Performance

Report

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| Name: | Bucklands Residential Care |
| Commission ID: | 6935 |
| Address: | 333 Marion Road, NORTH PLYMPTON, South Australia, 5037 |
| Activity type: | Site Audit |
| Activity date: | 9 July 2024 to 11 July 2024 |
| Performance report date: | 20 August 2024 |
| Service included in this assessment: | Provider: 870 Southern Cross Care (SA NT & VIC) Incorporated  Service: 4344 Bucklands Residential Care |

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 Bucklands Residential Care (**the service**) has been prepared by Dean Saunders, 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 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 team’s report received 8 August 2024

# 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 stated they are treated with dignity and respect by all staff, and staff know them and what is important to them. Staff interviewed described how they ensure consumers are treated with dignity and respect, and how they support consumers to live their lives as they wish to. Care plans reviewed included information about each consumer’s personal background and history, as well as their cultural needs and preferences. The Assessment Team observed staff treating consumers with dignity and respect throughout the Site Audit.

Consumers stated staff at the service were aware of, and respected, their backgrounds, personal identities, and cultures. Staff interviewed described how the service provides culturally safe care and services, and how they adapt their care approach to suit individual needs and preferences. Care plans reviewed demonstrated the service documents the consumer’s background and their cultural needs and preferences. The service had policies to guide staff on providing culturally safe care to consumers.

Consumers interviewed said they are supported to make informed choices to maintain their independence, maintain relationships and make their own choices. Staff were able to explain how they assist consumers to stay in contact with the people important to them and how they support consumers to maintain personal relationships and make their own choices. Document review and observations by the Assessment Team during the Site Audit, demonstrated the service supports consumers to make decisions and choices around their care and relationships.

Consumers and representatives interviewed said they felt supported to take risks, to live their life the way they choose, and do things they enjoy. Management was able to describe how consumers are supported to take risks, and to understand the benefits and possible harm when they make decisions about taking risk. A review of consumer care planning documents identified the service supports consumers to take risks and manage the risks taken. The service had policies concerning risk activities.

Consumers and representatives sampled stated they were satisfied with the information provided by the service regarding activities, upcoming events and meals. Staff were able to explain how the service provides up to date information in a timely manner to consumers through meetings, activity calendars, menus and verbally speaking to the consumers. Review of documentation and observations by the Assessment Team highlighted the service ensures information is provided to consumers and their representatives in a timely manner and in a variety of ways.

Consumers sampled said they felt their privacy is respected by staff who always knock on their doors before entering their rooms. Care staff described how they maintain each consumer’s privacy and dignity whilst providing care, and how they ensure the confidentiality of consumers’ information. The service had policies and procedures in place to guide and support staff to ensure each consumer’s privacy and confidentiality is maintained. Observations by the Assessment Team indicated staff were ensuring they maintained consumers’ privacy and confidentiality is respected and maintained.

For the above reasons I find this standard 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

Consumers and representatives confirmed the service assesses for and provides care to address identified risks. Management and clinical staff described how the assessment and planning of care identified, assessed and mitigated risks to consumers’ health. Care documentation of consumers sampled reflected the assessment of complex care needs and mitigation of individual risks, such as falls, swallowing difficulties, pain, behaviour management and weight loss. The service had several policies and procedures to guide staff in the assessment and management of risks to consumer well-being.

Consumers and representatives confirmed consumers receive care that aligns with their needs, goals and preferences, and are asked about their end-of-life wishes. Management and clinical staff described how they engage consumers and representatives in care to ensure care and end-of-life wishes are consistent with the consumer’s needs, goals and preferences. Care documentation of consumers sampled reflected each consumer’s individualised goals, preferences and end-of-life wishes.

Consumers and representatives confirmed they, and those the consumer wishes to be involved in their care, such as healthcare professionals and specialists, are kept involved in care planning discussions. Representatives confirmed they are notified when changes or incidents occur. Management and clinical staff described practices used to ensure assessment and planning of care is completed in consultation with consumers and representatives, such as planned family discussions, discussions during care plan reviews and contact when changes occur. Care documentation sampled reflected ongoing discussions between staff and consumers, obtaining consent to discuss care with representatives and healthcare professionals.

Consumers and representatives confirmed they had been offered a copy of the consumer’s care planning information and knew they could request a copy of the consumer’s care plan. Management and clinical staff stated care planning information are offered and provided to consumers during care plan reviews. Care documentation of consumers sampled reflected care plan evaluations are completed in consultation with consumers and their representatives.

