Bupa Willoughby

Performance Report

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**Commission ID:** 0765

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

**Assessment Contact - Site date:** 4 March 2021 to 5 March 2021

**Date of Performance Report:** 13 May 2021

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(e) | Non-compliant |
| **Standard 6 Feedback and complaints** |  |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-Compliant |
| Requirement 7(3)(d) |  Non-compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-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 Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Assessment Contact - Site report received 29 March 2021

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumer

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

The service has comprehensive assessments and care planning documents for the consumers sampled, although not all risks were managed well or reviewed for their effectiveness to minimise the impact on consumers. For example, the team identified concerns related to the management of challenging behaviours.

## The Assessment Team did not assess all requirements for this Quality Standard. However, a decision of Non-compliant in one or more requirements results in a decision of Non-Compliant for the Quality Standard.Assessment of Standard 2 Requirements

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

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

The service was previously Non-Compliant with this requirement from their previous Assessment Contact, as they did not demonstrate assessment and planning for some consumers regarding risks associated with wounds, diabetes, and behaviours.

The Assessment Team did not identify similar issues during this assessment. I therefore find this requirement Compliant.

### Requirement 2(3)(e) Non-compliant

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

The Assessment Team interviewed staff who said that care plans are reviewed every three months or when incidents or changes occur, and a full review is conducted annually. The staff also said they focus on one consumer each day using a ‘resident of the day’ process to identify changes to consumer needs.

The Assessment Team reviewed a sample of consumers care plans and noted that some consumers did not have documentation indicating a review of their care for effectiveness occurred when circumstances changed. For example, the team identified two consumers with challenging behaviours whom did not have their interventions applied as per their behaviour care plan, there was minimal investigation and review of their care when behaviour was unable to be managed, and there were gaps in their behaviour management chart.

For the first consumer, the Assessment Team noted that the consumer’s behaviour chart indicated a pattern of becoming aggressive when staff are attending to their activities of daily living (ADLS), there were gaps in the consumer’s behaviour charts, and interventions were not used. The provider has responded by demonstrating that the consumer’s behaviour was appropriately managed on occasions and interventions were recorded as successful. For one occasion where the intervention did not work, the provider stated that it was escalated to the RN for investigation, although they have not provided any documentation that evidences the investigation was undertaken, such as a completed pain assessment.

For the second consumer, I note this consumer previously had outstanding gaps identified in their care from a previous performance audit. The provider has specifically responded to identified instances of challenging behaviour and noted that interventions were applied but it had been unsuccessful on multiple attempts, an investigation was subsequently made in suspicion of an infection, and further meetings were held thereafter to seek insight for any other strategies that could be trialled to manage the consumer’s challenging behaviour.

I have considered the above information and based on the information available at the time of assessment, I find this requirement Non-Compliant.

# 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.

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

The Assessment Team identified that clinical care was not in line with best practice particularly in the area of behaviour management. They also observed that care plans and assessments clearly documented strategies to assist consumers, but these were not being implemented.

### The Assessment Team did not assess all requirements for this Quality Standard. However, a decision of Non-compliant in one or more requirements results in a decision of Non-Compliant for the Quality Standard.

### Assessment of Standard 3 Requirements*.*

### Requirement 3(3)(a) Non-compliant

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

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

The Assessment Team interviewed a sample of consumer and/or representatives, who generally felt that they get care and services they need. However, one consumer stated that when there was a change in their condition, they did not receive the care required until their family contacted the service and asked the service to assist.

The team reviewed the service’s management of unplanned weight loss and noted that consumers with weight loss were referred to allied health and had access to dieticians. The team identified gaps in best practice as food charts for some consumers sampled with suspected weight loss were not consistently completed and had periods of time missing; the monitoring of food intake was therefore not accurate to inform care. The provider did not respond to this finding.

The team also identified that a consumer with three unwitnessed falls did not have a review of their strategies for falls management and it was not evident that new ones were implemented to minimise risks. The team also noted that a close monitoring chart was commenced for the consumer, but it was not completed consistently and it was missing entries and dates, and it was not made clear the frequency with which staff were expected to monitor the consumer. The provider has since responded by providing evidence that two unwitnessed falls for the consumer were investigated for two of the falls identified and has stated that strategies were adjusted as a result.

The team further identified that challenging behaviours were not managed as best practice, as they observed two instances of challenging behaviour related to one consumer that was identified to have outstanding gaps in their care from a previous Assessment Contact. The team observed that the consumer displayed challenging behaviour but the staff did not apply interventions as per the consumer’s care plan, and the team observed the consumer’s behaviours escalate the next day. The Assessment Team reviewed the behaviour chart and noted that the first incidence of challenging behaviour was not entered into the consumer’s behaviour chart and there were gaps in the consumer’s current behaviour chart, and there were inadequate investigation and review of the triggers and interventions for the consumer. The provider has since responded with differing accounts of the challenging behaviour and have stated investigation and reviews have occurred, although they have not provided documented evidence that demonstrates the investigations were undertaken.

