Performance

Report

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| Name of service: | Baptistcare David Buttfield Centre |
| Service address: | 649 North Beach Road GWELUP WA 6018 |
| Commission ID: | 7275 |
| Approved provider: | Baptistcare WA Limited |
| Activity type: | Site Audit |
| Activity date: | 13 December 2022 to 16 December 2022 |
| Performance report date: | 23 January 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Baptistcare David Buttfield Centre (**the service**) has been prepared by K Richards, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

The following information has been considered in preparing the 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 consumers/representatives, staff, and management.
* the provider’s response to the assessment team’s report received 6 January 2023.
* The Performance Report dated 30 June 2022 for an Assessment Contact – Site undertaken on 8 June 2022.

# Assessment summary

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# 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 staff have the skills and knowledge to undertake appropriate assessment and monitoring of pain
* Review practices, processes, and policies to ensure care and services are reviewed for effectiveness when circumstances change and capture all directives.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | 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. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers and representatives said staff treat them with dignity and respect. Staff could give examples of actions to show respect and said they received education about the values of the organisation. Staff were observed interacting with consumers in a dignified and respectful manner. Information on consumer preferences, including for social and lifestyle activities, cultural and spiritual needs, and life history is captured in care planning.

Consumers and representatives could give examples of the service providing culturally safe care that considers and respects preferences. Staff provided examples of how the understanding of consumer’s personal history guided their interactions to ensure care was culturally safe. Staff said they received training on cultural safety, and can find information on consumers cultural and life events in care plans.

Consumers and representatives provided examples of how they are supported to exercise choice and independence, including making connections with other consumers and maintaining relationships of choice. Staff were observed supporting consumers, including consumers with communication difficulties, to make choices about their care.

Consumers could give examples of being supported to take risks to enable them to live their best lives. Assessments were undertaken to identify the risk and mitigating strategies which were recorded in care plan documents.

Consumers and representatives said they receive information in a timely manner, and that communication is easy to understand. Consumer’s communication needs are assessed and documented in care plans, reflecting any special needs such as translation devices, reading glasses or hearing aids. Information is communicated through written and verbal methods, such as through newsletters, consumer meetings, information sheets and welcome packs. Activities calendars are published and consumers said staff also verbally communicate daily activities. Consumers were presented choices of meals on plates to allow them select what appealed to them, rather than rely on verbal descriptions.

Staff could identify consumers who preferred their own company in private. The service provides consumers information on how they maintain privacy, and computers containing personal information were observed to be secured when not in use. Staff ensured they did not discuss personal information in a manner which could be overheard.

For the reasons detailed above, I find all requirements in Standard 1 Consumer dignity and choice Compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | 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. | Compliant |
| Requirement 2(3)(b) | 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. | Compliant |
| Requirement 2(3)(c) | 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. | Compliant |
| Requirement 2(3)(d) | 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. | Compliant |
| 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. | Compliant |

Findings

Staff could describe process to undertake assessments for consumers on admission and on an ongoing basis to identify risk. Care plans included record of assessment with planning to minimise associated risks, including assessment by Allied health staff in relation to specialised care needs.

Staff said they include consumers and representatives in planning to understand what is important and ensure they can capture and meet goals and preferences. Advance care planning is discussed during the admission process, and if the consumer does not wish to discuss it, can be reapproached at a later time as appropriate. Care plans captured consumer wishes for end of life care.

Consumer representatives confirmed they are involved in consumer care planning and review of care and services. Comments from representatives were captured in care planning. Input from providers, including service partners and specialised services, was included in care planning.

Consumers and representatives said they were advised of information within the consumer’s care plan and are invited to view it at any time. Representatives said staff communicate regularly on care and services, and they can request a meeting or care conference if required. Information within the care plan is shared with individuals or organisations providing care and services. Care plans are maintained in an electronic care system and can be viewed online or printed as requested.

The Assessment Team found strategies for one consumer were not updated following falls, as identified in Standard 3 Requirement (3)(b). The provider has supplied documentation demonstrating review of intervention strategies and the Assessment Team’s review of 4 care files demonstrated review was routinely undertaken following falls. The Assessment Team also found the consumer’s care plan was not updated with directives to wear medical device as part of pain management strategies, with staff unaware of the need to wear the device. The provider has supplied a summary of progress notes which reference the consumer’s feedback on the discomfort it caused, and whilst best practice would be to capture this within care planning, I do not believe this would have changed the use of the device, and do not find it representative of Non-Compliance. The consumer’s pain care plan had not been reviewed since 13 June 2022, despite hospitalisation for severe pain in December 2022. Whilst I consider this reflects some deficiencies in the undertaking review of care and services following change, I do not consider this to represent systemic failure, however, would encourage the provider to consider the effectiveness of current processes in relation to this.