Consumers and representatives confirmed the service communicates and engages with them during regular reviews, when incidents occur and when care needs change. Management and clinical staff described the frequency of care plan reviews as being done on a regular basis and when changes in consumers occurred. Care documentation of consumers sampled demonstrated consumers’ care documentation was assessed and evaluated for effectiveness on a regular basis and when changes occurred.

For the above reasons I find this standard 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. | 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 expressed satisfaction with personal and clinical care provided. Management and clinical staff were knowledgeable about consumers’ needs and the service’s procedures regarding behaviour, wound, medication and pain management. Care documentation of consumers sampled reflected the service effectively monitors and evaluates restrictive practices, behaviour support, wounds, medications and pain management.

Consumers and representatives confirmed the service identifies and manages risks for consumers. Management described how the service monitors high-impact and high-prevalence risks, and provides care tailored to mitigate these risks. Care documentation of consumers sampled reflected the identification and mitigation of risks. Management stated risks are identified through the assessment and planning of care, care plan review, analysis of clinical data and trends, and feedback. Management stated they generate a monthly clinical report which contains an analysis of the service’s high-prevalence risks, including falls and infections. Management stated high-impact, high-prevalence risks, changes in consumers and consumers with specialised care needs.

No consumers at the service were receiving palliative care at the time of the Site Audit, however, consumers and representatives reported consumers’ wishes and preferences regarding end-of-life care had been documented and discussed with staff. Management and clinical staff described processes they follow to provide end-of-life care to ensure the consumer’s comfort and wishes are respected. Care documentation of consumers sampled reflected consumer’s end-of-life wishes were recorded.

Consumers and representatives confirmed staff effectively identify and respond to changes in consumers. Clinical staff described how signs of changes and deterioration in consumers are identified and responded to, including escalation and involvement of other healthcare providers. Care documentation of consumers sampled reflected timely investigation, monitoring and management of consumers when changes developed.

Consumers and representatives confirmed staff are aware of consumers’ needs and preferences, and said staff communicate well between each other. Management and clinical staff were knowledgeable regarding consumers’ current needs, preferences and upcoming appointments, and described processes used to ensure accurate communication, including verbal and written handover, regular clinical meetings, progress notes and care plans. Documentation reviewed reflected ongoing discussions relating to consumers’ conditions and needs between staff and those involved in consumers’ care.

Consumers and representatives confirmed the involvement of other services in care, including GPs, allied health professionals and specialists. Management and clinical staff described the process utilised for referring to other providers of care which included consideration for consumer’s choice and preferences. Care documentation of sampled consumers demonstrated referrals to other organisations and providers of care.

Consumers and representatives expressed staff follow infection control protocols, including hand hygiene and wearing personal protective equipment (PPE), and are satisfied with the cleanliness of the service. Clinical staff and the service’s Infection Prevention and Control (IPC) Leads described IPC practices used to minimise infections and processes in place to minimise antimicrobial use. Policies and procedures provided guidance on IPC, outbreak management and appropriate prescription and review of antimicrobials.

For the above reasons I find this standard compliant.

# 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 expressed the supports for daily living met their needs, goals and preferences while also optimising their independence and well-being. Lifestyle staff provided evidence consumer preferences and needs were considered when providing supports for daily living. A review of care planning documentation effectively captured the needs and preferences of individual consumers. The Assessment Team reviewed the activity calendars which showed a variety of activities are offered to consumers. Consumers were observed participating in different activities suited to their needs and preferences.

Consumers and representatives interviewed spoke about how the service effectively supports their emotional, spiritual, and psychological well-being. Care staff and lifestyle staff discussed their role in promoting consumers' well-being. Care plans reviewed encompassed details about the consumer’s spiritual, emotional needs and preferences. The Assessment Team observed consumers being supported emotionally.

Consumers sampled reported receiving support to maintain social relationships and do the things of interest to them. Lifestyle and care staff outlined their role in facilitating communication with consumers’ family and friends. Care plans reviewed specified consumers’ preferences for activities, outings, and maintaining relationships. The Assessment Team observed visitors interacting with consumers throughout the Site Audit. The Assessment Team observed staff encouraging consumers to participate in activities.

