene was not fully effective with management implementing staff education following feedback.

Interactions between consumers, representatives and staff were observed to be kind, caring and respectful.

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

## 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.*

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

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

### Requirement 7(3)(c) Compliant

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

### Requirement 7(3)(d) Compliant

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

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

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

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

The service did not demonstrate that risk management systems and practices in relation to outbreak prevention, planning and resources to manage an outbreak were effective.

However, consumers and representatives sampled overall considered that the organisation is well run and that they can partner in improving the delivery of care and services.

For example:

Consumers are generally encouraged to participate in the development, delivery and evaluation of care and services using feedback mechanisms as the basis.

There is a clinical governance framework in place with reporting and monitoring occurring, and the board utilises a range of information and takes action to promote a culture of safe, inclusive and quality care and services. These include supporting processes such as communication of the new Charter of aged care rights and information, financial, regulatory compliance, continuous improvement, support for consumers to live the best life possible, managing high impact risks, minimising the use of antibiotics, physical and chemical restraint is monitored and minimised, and pen disclosure occurs and is documented.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

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

### Requirement 8(3)(c) Compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

### Requirement 8(3)(d) Non-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 risk management systems and practices in relation to outbreak prevention, planning and resources to manage an outbreak are not effective.

* The service’s Outbreak Management Plan used to guide the service’s COVID-19 outbreak commencing July 2020 was dated April 2020. It specified an outbreak as two suspected or two confirmed positive cases of Covid-19 and did not reflect the PPE requirement of both face masks and face shields or goggles for contact with consumers.
* A review of the management of the outbreak has not occurred. The current Outbreak Management Plan dated September 2020 still contained an incorrect definition of an outbreak and had other key information was not included.
* Internal monitoring reviews undertaken at the service in August, September and October 2020 did not identify the infection prevent deficits identified by the Assessment Team. Where deficits were identified by the internal reviews, such as limited signage, improvement activities were not recorded and effectively implemented.
* Management walk arounds had not focused on staff PPE practice.

The response submitted by the approved provider outlines the organisation’s national risk management governance structure and processes including the organisational COVID Safe Plan and a reviewed service Outbreak Management Plan and associated documents released on 19 November 2020. The response notes that lessons learned form recent outbreaks have been incorporated into the plans to support services in COVID-19 prevention. The response outlines outbreak prevention information sessions and other resources provided to services and support provided through the regional management and quality education partners. It also discusses board level governance processes in relation to COVID-19 and reports that a broad clinical review of the outbreak of affected homes in Victoria is currently underway.

Having reviewed all the information provided I find this requirement Non-Compliant as the service was unable to demonstrate effective review of risk management processes following the COVID-19 outbreak and had not identified infection prevention deficits or not acted on identified deficits at the service.

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

# Areas for improvement

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

* Ensure all required infection prevention strategies and practices are monitored and maintained.
* Ensure risk management systems and practices in relation to infection prevention and control are effectively implemented, responsive to state legislation and are regularly monitored and reviewed at the service level.