Canberra Aged Care Facility

Performance Report

48 Archibald Street
LYNEHAM ACT 2602
Phone number: 02 6247 3988

**Commission ID:** 2984

**Provider name:** Bunyundah Nominees Pty Ltd

**Assessment Contact - Site date:** 23 June 2020

**Date of Performance Report:** 20 July 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 8 Organisational governance** |  |
| Requirement 8(3)(b) | 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 13 July 2020.

# STANDARD 8 Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

## 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.*

The service demonstrated that the governing body generally promotes, and is accountable for, a culture of safe, inclusive and quality care and services. The service completes regular audits to review performance and identify improvements across the Quality Standards. The management team described how the governing body promotes a culture of safe, inclusive and quality care and provided examples of changes and improvements made as a result of consumer feedback.

The approved provider does comply with this requirement as 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)(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 service was able to provide a documented clinical governance framework and policies relating to antimicrobial stewardship, minimising the use of restraint, and open disclosure. While staff had mixed knowledge about these policies, most of the policies had only been approved in the week prior to the Assessment, so training and education around them had not occurred. However, most staff were aware of the policies and able to discuss various aspects of the processes required with the Assessment Team.

The approved provider does comply with this requirement as 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

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.