Consumers and representatives expressed satisfaction with the effective communication between staff regarding consumers’ needs and preferences. The service demonstrated a commitment to sharing relevant information between stakeholders involved in care and services through communication during handovers, through their electronic management system and verbal updates. Care planning reviews outlined consumers’ individual needs and preferences. The Assessment Team observed staff sharing specific consumer information regarding changes in needs and preferences during handover.

Interviewed consumers and representatives reported receiving support from additional providers of other care and services when required. The lifestyle manager stated the service collaborates with external organisations and individuals to complement the existing activity program and provide additional support. A review of documentation including referrals and care plans showed external providers were engaged in a timely manner to assist consumers to participate in activities and improve their well-being.

Interviewed consumers expressed satisfaction with the meals, highlighting the available choices, temperature, quality, and quantity of food during mealtimes. Hospitality staff could explain the systems for preparing meals according to specific dietary needs for consumers and how consumers could choose their menu. Care planning documents identified the dietary requirements, preferences, and level of assistance for sampled consumers.

Sampled consumers gave feedback that the equipment they use, such as mobility aids and activity resources, is clean and well-maintained. Staff from all areas of the service reported they have access to the supplies and equipment they need to support consumers, and said equipment is safe and suitable for consumers. Cleaning records and maintenance logs showed the service actively monitors and maintains equipment for safety, suitability, and cleanliness. The Assessment Team observed suitable and well-maintained equipment available throughout the service.

For the above reasons I find this standard 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 interviewed expressed a sense of being at home within the service and indicated the environment was easy to navigate. Staff members demonstrated an understanding of how to support consumers in moving comfortably throughout the service. Consumer rooms were observed to be personalised and adorned with photographs and personal belongings. The corridors and common areas were observed to be spacious, well-organised and provided various living spaces for consumers and their visitors.

Consumers interviewed reported their rooms are regularly cleaned and well maintained. They also expressed they can easily access both indoor and outdoor areas within the service environment. The Cleaning Manager described their processes for maintaining cleanliness in consumer rooms and common spaces. The Assessment Team reviewed cleaning logs documenting cleaning duties for common areas and consumer rooms. The service environment was observed to be safe, clean, and well-maintained, with clear pathways for consumers to easily navigate the service.

Consumers interviewed mentioned their equipment is kept clean and well-maintained. Staff members sampled could describe how they log maintenance concerns, and maintenance staff explained the procedures for both preventative and reactive maintenance to ensure the fittings and equipment meet consumer needs. The Assessment Team observed that equipment, furniture, and fittings were safe, clean, and suitable for consumer use.

The Assessment Team recommended that these this standard was met and I adopt that recommendation.

I find that this standard is 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 interviewed confirmed they understood the complaints process at the service and said they are encouraged to provide feedback and to make complaints. Management explained how the service supports consumers and representatives to provide feedback or raise concerns. Care staff interviewed described how they respond if a consumer raises an issue or concern, such as by supporting them to complete a form and assisting them to do so if required and bringing the concern to management’s attention. The service had a feedback form to facilitate communication from consumers, representatives, and staff. Secure lodgement boxes were available throughout the service. Information about available feedback mechanisms was in the Resident Handbook, the quarterly newsletters, as well as being a standing agenda item at the monthly Resident Meetings.

Consumers and representatives were aware they could access external methods of making complaints if they wished to or could have someone advocate on their behalf. Management explained how they inform consumers of advocates, language services and other methods of making complaints, and ensured they were able to access these if they wish to. Staff were able to describe external methods of making complaints and how they would assist consumers to access these supports if needed. The Assessment Team observed information throughout the service relating to external complaints management services, advocacy services and language services.

Consumers and representatives interviewed said they were satisfied with the service’s response and the outcome when concerns were raised. Management and staff were able to describe the process that is followed when feedback or a complaint is received. The organisation had a suite of documented policies and procedures which guided staff in documenting, investigating, resolving, and evaluating feedback and complaints made by consumers or representatives, and applying an open disclosure process where appropriate.

The Assessment Team did not identify any examples of complaints made without follow up or appropriate action having been taken.

Sampled consumers who had submitted a complaint said changes were made at the service in response to their complaints. Management stated, and a review of documentation confirmed, information from complaints and feedback were used to make improvements to care and services across the service. A review of consumer and staff meeting minutes demonstrated complaints and feedback made by consumers and representatives are discussed at each meeting, and actions taken by the service are evaluated with consumer input sought at this time.