The team reviewed documentation and identified that the number of wounds have increased in the last three months and wounds were not evaluated weekly by the registered nurse, which suggests that wound care is not being managed as best practice. The provider has since refuted this finding and responded that the increase in the number of wounds is due to a significant increase in consumers arriving at the service, and that wound dressings are only completed by registered nurses and wounds are therefore evaluated frequently.

I have considered the above information. I acknowledge the service has shown improvement in their clinical care as this Assessment Team did not identify similar issues with pain and diabetic management that was found in the previous Assessment Contact. However, the service was previously non-compliant with managing challenging behaviours and it has similarly been identified in this assessment contact. I have also considered that the service was identified to have inconsistencies in completing their documentation used to inform care.

On balance, I find this requirement Non-complaint.

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

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

The Assessment Team interviewed staff who described high impact or high prevalence risks for consumers within the service such as falls risk, challenging behaviours, absconding from the facility and risk of malnutrition. The staff described strategies they took to minimise falls, absconding from the facility and risk of malnutrition. The staff did not describe strategies to manage challenging behaviours, although the provider has responded that behaviour management is reviewed individually for each resident and staff will try various techniques for effectiveness to manage behaviours, and their care plans are updated with strategies when they have been effective.

Whilst the Assessment Team has identified issues with challenging behaviour which is identified by the provider as a high impact or high prevalence risk at the service, I have considered this in Standard 3(3)(a).

On balance, I am of the view the service trends, analyses, and responses to other high impact risks. I find this requirement Compliant.

### Requirement 3(3)(e) Non-compliant

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

The Assessment Team reviewed a sample of consumer documentation and identified that not all documents provided adequate information about the consumers needs and preferences. For example, the team identified that behaviour charting and management of behaviours, and food charting and weight management, were inconsistent or incomplete for consumers.

When required the service contacts external services to assist with care and information is shared. Information is also shared within the services to allied health, but the data gathered to review is not completed consistently and interventions listed in the care plans are not used.

The Assessment Team interviewed clinical staff who said that changes in needs and preferences are communicated to staff through handover, progress note entries, phone calls, and meetings. However, some care staff interviewed reported that the handover process was inefficient or not detailed, and one care staff described a risk that was exposed to a consumer as a result. The team observed a registered nurses handover and noted it was brief, which aligned with some of the staffs feedback.

The provider has since responded explaining the methods they use to communicate information about consumers within the organisation and have responded to a consumer feedback. However, they have not responded to the other issues identified in this requirement, such as the inconsistent completion of documentation, and the feedback from staff about inefficient handover processes.

I find this requirement Non-compliant.

# STANDARD 6 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 sampled consumers and/or their representatives considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

For example:

* Positive feedback was received from consumers and representatives regarding the management response to issues being currently raised. Several representatives said they felt more confident that the current general manager would take action to resolve any concerns they raised in a timely manner.
* The general manager advised they are utilising issues raised through complaints or feedback to undertake improvements or review service provision. For example, the current review underway for the cleaning of the service

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

**Assessment of Standard 6 Requirements**

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

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

This requirement was Non-Compliant from a previous Assessment Contact as it was identified the service did not action complaints or use open disclosure.

The Assessment Team has reviewed the service’s the complaints’ register, various emails, as well as discussions with consumers and representatives and identified the service has since undertaken appropriate action to respond to complaints. This includes using the open disclosure process and offering an apology when required.

I find this requirement Compliant.

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

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

This requirement was Non-Compliant from a previous Assessment Contact as it was identified the service had a significant period of time when improvements had not occurred and for some consumers/in some area improvements have not been demonstrated.

The Assessment Team has reviewed the service’s complaints’ register, various emails to representatives and the service’s plan for continuous improvement and confirmed the service is now utilising feedback and complaints to drive improvements.

I find this requirement Compliant.

# STANDARD 7 NON-COMPLIANTHuman 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.

Some sampled consumers did not consider that they get quality care and services in a timely manner when they need them.

For example:

* Consumers and representatives advised they still have concerns regarding the adequacy of staff at the service. This included delays in responding to call bells, being ready in time to participate in the activities program, information not always being referred in a timely manner to staff on the next shift, as well as issues with the ongoing cleanliness at the service. A few representatives have also described that staff need further training and this has impacted on their consumer.
* Although the management at the service have commenced an education program with staff and are more closely monitoring the completion of mandatory education there are still issues related to staff knowledge. The observations of the Assessment Team regarding staff practices indicates that they do not have the appropriate knowledge to deliver the outcomes required by these standards with specific regard to behaviour management.

