

**Performance Report**

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| Name: | Blue Haven Bonaira |
| Commission ID: | 0094 |
| Address: | 14 Bonaira Street, KIAMA, New South Wales, 2533 |
| Activity type: | Site Audit |
| Activity date: | 7 January 2025 to 9 January 2025 |
| Performance report date: | 5 February 2025 |
| Service included in this assessment: | Provider: 238 The Council of the Municipality of Kiama  Service: 110 Blue Haven Bonaira |

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 Blue Haven Bonaira (**the service**) has been prepared by Mary Murray, 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.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for 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.

# 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 | **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

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

# 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 said they are treated with respect and dignity, and they feel known by staff as individuals with unique cultural, social and family backgrounds. Staff demonstrated knowledge of consumers and what is important to them and consumer documentation evidenced detailed information about each consumer’s history and how this informs care and services.

The service has a cultural diversity policy and procedure; staff said, and records showed, they received training at induction and annually. Staff demonstrated knowledge and awareness of cultural diversity and inclusion consistent with the service’s policy and procedures.

Daily routines are planned around consumers’ choices about their personal care and other services. Consumers described involving other people in decisions about their care, including family members. Representatives confirmed staff support consumers’ choice and deliver care in line with consumers’ preferences.

Consumers said staff respect their privacy and allow them personal space to maintain their social and intimate relationships.

The Charter of Aged Care Rights was displayed in locations throughout the service, and staff described consumers’ rights to express and be supported in their choices.

Consumers and representatives said consumers are supported to live their best lives, including when situations involve a level of risk. Documentation showed discussions with consumers and their representatives about balancing risk and quality of life. Staff described the principle of dignity of risk and how this is put into practice for individual consumers. The service has a dignity of risk policy in place to guide staff and management.

Staff described how information is provided to consumers and how staff use different strategies to minimise any communication barriers. Consumers, including those living with low vision, were satisfied with how staff communicate and explain things to them. Lifestyle and care staff were observed reminding consumers of an activity. Consumers nominated attending ‘resident meetings’ as another way of keeping informed. Noticeboards throughout the service include information on menus and special events.

Information management systems reflect privacy and confidentiality requirements and consumers said staff respect their privacy.

Based on the above evidence, I find the service compliant with all Requirements in Standard 1 Consumer dignity and choice.

# 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

The service has systems in place to ensure assessment and planning of care identifies risks to consumers’ health and well-being. Care documentation included assessments using validated risk assessment tools. Care plans outlined strategies to mitigate any identified risk to the greatest extent possible and to guide staff in their approach and practice when delivering care and services.

The Assessment Team reviewed care documentation undertaken for consumers upon entry to the service which demonstrated consideration of a range of risks in line with the consumer’s health status. Including risk assessments for skin integrity, pain, mobility, nutrition and hydration, continence, falls, behaviour, medication, and complex clinical needs upon entry to the service.

Registered nurses advised there is discussion about advance care planning, including end of life wishes when a consumer enters the service and if a consumer's condition deteriorates. A representative said they had been involved in these discussions and an advance care directive was in place for their family member. Care documentation evidenced the consumer’s current needs, goals and preferences are discussed with them as part of care planning.

Consumers and representatives were satisfied with their level of involvement in care assessment and care planning. Consumers said they can choose to involve other people in these discussions and staff coordinate meetings to facilitate everyone’s involvement.

Management explained how the assessment process involves partnerships with other organisations, individuals, and service providers in assessment and care planning, such as specialist dementia support services, medical practitioners and geriatricians. Recommendations and medical directives from others involved in the consumer’s care are reviewed by registered nursing staff and used to inform care strategies.

A copy of their care plan is offered to consumers, and consumers showed their copy to the Assessment Team.

The service demonstrated care plans are reviewed every 3 months by registered nurses, when circumstances change, or if there is an incident involving a consumer. Management said when an incident occurs, a review of the care plan is triggered which includes relevant allied health professionals when necessary. Management described processes to ensure care plans are reviewed when scheduled.

The Assessment Team reviewed incidents including falls and were satisfied reviews occurred and others including physiotherapists were part of the clinical evaluation, further these reviews informed future care plans.

Based on the information summarised above, I find the service compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

# 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. | 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

Consumers and representatives said consumers receive safe and effective personal and clinical care. The service has systems to ensure effective clinical care, including for wounds, pain, unplanned weight loss, catheter care, fluid restrictions, diabetes management, and chemical and environmental restraint.

Staff demonstrated how they follow best practice guidance and policies and procedures to support the optimisation of consumer health and well-being.