For the above reasons I find this standard 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 sampled reported there were sufficient staff to provide quality care, and stated they felt safe at the service. Management described how the workforce is planned to ensure the appropriate number and mix of staff are available to meet consumer needs, including ensuring the service meets the legislative requirements for Registered Nurse (RN) hours. Care and clinical staff interviewed were confident there were sufficient staff at the service, and said it was unusual for shifts to be unfilled. Documentation reviewed indicated there was an appropriate skill mix to provide quality care and services to consumers, and that future workforce planning is being considered at a governance level.

Consumers and representatives sampled said staff at the service are kind, caring and respectful, and know what is important to consumers. Staff members interviewed described how they ensure they are treating consumers with kindness and respect. The Assessment Team observed staff and management interacting with consumers and representatives throughout the assessment in a kind and respectful manner which welcomed consumer interaction.

Consumers reported staff are competent in their roles, and management could describe how they determine and ensure staff are competent and capable in their roles. Management advised the service only employs appropriately qualified personal carers and nursing staff registered with the Australian Health Practitioner Regulation Agency (AHPRA), and described processes used to ensure staff are suitable for their roles. A review of documentation and records demonstrated staff had appropriate qualifications, knowledge, and experience to perform their duties.

Consumers sampled reported they were satisfied staff are adequately trained and equipped to do their jobs and to meet the needs of consumers. Management described how they train staff, including an induction and orientation program, then provide ongoing online and face-to-face training. Clinical and care staff interviewed stated adequate training was received to perform their assigned duties. A review of documentation showed the workforce is recruited, trained, equipped and supported to deliver the outcomes required.

Management could describe how staff performance is being regularly assessed, monitored, and reviewed to help ensure staff are providing the best possible care for consumers. Staff were able to explain the process for their performance reviews. Policies, procedures, and documentation are in place to guide the workforce duties and responsibilities to enable the provision of safe and quality care and services for consumers.

For the above reasons I find this standard 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

Consumers and representatives reported they can engage in the development, delivery and evaluation of care and services. Management described the mechanisms to engage with consumers such as consumer meetings, feedback and complaints, care conferences and daily interactions between staff, consumers, and management. Documentation provided by management demonstrated that consumers are supported to share input on the care and services provided. Feedback forms and boxes were observed throughout the service. A range of evidence supporting the above was identified and cited by the Assessment Team.

Consumers said they feel safe living at the service, and they receive the care they need. Management described how the Board is involved in the oversight and delivery of care and services through the organisational governance structure. Management described how the Board is informed of what is happening at the service including incidents, feedback and regulatory compliance. A review of documentation showed the service reports to executive management, who then report up to the Board through the service’s range of committees.

The service demonstrated that appropriate governance systems were in place, including a clear reporting structure, effective information management, workforce management, continuous improvement, financial governance, regulatory compliance, and an effective feedback and complaints system. Policies, procedures, meeting minutes and regular reporting were in place for the Board to satisfy itself that the Quality Standards were met.

The service’s risk management framework establishes the foundations and arrangements for designing, implementing, monitoring, and ensuring that current and emerging risks are identified, and their potential consequences understood so appropriate and effective steps are taken to mitigate and manage the identified risks. Management and staff could describe the processes used to identify and manage high-impact and high-prevalence risks, prevention of abuse and neglect, and incident management. Reporting lines are in place where risks are escalated to management and further to the Board, who has the overall responsibility for the oversight of risk, and the systems and processes of risk management.

The Assessment Team recommended that requirement 8(3)(e) was not met.

The requirement is that – if a service provided clinical care as this one does - the service has a clinical governance framework and that this framework includes (at least) the three listed matters.

The Assessment Team confirmed that a clinical governance framework exists. It found that the service had a clinical governance framework in place that included policies, procedures, service practices and mandatory training covering areas including antimicrobial stewardship, restrictive practices, and open disclosure. The Assessment Team reviewed documentation, including policies and training records, which supported this.

The requirement is merely that a clinical governance framework exists and that includes, at least, the matters listed. There is an implication that the framework is effective.

The Assessment Team identified an example of, in its view, environmental restraint that could be minimised further. By implication it concluded that the governance framework was not effective to the extent required (in an unnamed way) by the words of the requirement.

The example cited was about access and egress arrangements in the main entry of the service and traversed considerations of (at least) security, restraint, safety and convenience. I do not accept that the example cited falls within the purview of a clinical governance framework as intended.

For the above reasons I find this standard compliant.

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