Performance

Report

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| Name of service: | Bunbury Gardens Care Community |
| Service address: | 39 Hayes Street BUNBURY WA 6230 |
| Commission ID: | 7886 |
| Approved provider: | DPG Services Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 13 December 2022 to 15 December 2022 |
| Performance report date: | 24 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 Bunbury Gardens Care Community (**the service**) has been prepared by J Renna, 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 staff, consumers/representatives and others; and
* the provider’s response to the Assessment Team’s report received on 6 January 2023.

# 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 and representatives said consumers are treated with dignity and respect at all times and provided examples, such as valuing their beliefs, maintaining their dignity during the provision of care and showing respect when communicating with them. Staff spoke of consumers respectfully and were knowledgeable about their preferences and described how they tailored the way they provide care and services. Staff were observed to respect consumers dignity and engage them in a friendly manner.

The service educates its staff on the importance of cultural safety/awareness and celebrates significant days and events. Consumers said staff make them feel safe and they are free to express their cultural identity. Staff were able to describe consumers’ cultural preferences which was reflective of what consumers said and what was documented in their care plans.

Consumers said they can make decisions about how and when they would like care provided, who is involved in decision making about their care and are supported to maintain relationships of choice. Examples included being supported with close personal relationships, connecting with religious organisations and how certain aspects of their care is delivered. Care planning documentation included consumer choice and preferences, and how they communicate their decisions.

The service supports consumer choice which includes the consideration of risk so each consumer is able to live the best life they can. Consumers confirmed how they are supported, for example, one consumer chooses to eat food that may increase the risk of choking, and another consumer chooses to smoke. The service has communicated these risks and developed strategies to minimise harm which are documented in risk assessments.

Consumers said staff ask them daily how they would like their care provided such as timings for their morning routine, when they would like their meal served and if they would like to attend activities. Consumers felt well informed and receive service-wide information through meetings or newsletters. Representatives also confirmed they are kept up to date and were appreciative of the information they receive.

The service maintains consumers’ privacy, which was corroborated from sampled consumers’ feedback, by educating staff on the importance of dignity, privacy and confidentiality and guidance in various policies and procedures. Care planning documentation contained consumers privacy preferences and staff were observed to adhere to those preferences. Access to consumer’s personal information is protected including staff access the electronic care record system via password protected logins.

Based on the information summarised above, 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

Care planning documentation for 14 consumers identified they are assessed on entry and risks are considered, with plans and strategies implemented. Consumers said they were satisfied with how their care is planned to meet their needs and staff were able to describe how they use care plans and assessments to guide the delivery of care. Validated risk assessment tools are used to identify and monitor risks such as falls and wounds.

The service has assessment and planning processes to identify and address consumers’ current needs, goals and preferences, including advance care planning and end of life wishes. Documentation, corroborated through interviews, confirmed consumers are asked about their preferences and end of life wishes during the entry process and at care plan reviews. Staff were aware of the planning process and how it informs the delivery of safe care and services.

Care plans and documentation demonstrated how other organisations and providers of care are involved in the delivery of care for consumers such as Medical Officers, Allied Health professionals and dementia support specialists. Consumers said they were happy with the amount of involvement they have for the assessment, planning and review of care and services, including input from their representative.

Consumers stated they had seen a copy of the care plan or the service had discussed care and services with them. Review of care plans showed consumers and/or representatives were involved in the process. Care plans were accessible on the electronic clinical management system and a summary placed in the consumers room.

All care plans have been reviewed and updated in accordance with the service’s policy on entry and every 3 months thereafter, or when an incident occurs. Review of documentation confirmed this occurs and staff were able to describe how they reassess a consumer’s needs, goals and preferences, how they involve the consumer and how reassessment information is used to update 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

The service has processes to guide staff to ensure each consumer gets safe and effective personal, and clinical care, that is best practice, tailored to their needs, and optimises their health and well-being. Consumers and representatives were satisfied they receive personal and clinical care that supports their health and well-being, for example, one consumer was satisfied with how their pain is managed and one representative said their family member receives a high level of care for their pressure injuries. Staff were able to describe how they ensure consumers are receiving care that is safe and effective. Documentation showed that personal and clinical care is tailored to individual care needs.

High impact and high prevalence risks, such as falls, wounds, pain and diabetes management is effectively managed by following best practice guidelines and implementing strategies to mitigate the level of risk to the consumer, whilst supporting their independence. Systems are in place to guide staff practice ensuring consumers’ personal and clinical care is reviewed, responded to in a manner that is appropriate and timely to their needs. Consumers and representatives said consumers feel staff provide care that is safe and right for them.