The Assessment Team did not assess all requirements for this Quality Standard. However, a decision of Non-compliant in one or more requirements results in a decision of Non-Compliant for the Quality Standard.

## Assessment of Standard 7 Requirements

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

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

The Assessment Team interviewed a sample of consumers and/or their representatives and they described the service as ‘short staffed’ and staff as ‘rushed’. Some described the impact this has had on the consumer, such as incontinence incidents while awaiting a response to call bells. One representative described their consumer missed activities as there were not enough staff to assist the consumer be dressed and ready for activities on time.

The Assessment Team also interviewed management staff and they stated they were in the process of making improvements. They have increased staff and shifts have also been filled using staff from a sister service. Care staff was also interviewed with mixed feedback; some staff described not having sufficient staff on the day shift and were leaving their shift later to complete paper work, and one further elaborated that there were not enough staff in the morning and it was difficult to answer the call bells. On the other hand, one staff member advised there have been changes to workloads and staffing levels have improved. The provider has provided further information about improvements made and have suggested that some of the comments have been made in relation to historical issues.

I acknowledge the improvements the service has made, and similarly consider that some comments made may have been historical issues (amongst current issues). However, as both consumers and some staff still hold concerns that staffing is not adequate, further time and implementation will be required before it can be determined whether the improvements have been successful.

I find this requirement Non-compliant.

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

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

The Assessment Team interviewed a sample of consumers and/or representatives. Some consumers felt that staff knew what they were doing. On the other hand, a few representatives advised they felt staff needed more training and described specific areas such as responding to changes in behaviour, identifying urinary tract infections, clinical observations as well as improved communication. They provided examples where they believe the lack of training has impacted their consumer.

The Assessment Team also identified staff being inadequately trained to deliver the outcomes required by these standards, based on their observations of staff managing a consumer’s challenging behaviour during this assessment.

The Assessment Team interviewed management who advised a training needs analysis has been sent out to all staff complete and a training calendar has been created in response. Professional development days have also been provided to registered nurses. Training in the Quality standards has also been provided with a number of staff attending. The Assessment Team also reviewed the organisations education records and noted a range of education has occurred with a significant number of staff completed training and also in progress.

### The provider has since similarly responded to the management staff and have confirmed the training that has occurred or that are planned for staff. However, as training is still ongoing and some consumer representatives and the Assessment Team observed gaps in delivering outcomes required by the quality standards, I find this requirement Non-Compliant.

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

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

This requirement was Non-Compliant from a previous Assessment Contact as it was identified that the service was unable to provide information about when their last staff assessment took place.

The Assessment Team has identified that the service now has a system in place to monitor and ensure staff receive a regular assessment and review of their performance. This was confirmed in interviews with staff and management.

I find this requirement Compliant.

# 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).

Overall, sampled consumers and their representatives considered that the organisation is generally well run and that they can partner in improving the delivery of care and services. They provided positive feedback about management’s response to issues being currently raised, and several representatives said they felt more confident that the current general manager would take action to resolve any concerns they raised in a timely manner.

## The service demonstrated that the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. However, some its governance systems were not sufficiently effective including information management in relation to flagging changes in consumer care needs in handover documentation and tracking and reviewing continuous improvement initiatives against real outcomes/improvements for consumers’ health, safety, wellbeing and quality of life.

The service was unable to demonstrate that its risk management systems are sufficiently effective to ensure consumer health, safety, and wellbeing, particularly in supporting consumers to live the best life they can.

## The Assessment Team did not assess all requirements for this Quality Standard. However, a decision of Non-compliant in one or more requirements results in a decision of Non-Compliant for the Quality Standard.

## Assessment of Standard 8 Requirements

### 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.*

This requirement was Non-Compliant from a previous Assessment Contact as it was identified the service’s governing body and organisation’s systems and processes had not enabled early identification and timely actioning of the gaps in safe and quality care and services for consumers.

The Assessment Team identified the governing body has since made a number of changes in the areas of COVID-19 communication, management changes at the service that are significantly improving accuracy of reporting and accountability. The management team were also able to show how the governing body had been integrally involved in communications and strategies developed to address some of the services most significant incidents related to COVID-19 in the past year.

I find this requirement Compliant.

### Requirement 8(3)(c) Non-compliant

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

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

The Assessment Team identified that the service did had some effective organisation wide governance systems but not for information management and continuous improvement.

In regard to information management, staff interviewed said there have been significant improvements in accessing information, such as an increase in formal handover meetings. The provider has also noted that regular handovers have been occurring for a significant time. However, some staff have described that the process of information handover is inefficient; one care staff said that detailed information and allocation sheets are not always updated or placed in the handover book which places their consumers health and safety at risk, and the staff was able to provide an example of a risk to a consumer that occurred. Another staff mentioned that they had to come early to work to ask other staff about changes to consumers needs, as they ‘needed’ to ask the registered nurse for consumer updates, but the registered nurse is often busy.