The Assessment Team noted an opportunity to improve the support provided to consumers to manage their hearing aids. Management said they would address this matter with staff to ensure any consumer using a hearing aid gets the necessary level of support.

Incidents such as falls are responded to appropriately by clinical staff. Preventative measures are also deployed to minimise the occurrence of incidents such as pressure areas. Staff described undertaking preventative care and escalating any concerns to the clinical team.

A daily management meeting occurs which includes management, and the clinical team to discuss any emerging issues, including clinical concerns.

Supported by medical officers and palliative care teams as required, staff deliver end of life care in line with the consumer’s wishes. The service maintains equipment specific to palliative care which includes clinical, personal care and lifestyle supplies. Care planning documentation evidenced symptom management, comfort measures, pain relief and emotional support was provided to consumers as part of their end-of-life journey.

Consumers and representatives said the service identifies changes in a consumer’s health and well-being and responds in a timely way. Representatives described being involved case conferences for consumers experiencing weight loss and declining mobility. Representatives were satisfied strategies agreed during case conferences were in place and being followed. Staff described undertaking observations, charting and clinical review as ways to monitor the effectiveness of strategies to return consumers to their previous health status or mitigate any further decline.

Registered nurses described sharing information relating to consumers’ needs to other health care services and staff including medical officers. Overall, consumers and representatives were satisfied with communication at the service. The Assessment Team observed a shift handover and reported relevant care information about each consumer was communicated, including any changes. Staff used handover sheets during their shift and listed any outstanding tasks or actions required of the next shift.

A review of consumers’ care documentation identified correspondence from health professionals, test results and referrals being accessible to staff and other health professionals. Management said if consumers choose to see their own medical officer, information such as pathology results, medication charts, medical history and consultation notes are provided to consumers and representatives for consultations.

Referrals are made in a timely manner, including referrals to external clinicians. Allied health staff, including physiotherapists said they received referrals via the care management system, email, or directly from nursing staff. The service demonstrated it coordinates attendance by consumers to other organisations following any referral, providing support with transport and rearrangement of daily routines as needed.

The service has policies and procedures in relation to antimicrobial stewardship, infection control, and an outbreak management plan. Staff provided examples of practices to prevent and control infections such as hand hygiene, encouraging fluids, the use of personal protective equipment and obtaining pathology results prior to commencing antibiotics. The service has an infection prevention and control lead and refers to the public health unit for outbreak management support if required. The level of infection at the service is recorded and data is monitored for trends. Management meets monthly to review data trends and consider corrective actions.

Based on the information summarised above, I find the service compliant with all Requirements in Standard 3 Personal care and clinical care.

# 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 enjoy activities that are important to their health and well-being. Staff demonstrated a knowledge of consumers’ lifestyle needs and preferences, and care documentation detailed how staff support each consumer to pursue their interests and maintain their independence. Lifestyle staff described designing activities in line with consumers’ abilities. The Assessment Team noted consumers engaged in activities aligned with their expressed interests, including pet therapy.

Staff are alert to consumers’ emotional needs and described what they do when a consumer is feeling low or not their usual self. Consumers living with depression said they talk to staff about their feelings and staff are encouraging and support them to go to different groups and on excursions. Consumers said their spiritual and psychological needs are also supported, they attend community faith events, get out in nature and stay connected to their families and friends.

The service provides a range of supports to assist consumers to stay connected to the community and their friends and family, while building new social connections with others living at the service. Staff demonstrated how the service has engaged with other organisations to provide a range of opportunities for consumers to do things they enjoy, such as musical groups, faith groups, and football tipping competitions. Community groups are encouraged to attend the service and put on activities. The service caters these events and extends invites to consumers, families and friends to make them as inclusive as possible.

Overall, consumers and representatives were satisfied with communication at the service. Staff described sharing relevant information relating to consumers’ needs and with external organisations running social support activities. The Assessment Team observed a shift handover and reported relevant information about each consumer was communicated, including any changes to their wellbeing. Catering staff participate in daily hospitality ‘huddles’ where information is shared.

Referrals are made in a timely manner and include referrals to external social support groups. The service demonstrated it coordinates attendance by consumers to other organisations following any referral, providing support with transport and rearrangement of daily routines as needed. Consumers described being involved in the referral process and attending external organisations that support with their well-being.

Overall, consumers said they were mostly satisfied with the meals and found them varied and of suitable quantity and quality. Management advised menus are developed in consultation with consumers at ‘resident meetings’ and from survey forms available in each servery. The service’s consultant dietitian reviews the menu to ensure nutritional needs are met. Modified meals are provided as required. The service monitors consumers’ eating patterns and their dining experience to support adequate nutrition, social engagement and enjoyment.