Review of one consumer on a palliative pathway showed they had a specific palliative plan and end of life pathway. The consumer’s representative was satisfied with the care delivered by the service. End of life discussions are held on entry, or when required, and documentation such as policy and procedures guides staff practice.

The service has procedures to guide staff regarding clinical deterioration of a consumer’s mental health, cognitive or physical function. A review of care files showed referrals occur to Medical Officers and other health practitioners when a consumer's health is changing and deterioration in clinical status is identified. Clinical staff were knowledgeable about indicators for deterioration and procedures following identification; staff are supported through ongoing training. Consumers and representatives were satisfied with the way deterioration of consumers is managed.

Consumers’ condition, needs and preferences are documented in care plans and communicated within the organisation and externally where responsibility of care is shared. Care plans reviewed were noted to have sufficient information for when sharing of information is required. Consumers and representatives interviewed said staff are overall aware of the consumers’ care needs and how they like them to be delivered.

Referrals are made in a timely manner to other organisations and providers of care. Consumers and representatives said they are always kept informed during the care delivery process. A review of consumer documentation noted referrals were being completed with evidence of Medical Officer and/or Allied Health engagement and consumer and representative involvement.

There are processes, policies and procedures in place to minimise infection related risks, and associated supports for the appropriate use of antibiotics through best practice related to antimicrobial stewardship. Consumers and representatives were satisfied with the current measures that were in place to minimise the spread of COVID-19 and other infections. The service has an infection prevention and control lead who is currently going through the relevant infection control training; staff were knowledgeable about infection control procedures and observations confirmed this as staff were correctly washing their hands, using hand sanitiser and fitting their mask.

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

Requirement (3)(b)

The Assessment Team was not satisfied services and supports for daily living promoted each consumer’s emotional and psychological wellbeing as one consumer was not receiving emotional support in accordance with their preferences and abilities. The Assessment Team provided the following evidence relevant to my finding:

* The consumer is immobile, has sensory and cognitive impairments, changes in behaviours and recently commenced on a palliative pathway. The consumer predominantly communicates in another language and has limited ability to verbalise in English.
* The consumer’s care plan highlighted preferred supports, however, has not been updated to reflect their current needs and preferences, despite experiencing a decline in condition.
* The consumer’s Activity register for a two-month period and progress notes did not reflect participation in their documented preferred supports, and minimal one-to-one interactions.
* The consumer’s Behaviour assessment and Behaviour support plan notes behavioural changes and associated triggers are partially attributed to boredom. While interventions are documented, the consumer continues to experience changed behaviours.
* The consumer was declining food and receiving food not in accordance with their preferences, resulting in dissatisfaction at mealtimes and weight loss.
* The consumer was mostly observed in bed in their room for the duration of the Site Audit.
* The Assessment Team was unable to effectively communicate with the consumer and was unsuccessful in contacting the representative.
* In relation to other consumers, staff said they provide additional emotional support through the Meaningful mate program and staff meeting minutes demonstrate staff are encouraged to build meaningful relationships and spend time with consumers. Visiting church services are held for different faiths.

The provider did not agree with the Assessment Team’s findings and provided the following information and/or evidence to refute the Assessment Team’s assertions:

* Activity participation records, commencing after completion of the Site Audit, demonstrating the consumer is involved in activities and is regularly engaged.
* Explanation that as the Assessment Team did not interview the consumer due to the language barrier and their representative could not be contacted, a comprehensive assessment of the consumer’s needs and preferences could not be determined.
* Multidisciplinary case conference record demonstrating the consumer’s care plan was reviewed and updated on 7 December 2022, in consultation with their representative who was satisfied with the care and services their family member receives. The representative was contacted again on 4 January 2023 and reiterated they were happy with the care provided.
* The consumer’s weight chart showing that although the consumer experienced a significant decrease in weight between April and September 2022, the consumer gained 2.4 kilograms between 31 October and 12 December 2022. Explanation that the consumer’s food preferences are always available to them if they dislike the choices of main meals offered and this variety has contributed to improved nutritional intake.
* Progress notes and Behaviour recording chart and support plan showing when the consumer displays a change in behaviour, appropriate emotional support is provided and reported to clinical staff.