For the reasons detailed above, I find all requirements in Standard 2 Ongoing assessment and planning with consumers Compliant.

# Standard 3

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| Personal care and clinical care | |  |
| 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | 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. | Compliant |
| 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | 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. | Compliant |

Findings

Requirement (3)(b) was found non-compliant following an Assessment Contact conducted 27 June 2022, as the service was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer specifically in relation to wound care, dysphagia management, pain, and behaviour management.

The Assessment Team’s report did not include evidence of actions taken following the Assessment Contact conducted on 8 June 2022. However, the Assessment Team found the service did not demonstrate effective management of pain and falls for one consumer. The Assessment Team provided the following evidence and information collected through interviews and documents which are relevant to my finding:

* In the past three months, the consumer has had four unwitnessed falls, including three in one day in November 2022, resulting in admission to hospital, however, falls prevention strategies were not reviewed or amended.
* The consumer was readmitted to hospital in December 2022 due to worsening pain and deteriorating mobility and diagnosed with acute compression fractures to their spine, however, the service could not demonstrate her pain had been monitored consistently.
* The consumer reported their pain was severe and frequent, the representative said they felt it to be unsatisfactory to be in pain if there was a way of alleviating the pain.
* The Assessment Team reported following feedback to management, the consumer was reviewed by the palliative team. The palliative team report recorded the consumer said they wanted to die because of the pain, and recommended admission to hospital for ongoing symptom management.

The provider’s did do not agree with the Assessment Team, as they do not consider any care has been compromised or any consumer’s safety or wellbeing is at risk. They have provided supporting documents to demonstrate this, including but not limited to; a review of progress notes, clinical care meeting minutes, care planning documents in relation to falls, hospital discharge records, and records of pain charting. Whilst specific commentary has not been provided to explain the relevance of each document, I have used the content to inform my decision.

In relation to falls and use of preventative strategies, and consideration of hospital discharge directives for pain management, I find the Assessment Team’s evidence aligns more to Standard 2, Requirement (3)(e), and have considered this information within my decision for Standard 2.

However, in relation to pain, I find the service did not demonstrate management of risks with high impact on the health and wellbeing of this consumer.

I have placed emphasis on the Assessment Team’s report in relation to assessment of pain following two most recent hospital admissions for assessment and management of reported pain. Pain charting was not regularly undertaken in the 4 days following return from hospital for investigation of hip and head pain following multiple falls, with only 7 records recorded within 4 days, despite the consumer reporting pain. Evaluation of interventions was inconsistent, and location of pain is not recorded making it difficult to determine if pain related to acute changes from the fall or ongoing chronic pain. Pain charting was ceased despite comments on the final record stating the consumer was ‘constantly complaining of pain’ and requiring additional analgesia.

The provider stated pain charting is only documented when pain is identified. However, physiotherapy notes recorded pain in the consumers back and neck on 3 occasions after pain charting was ceased, including impacting mobility with a mobility assessment unable to be completed due to pain and fatigue Within the third physiotherapy note it is recorded the consumer ‘doesn’t feel good and is upset (they are) still alive’. Pain charting was not being undertaken for this period, despite ongoing referrals being made to the Medical Officer to review the consumer due to pain. When the consumer experienced sudden increase of pain, pain charting was not used until moment of transfer to hospital, and progress notes documenting pain did not include assessment of severity. Upon return from hospital, management strategies were not implemented in line with hospital directives, and the consumer continued to report severe pain. The consumer was observed in severe pain at the time of the site audit, and following feedback, the consumer was referred to the palliative team for assessment, who recommended transfer to hospital.

Whilst I note the provider has submitted a plan for continuous improvement including actions to be taken in response to the site audit report, for the reasons detailed above I find Standard 3 requirement (3)(b) Non-compliant.

I am satisfied the remaining 6 requirements of Standard 3 Personal care and clinical care are Compliant.

Consumers and representatives said they receive good care that meets their needs, including tailored care for specialised clinical needs. Staff say they follow consumer care plans and refer any concerns to their supervisor. Documentation demonstrated use of best practice guidelines, in line with policies and procedures, are followed in provision of care.