The service has implemented a social companion dining program whereby consumers needing extra support are allocated a companion to help them with practical skills and emotional support during mealtimes to try to make the consumer’s dining experience as positive as possible.

Consumers said they have access to the equipment they need when they need it, mentioning, mobility aids and transfer support equipment. Organisational training documentation showed mandatory training in manual handling and use of equipment to support consumers. Staff said they utilised the maintenance request system as required. Maintenance staff said they maintain equipment within their scope and refer to contractors if the problem is complex.

Based on the above evidence, I find the service compliant with all Requirements in Standard 4 Services and supports for daily living.

# 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

The service is welcoming to consumers with various levels of function and cognition. The service has eight wings (houses) each having its own outdoor space, kitchen servery and dining room. Gardens adjacent to the memory support units contain sensory plants such as rosemary and mint. Communal areas in each house are equipped with large screen televisions and bookcases offering large print books and puzzles. Consumers were observed socialising, watching television and listening to music in these areas.

Corridors are wide and easy to navigate, with handrails and directional signage. Each consumer’s room has a memory box situated adjacent to the external door, providing a prompt for consumers to navigate to their rooms. Names on doors are personalised to reflect individual consumer’s interests or identity.

Consumers and representatives said they are satisfied with the standard of cleanliness of the service, consumers’ rooms, bathrooms and other spaces. Cleaning staff demonstrated how they follow a schedule to ensure daily, weekly and other cleaning tasks are undertaken as expected. Maintenance logs were up to date with items completed in a timely manner. The Assessment Team reported the service was clean and well maintained.

The service is surrounded by lawns and gardens. Both memory support units have an outdoor patio and garden area into which consumers can move freely at any time. In the remainder of the service, automatic doors enable consumer access to the open areas adjacent to their house. Consumers were observed moving freely both inside and outside the building and said they can move around as they please and do not feel restricted by physical barriers.

Consumers and representatives expressed satisfaction with the furniture, fittings and equipment at the service. All equipment observed by the Assessment Team was reported to be clean and well maintained, and having regular maintenance checks undertaken in accordance with the relevant schedule.

Care and cleaning staff said shared equipment is cleaned after each use. Management demonstrated additional furniture, and equipment is on hand and made available as needed.

Based on the information summarised above, I find the service compliant with all Requirements in Standard 5 Organisation’s service environment.

# 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

Management said they have an ‘open door’ approach and encourage feedback and complaints from consumers and representatives either directly, with staff at ‘resident meetings’ or by completing a feedback form. Staff said they support consumers to fill out feedback forms as required. Locked suggestion boxes within the service allow for the anonymous submission of feedback and complaints.

Consumers and representatives said they feel encouraged and supported to provide feedback and make a complaint. Consumers said they have raised feedback and complaints verbally to staff and management and noted the ‘resident meeting’ as a forum where they have raised concerns. Advocacy groups, representing seniors, have spoken with consumers at their ‘resident meeting’. Staff are aware of how to engage with translators if required, and posters for external services who can support consumers with complaints are on display throughout the service. Consumers and representatives said they are aware of advocacy, language services and other methods of raising and resolving complaints.

Documentation and consumer feedback reflect the service uses an open disclosure approach to complaint management. Complaints are acknowledged, discussed with consumers, an investigation occurs, and follow-up actions are undertaken to resolve the complaint. Consumers involved in resolving complaints were satisfied with how the issue was managed and said the complaint was resolved promptly.

Management said they review feedback and complaints at monthly meetings and monitor for trends. Items are entered on the service’s plan for continuous improvement, corrective actions recorded, progress against each action monitored, and results evaluated. Recent improvements made as a result of feedback and complaints, as noted by consumers, included improved meals and laundry service, and a reduction in noise levels.

Based on the information summarised above, I find the service compliant with all Requirements in Standard 6 Feedback and complaints.

# 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

Management said the master roster is planned in consultation with the roster coordinator and the operations manager and distributed to staff. The skill mix of staff is considered as part of workforce planning. Unplanned leave is replaced with familiar agency staff who are block-booked in advance where required. Management said they have a back-up system with a ‘floater’ staff member who fills in any vacant shift as the need arises, to ensure consumers do not miss out on care.

The service is transitioning to a new approved provider, with a finalisation date of February 2025. The incoming provider undertook a recruitment drive in 2024, onboarding 25 staff, including registered nurses, care staff and hospitality staff. New care managers have also been appointed.