In regard to continuous improvement, the Assessment Team reviewed the service’s continuous improvement plan and identified that continuous improvement taken in the service generally are not measured or evaluated on their effectiveness to improve regulatory compliance and the outcomes achieved for consumers’ health, safety, wellbeing and quality of life. The provider has acknowledged and explained they were previously not able to evaluate their changes due to the volume of changes undertaken, but they are now in a position moving forward to measure the effectiveness of their initiatives.

The Assessment Team also noted that some consumers/representatives said they had not seen improvements occur after complaints. The providers has refuted this claim and I am satisfied that the service has a governance system related to feedback and complaints.

I find this requirement Non-complaint.

### 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 identified the service has a documented risk management framework, including but not limited to policies in regard to managing high impact or high prevalence risks, identifying and responding to abuse and neglect of consumers, and supporting consumers to live the best life they can.

The team interviewed staff regarding these documents and overall staff said they had been educated about some of these policies but could not explain how all of them applied to their work. Staff stated they were not educated about policies and procedures related to supporting consumers to live the best life they can, and were unable to provide examples or describe how they would support consumers to live the best life they can. The provider has since responded that they assist staff in understanding how to assist consumers live their best life using a ‘residents map of life’ tool but have not described any further strategies or systems that would ensure consumers are effectively supported to live the best life they can.

The team also identified that there is not an effective risk management system to manage high impact or high prevalence risks such as challenging behaviours from consumers, as there continue to be examples of ineffectively managed behaviours for consumers identified in this assessment (as mentioned in other standards). However, the team notes they have reviewed the service’s continuous improvement plan and identified strategies are currently being deployed to improve management of challenging behaviours.

I find this requirement Non-Compliant.

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

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

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

The Assessment Team identified that the service had a documented clinical governance framework with a suite of policies regarding antimicrobial stewardship, minimising the use of restraint and open disclosure.

The team interviewed management staff who could describe the changes made to the way that care and services were planned, delivered, or evaluated as a result of the implementation of these policies.

The team interviewed a sample of staff regarding these policies and they stated they receive training on the clinical governance framework including regular tool box on many aspects of clinical care, although some still said they had not been educated about some of the policies available and were unable to explain their relevance to their day-to-day work. None of the care staff interviewed stated that the policy related to minimising restraint has been discussed with them and they were unable to explain what it means.

The provider has responded that antimicrobial stewardship, minimising the use of restraints, and open disclosure are all part of the mandatory learning at the service and part of their online modules required for development. They also stated that training is also ongoing and monitored for staff, and a training calendar had been created and is in the process of being delivered to upskill staff. Furthermore, although some staff were not able to demonstrate familiarity with the terms ‘open disclosure’ and ‘antimicrobial stewardship’, they were able to generally describe the concepts.

I have considered the above and although some care staff were not able to accurately explain every concept under the framework, I have taken into consideration that some concepts (such as open disclosure) is mainly the responsibility of management and not care staff. I am satisfied management staff demonstrated familiarity with these topics, and some care staff have received further training on these topics. I have also taken into consideration that the Assessment Team has not identified significant issues with restraint, open disclosure or antimicrobial stewardship during this assessment.

On balance, I find this requirement Compliant.

# Areas for improvement

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

### Requirement 2(3)(e)

*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.*

* Ensure that care regarding consumers with challenging behaviours are reviewed for effectiveness. This includes investigating triggers of behaviours and reviewing the effectiveness of interventions, especially when they are successful. Ensure these investigations and reviews are documented.

### Requirement 3(3)(a)

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

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*
* Ensure care planning documentation related to personal and clinical care are consistently completed, particularly in relation to unplanned weight management and falls
* Ensure that challenging behaviours are managed as per best practice, with interventions for challenging behaviours applied and aligned with the consumers care plan

### Requirement 3(3)(e)

*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.*

* Ensure that information is consistently and effectively documented within the organisation
* Ensure that handover processes are improved and information is accessible for care staff to safely complete the duties of their role

### Requirement 7(3)(a)

*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.*

* Ensure improvements regarding workforce planning continue as planned, so that the workplace is enabled to deliver and manage safe quality care and services

### Requirement 7(3)(d)

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

* Ensure that staff have completed their training and are able to demonstrate/deliver the outcomes required by these standards, in particular regarding the management of challenging behaviours

### Requirement 8(3)(c)

*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.*

Ensure systems regarding information

* Ensure the continuous improvement process is improved by measuring and evaluating initiatives actioned on the continuous improvement plan, and that new strategies are evidenced to be developed if prior actions taken have been determined to be ineffective

### Requirement 8(3)(d)

*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.*

Ensure there are effective risk management systems and practices in relation to managing high impact or high prevalence risks associated with the care of consumers