I have considered both the Assessment Team’s report and the response and evidence submitted by the provider, and I have reached a different conclusion to the Assessment Team. I find that at the time of the Site Audit, services and supports for daily living promoted each consumer’s emotional, spiritual and psychological well-being.

I have considered that the Assessment Team was unable to obtain feedback from the consumer and representative to identify whether they are dissatisfied with the current supports in place to promote the consumer’s emotional, spiritual and psychological well-being. I have taken into consideration the consumer’s recent commencement on a palliative pathway and the effect this can have on their ability or willingness to participate in a wide range of activities.

The Assessment Team stated preferred activities in the consumer’s care plan have not been reviewed in line with their recent decline, however, evidence in the provider’s response demonstrates their care plan was reviewed on 7 December 2022, in consultation with the representative, who stated they are satisfied with the care and services provided. It could not be determined if an additional lifestyle assessment plan was completed.

The Activity register noted the consumer did not always participate in activities that were in line with their preferences. However, for the two-month sampled period, there were instances recorded where the consumer was engaged, although it could not be established how many times this occurred, including if the consumer was offered opportunity to participate, and if they declined.

The Assessment Team stated the consumer continues to be provided with food not in accordance with their preferences, they decline food, have experienced weight loss and do not enjoy the dining experience. I have placed weight on evidence in the provider’s response demonstrating the consumer had gained weight in the months leading up to the Site Audit. Additionally, there is no evidence linking weight loss, declining of food or dissatisfaction with the dining experience, to a lack of emotional support.

While the Assessment Team asserts the consumer may be experiencing ongoing behaviours due to a decline in their emotional well-being, there was no evidence indicating their emotional well-being had declined or behaviours have increased due to boredom or a lack of emotional or spiritual support.

I have also considered the additional evidence provided by the Assessment Team highlighting all other consumers sampled received emotional, spiritual and psychological support.

Requirements (3)(a), (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g)

Consumers and representatives said consumers get safe and effective services and support for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being, and quality of life. Consumers said they felt supported to do things they enjoyed, participate in activities of interest and maintain their independence. It was noted many consumers choose to participate in a combination of group and individual activities. Staff understood consumer interests and documented them in their care plans.

Consumers said they are assisted with daily living activities that support them to pursue their interests and take part in the community and social activities. Staff were knowledgeable about relationships, preferences and interests and could describe how they support consumers to do things of interest to them which was corroborated in assessments. Consumers were observed participating in group activities, visitors in attendance and consumers engaging with each other in communal spaces.

Referrals of consumers to other organisations, individuals and providers of other care and services are initiated in a timely manner. Staff could describe how they work with external organisations to help supplement the lifestyle program, which was reflected in care planning documentation, such as volunteers from the community visitor scheme.

Consumers said they enjoyed the meals, have input into the menu and are supported to provide feedback for meal options. There are different meals to choose from each day and alternatives, including food offered outside of mealtimes, are available. Documentation showed food is discussed at a variety of different forums and there were no recorded complaints regarding meals.

Consumers said they felt safe when using equipment such as lifting machines and staff knew how to use the equipment competently. Consumers were observed to be provided with equipment that is safe, suitable, clean and well maintained. Staff said they have access to a range of appropriate equipment for consumers needs and are encouraged to request new equipment when necessary.

Based on the information summarised above, I find the service compliant with all Requirements in Standard 4 Services and support 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 environment is welcoming and allows consumers and visitors to easily navigate all areas, as well as facilitating interaction and function amongst consumers. Consumers’ rooms are personalised, creating a sense of belonging, and allowing consumers to maintain their independence. Consumers were satisfied with the service environment, stating that although the building is older with some shared rooms, this does not detract from the overall positive sense of home. One consumer said they are comfortable, feel at home and particularly enjoy using the outdoor areas.

Consumers said the environment is safe, clean and well maintained. Consumers commented they feel safe and can move comfortably throughout the service environment. One consumer said they enjoy sharing a room as it creates a close friendship. Staff described how they keep consumers safe by reporting and minimising hazards and how they support consumers with mobility issues to access communal areas. Consumers were observed accessing all areas of the service environment, including outdoor gardens. Emergency procedures are readily accessible to staff in the event of an emergency.

Furniture, fittings and equipment appeared safe, clean and well maintained. Consumers said they were comfortable and everything they required was provided to them, including the repair of any issues in their room or around the service environment. Cleaning staff said they have the equipment needed to perform their duties and are guided by a detailed cleaning schedule. The service environment and equipment are maintained through the use of a proactive maintenance register and a system is in place to monitor and react to unexpected issues.