Consumers and representatives said staff seek to understand their wishes to ensure needs, goals, and preferences for end of life care can be met. The service conducts palliative care conferences for consumers and/or representatives when required to understand and capture end of life wishes. Staff are guided by policies and procedures relating to end of life care and maximising dignity.

Representatives advised staff responded appropriately to changes of consumers’ conditions. Staff advised they identify consumers with deterioration or change by monitoring processes. The service has policies and procedures to guide staff, and care files included evidence of actions taken following change to consumer health, including clinical deterioration.

Staff advised information about the consumer is shared through verbal and written handovers, and reviewing care files. Other health providers, including Medical officers and Allied health staff, have access to the electronic care system. Documentation from external providers is uploaded into the electronic care system for access by staff.

Representatives could give examples of when consumers had been referred to other health professionals for advice on care. Staff said they arrange referrals to other health providers when required, with policies to guide when referral is required and appropriate pathways to refer. Care files demonstrated referrals were timely and appropriate, and staff were aware of outcomes of reviews.

Clinical staff described actions taken to promote appropriate antibiotic prescribing. Staff were observed to be taking appropriate precautions to minimise the spread of infection. The service monitors and analyses infections each month and shares information with staff. The service has infection control policies, including on antimicrobial stewardship, to guide staff.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | 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. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | 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. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives said consumers are supported to maintain their independence to enhance their quality of life. Staff described supports used by consumers to optimise their independence, and encouragement provided to participate in activities.

Consumers gave examples of services and support provided for emotional, spiritual, and psychological well-being, including arranging visits from the chaplain and volunteers and scheduling regular religious service for consumers who wish to attend. Psychology services are available for consumers, with ongoing support through development of meaningful activities.

Consumers and representatives said the service supports consumers and provides opportunities to do things of interest and maintain connection to community, family, and friends. The service has partnered with a local school, and care plans include information on consumers who would like to participate in their intergenerational visits. Activities were scheduled in line with consumer interests, and a Christmas lunch was coordinated for consumers to invite their family to.

Consumers said staff know them, and can identify their needs and preferences. One representative said staff can also identify how consumer needs and preferences change over time, particularly with deterioration of consumer health. Staff could discuss needs and preferences of consumers in line with feedback and documentation within care plans. Staff said they receive a handover each shift to explain changes to consumer health or needs.

Consumers and representatives said the Service refers them to other providers when required. Management advised they have provided information to consumers and representatives to ensure they understand the process and can request referrals for consumers if required, and this was also discussed at consumer and representative meetings.

Consumers said they were satisfied with the variety, quality, and quantity of meals. One consumer said food did not always match the description on the menu, and the chef said they meet weekly with the consumer to try to resolve the issues and meet expectations. The chef advised they can make special meals for consumers if they have particular preferences.

Consumers stated they were satisfied with equipment provided, and items including chairs, mobility aids, and assistive devices, are safe, suitable, clean, and well maintained. Staff reported they have access to appropriate equipment for consumers and refer to the Occupational Therapist if the equipment is not suitable or the condition of the consumer changes.

For the reasons detailed above, I find all requirements in Standard 4 Services and support for daily living Compliant.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers and representatives said the environment is welcoming and easy to understand, with signage throughout to provide guidance. Consumers said they can personalise their room to make it feel like their own home. Staff advised they introduce consumers to each other, especially new consumers, to encourage interaction, and invite consumers to attend activities. Consumers were observed sitting in communal areas, chatting with other consumers, and engaging with staff.

Consumers and representatives said the environment is clean, well maintained, and comfortable. Staff were able to describe cleaning and maintenance processes, including referring issues to maintenance staff or management if there was associated risk due to damage. Maintenance logs demonstrated requests were actioned in a timely manner. Doors to external garden areas were unlocked during the day, and consumers were observed moving throughout the service, in common areas, and gardens.

Consumers and representatives said they feel safe in the service environment and when using equipment. Staff said they receive regular education on use of equipment, and report any hazards. Management was aware the carpet throughout the service needed replacement, held together with tape in some areas, threadbare and worn in others, and provided minutes of consumer meetings demonstrating ongoing discussions about plans for replacement.

For the reasons detailed above, I find all requirements in Standard 5 Organisation’s service environment Compliant.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives said they are aware of how to make complaints and provide feedback, and felt comfortable to do so. Staff explained how they assist consumers provide feedback, including capturing and reporting verbal information. Management advised they collect feedback through formal and informal processes, for management in line with the complaint management policy.