The Assessment Team reported the roster is appropriately filled with new staff being paired with experienced staff and provided ‘buddy shifts.’ Staff said there is enough staff at the service, and they can finish their work in time. Most consumers and representatives provided feedback there are enough staff at the service and consumers do not have to wait for long to receive care and services. Management demonstrated the call bell report which is investigated weekly with actions taken for call bells response times over 10 minutes. These reports are discussed with staff in daily huddle meetings, trended and analysed in monthly reports and discussed in resident meetings.

Consumers said in various ways, staff are respectful, kind, courteous and polite. Management demonstrated the promotion of positive workforce / consumer interactions, and the Aged Care Code of Conduct are embedded within the staff orientation program. Any incident of disrespectful care is reported and managed in line with the service’s human resources framework.

Staff recruitment processes ensure staff have the relevant qualification for their role. Competency checks are completed during the on-boarding phase and annually through the completion of mandatory training.

The Assessment Team reviewed training records which showed all orientation and annual mandatory training requirements were up to date, including for the infection prevention and control, restrictive practices, the serious incident reporting scheme, the dining experience and the Aged Care Code of Conduct. In 2025 the service will add the strengthened quality standards into their mandatory training program.

Management described the performance appraisal process and outlined in addition to annual appraisals staff can opt in for an additional performance discussion at 6 monthly intervals. The Assessment Team reviewed examples of performance appraisals completed for 3 staff which were all closed off and not requiring any follow ups. Management also demonstrated examples of formal performance management processes being undertaken to support staff to meet the requirements of their role. Consumers were satisfied with the performance and quality of the staff at the service.

Based on the information summarised above, I find the service compliant with all Requirements in Standard 7 Human resources.

# 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**

The service is in a transition phase, having been sold by Kiama Municipal Council to its new owners the Hall & Prior Health & Aged Care Group.

The chief executive officer explained how consumers and representatives are being kept informed of the service’s sale to the new approved provider, scheduled to be completed by February 2025 following due diligence. They explained how a face-to-face information session was delivered by the chief executive officers of both the outgoing and incoming organisations for consumers, representatives and staff.

Consumers said they are actively engaged with how the service is run and where improvements can be made. Management said, and consumers confirmed, expressions of interest have been sought from consumers and representatives to form a consumer advisory body.

The advisory council committee meets monthly and receives and reviews information about various topics to inform their advice to the governing body. The chair of the advisory council committee explained how they work together with various sub-committees such as the Blue Haven advisory committee, financial advisory committee, audit risk improvement committee, senior executive management and service management to maintain and support effective oversight and governance and monitor the quality of care and services.

The Assessment Team reported governance systems are effective, including those for information management; continuous improvement; financial governance; workforce governance, regulatory compliance and feedback and complaints.

Risk management systems were also reported by the Assessment Team as being effective. Risks identified are reported, escalated and reviewed by management at the service level and reported up to the governing body. The service uses an incident management system and maintains a serious incident report register. Root cause analysis occurs where incident trends are evident. Management explained unwitnessed falls by consumers are trending down as a result of the findings of a root cause analysis, which increased the focus on continence care, use of falls prevention equipment and staff training.

The service has policies, a staff training program and a decision-making tool to facilitate the identification, reporting, recording and review of any serious incident. Staff demonstrated a clear understanding of their responsibilities in the management of a serious incident. Records demonstrate any serious incident has been managed in timely manner with investigations, actions and a review occurring.

The service enables and supports consumers to take risks, with risks explained and mitigation strategies put in place. The service has dignity of risk policies and procedures to guide staff and management on supporting a consumer’s choice to take risks and help them to live the life they choose.

Management and staff interviewed were able to demonstrate how policies and procedures related to open disclosure, antimicrobial stewardship, and restrictive practices and are applied in the delivery of care and services.

Infection reports and data on clinical indicators are completed, trended and discussed in monthly management meetings and at a quarterly medication advisory committee meeting. Management maintains a vaccination register for staff and consumers and said they hold vaccination hubs at the service.

Management described their efforts to minimise restrictive practices and said they had significantly reduced the number of consumers subject to chemical restrictive practices. This has been achieved through a process of medication reviews and consultations with medical officers, consumers and representatives to deprescribe medications.

Open disclosure practices are used by management and staff at the service, management emphasised the importance of being open, transparent, and offering apologies when incidents or mistakes occur.

Based on the information summarised above, I find the service compliant with all Requirements in Standard 8 Organisational governance.

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