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

Consumers said they are supported to make complaints, or raise suggestions, and feel comfortable to speak with staff. Staff described how they support consumers to raise concerns and receive training on the topic during induction. Feedback and complaints are obtained verbally, written or through resident and staff meetings, and are logged into the electronic system to ensure all concerns are addressed. Information is provided to consumers and visitors regarding the complaints process and feedback forms are readily available. Documentation reviewed showed complaints and feedback were encouraged to be given at resident meetings and in newsletters.

The service has information regarding advocacy or language services, including information for external complaints stakeholders. Consumers were aware of these services; however, they have not had to utilise them. Staff were aware of their responsibilities if a consumer was to raise a concern and described how they would support them. The service provides consumers with information during the entry process. Pamphlets and information sheets, including some in multiple languages, were observed throughout the service for consumers to access.

Consumers and representatives said when they have raised concerns in the past, staff on the floor and management have responded appropriately and in a timely manner. Review of the complaints register confirmed actions had been taken in response to complaints raised. The service has an open disclosure process and examples were given demonstrating staff apologise when things go wrong.

Complaints and suggestions are used to improve the quality of care and services. The service demonstrated how it reviews feedback and provided examples of how services were improved, primarily in relation to meals, such as developing food focus groups and direct engagement from kitchen staff with the consumers to obtain relevant and timely feedback.

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

The service has a system for planning and managing the workforce to ensure the number of personnel is sufficient to meet the care needs of consumers. Consumers and representatives were satisfied with the number of staff and said consumers’ needs were met. Overall, staff said they have enough time to conduct their duties and there are enough staff rostered each day. Staff allocation sheets showed the service has managed to provide quality care and services despite a high number of unfilled shifts.

Consumers and representatives said staff were kind, caring and respectful; comments included how staff went ‘above and beyond’ and ‘the staff are very good, all of them’. Staff were able to describe how they tailor the delivery of care for consumers to ensure kindness and respect is a part of their daily routine. This was confirmed by observations of staff interactions and the service’s Code of conduct, which staff must agree and adhere to.

Staff were able to demonstrate they have the knowledge to effectively perform their roles. Consumers expressed confidence in staff competency and felt safe during the delivery of care. The service ensures staff are recruited with the appropriate qualifications and are continued to be supported to improve their knowledge and skills through ongoing training.

On commencement of employment, staff are required to complete a corporate orientation program that contains a number of mandatory training modules. Training is provided to staff continually throughout the year, covering topics such as various clinical modules, choice and decision making and understanding dementia. Staff felt they were provided with enough training to perform their role competently and could request further training if required. The service identifies training needs through a variety of mechanisms such as feedback, audits, clinical indicators, incidents and changes to legislation.

Staff are required to undertake performance appraisals on completion of their probation period and annually thereafter. Performance management processes are in place when staff do not perform to the expected standard; those processes may be initiated by consumer feedback, audits or incidents. Further support is provided to staff when there is a need for improvement and the service provided examples of this.

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

Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement through various feedback mechanisms such as the complaints and feedback process, resident and family surveys, electronic feedback system at the entry to the service and the online website. The feedback obtained from consumers and representatives is used to drive continuous improvement at the service.

The service’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for its delivery through an organisational structure that ensures the strategic direction of the organisation is communicated to all members of the workforce. The governing body has operational oversight of indicators such as clinical risk, quality improvement activities, audit findings, feedback and complaints, reportable incidents and actions for continuous improvement.

The service has governance systems and processes, from the care and service level through to the governing body, for managing and governing the delivery of care and services relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service has risk management systems and processes to identify and assess high impact or high prevalence risks to the health, safety and well-being of consumers. The incident management system identifies any trends or risks and is used to improve care and services. Consumers are supported by the service to the live the best life they can and maintain their independence by undertaking activities of risk. The service responds to allegations and incidents of abuse and neglect of consumers through an investigation process.

The clinical governance framework, and associated policies and procedures, provides guidance relating to antimicrobial stewardship, minimising the use of restraint and open disclosure. The restrictive practice register showed the application of restraint is documented and the safety and wellbeing of the consumer is monitored. The infection control lead and clinical manager monitors antibiotic usage and implements effective antimicrobial stewardship practices. Open disclosure is practised, and staff have been trained in its principles.

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 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)