Information to guide consumers on the provision of feedback and complaints is published in the consumer handbook, and feedback forms and suggestion boxes were located throughout the service. Posters and brochures were available in several languages, and information on advocacy and interpreter services was displayed on noticeboards. Staff were aware they could access interpreters to translate if required.

Consumers and representatives could provide examples of actions taken in response to complaints, and said they were satisfied with outcomes. Staff and management were able to describe steps to follow when managing complaints, including application of open disclosure processes.

Consumers and representatives who had lodged complaints said care and services for consumers had improved in response to feedback. Management advised they review complaints and analyse for trends, with items for further action included in the plan for continuous improvement.

For the reasons detailed above, I find all requirements in Standard 6 Feedback and complaints Compliant.

# Standard 7

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| Human resources | |  |
| 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. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers, representatives, and staff said whilst staff were busy there were generally enough to meet consumer needs. Some staff said weekends can be busier, as there are no activities officers, adding they would like to be able to spend more time with consumers. The service has processes to ensure there are enough staff, unplanned absences are covered, and the skill mix is considered and monitored, to ensure the delivery of safe and quality care and services.

Consumers and representatives said staff are caring, kind and respectful. Staff were observed interacting with consumers in a kind and caring way that was respectful of each consumer’s identity, culture, and diversity.

Consumers and representatives were confident staff had the skills to provide care and services required by each consumer. Management has processes in place to ensure staff are suitably trained and qualified for their roles, with ongoing competency assessments undertaken as part of mandatory training.

Most consumers and representatives said staff were well trained. Management could demonstrate actions taken, including provision of training for staff, following feedback from one consumer expressing concern about manual handling training. Staff said they have the training they need to deliver safe and effective care, and discuss ongoing training needs during performance reviews. Management gave examples of identifying training needs, and actions taken in response.

Staff said they have regular review of their performance, and management address any issues that arise. Management provided examples of performance management outside the performance review cycle if required. Processes are available to ensure the performance is undertaken on a formal basis and as issues arise.

For the reasons detailed above, I find all requirements in Standard 7 Human resources Compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| 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. | Compliant |
| 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 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | 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. | Compliant |

Findings

Requirement (3)(d) was previously found non-compliant due to a lack of effective systems and practices to manage high impact or high prevalence risks associated with the care of consumers. Actions taken in response to the non-compliance include

* Staff education.
* Review of processes including introduction of a risk register and weekly meetings to discuss consumer risks.

The Assessment Team found the service demonstrated use of effective risk management systems and practices. Staff aware of mandatory reporting obligations and incident processes, and the service uses systems to analyse incidents and make improvements to practice through education and performance management. A risk register captures details of all consumers and their risks. Consumers identified as high risk are discussed at a weekly meeting, and there is a separate monthly meeting to review consumers with falls. Consumers who chose to take risk said the process was effective in assisting them to understand the risk and what they could do to remain safe.

Consumers and representatives said they had been asked for feedback and seen how it had been used to improve care and services. Management described a variety of feedback methods, including a new audit system, and encourage consumers to give feedback on a range of topics during meetings.

Management said they report on a variety of performance and clinical indicators to monitor the safety and quality of care and services. Gaps in service and care are identified through audits and mock audits, and are addressed through training or review of policies, procedures, or information sheets. Continuous improvement activities included items relating to care and services identified through audits and incident reports with ongoing planning and monitoring.

The Service relied upon electronic information management systems to store personal information for consumers and staff, training and education, maintenance requests, incident reports and can be used to monitor individual and service trends. The continuous improvement system includes activities identified from a range of sources, including previous non-compliance, and includes associated actions and dates for completion. There are systems in place to ensure appropriate use of funding to resource the service, and ensure there are enough skilled and qualified staff. The Service monitors for regulatory changes through subscription alerts and processes and policies are reviewed to ensure they remain contemporary.

The service has an effective clinical governance framework to guide staff in provision of best practice clinical care, including for antimicrobial stewardship and minimising the use of restraint. The pharmacy undertakes review and reporting on use of antibiotics and other medications used for infection, and each consumer with an infection has an incident form completed for analysis and trending. Sampled consumers subject to chemical restraint had been identified on the psychotropic register, and had behaviour management strategies in their care files. The organisation has an open disclosure policy to guide staff and has developed a fact sheet for staff on how it should be used.

For the reasons detailed above, I find all requirements in Standard 8 Organisational governance Compliant.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)