Performance

Report

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| Name of service: | Performance report date: |
| Bupa Ashfield | 21 June 2022 |
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| Approved provider: | Activity date: |
| Bupa Aged Care Australia Pty Ltd | 10 May 2022 to 12 May 2022 |

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 Bupa Ashfield (**the service**) has been considered by G Cherry, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 conducted 10 to 12 May 2022 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 June 2022

# Assessment summary

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

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

Implement effective services and supports for daily living that:

* Ensure each consumer is supported to receive effective services and supports to meet their needs, goals and preferences to optimise independence, health, well-being and quality of life
* Provide services and supports promoting each consumer’s emotional, spiritual and psychological well-being
* Ensure services and support assist each consumer to participate in meaningful activities of interest to them.

# Standard 1

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| Consumer dignity and choice | | Compliant |
| 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

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

Sampled consumers consider they are treated with dignity and respect, can maintain their identity, make informed choices about care and services and are supported to take risks to safely live life as they choose. Consumers said staff are kind, friendly and encourage/support them.

Consumers said the service provides care and services in line with their culture and values. They said staff discuss risks associated with their choices and gave examples of how they are supported to participate in a manner as safe as possible. Consumers and representatives said they are kept informed of changes to care and services and receive information to enable them to make decisions.

The Assessment Team observed staff offering consumers privacy when delivering care and respectfully interacting with them. The Assessment Team bought forward deficits relating to culturally safe care. Interview with care and lifestyle staff demonstrated knowledge of consumers personal life, culture and preference which influence delivery of care and consumer documentation captures language spoken, cultural and spiritual needs, albeit of a generic nature. In addition, some staff were unable to articulate how cultural aspects are considered when providing care. In their response the approved provider contends availability of various forums for consumers and representatives to have input into cultural activities and evidenced cultural activities which do occur. Documentation related to privacy, dignity and diversity outline organisational expectations regarding consumer care and services. The organisation has a Diversity and Culturally Appropriate Care policy which outlines the importance of supporting consumers to participate in activities according to cultural and religious beliefs. In addition, individual preferences are documented through admission assessments/care planning processes to support provision of a culturally appropriate lifestyle program. I acknowledge the service’s processes to gather consumers needs and place weight on consumer’s positive feedback in relation to provision of care and services in line with their culture and values. I find requirement 1(3)(b) is compliant.

Registered staff gave examples of supporting consumers to make informed choices through engagement and consultation during assessment and care planning processes. Staff gave examples of maintaining consumers’ confidentiality and privacy when providing care/services and communicating with others.

The Assessment Team observed some consumer’s rooms contained minimal personal items and not reflective of their cultural identity. In their response the approved provider contends consumers are encouraged to personalise rooms as an aspect of respecting consumer choice however committed to actively raise awareness at subsequent meeting forums and with family and representatives to assist in personalising consumers rooms if they choose.

Care planning documentation details religious/spiritual needs, personal beliefs, consumers cultural heritage and demonstrates discussion of mitigation strategies relating to risk. Risk assessment documentation demonstrates consumer/representative involvement and informed decision making. Documentation is stored in a confidential manner including password protection for electronic records.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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 Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

Sampled consumers and representatives expressed satisfaction they are involved in initial and ongoing planning of care and services, including individualised palliative care and end of life choices. Consumers and representatives consider staff involve them in assessment and planning of care through conversations and meetings, upon entry, on a regular ongoing basis, when incidents occur and/or consumers’ needs change. They said staff explain care needs/outcomes and risks relating to individual choices and discuss end of life wishes.

Most consumers and representatives consider they are included and informed of assessment and care planning outcomes, medical officers, specialists and other health professionals are included in this process and they generally have access to care plan documentation.

Clinical and care staff describe the assessment, care planning and review processes and how they involve consumers and others where required. Clinical risk assessments are completed and demonstrate consumers involvement with agreed management and/or mitigation strategies. Incidents are investigated and analysis and monitoring processes result in improvement actions where a need is identified.

Overall, the service demonstrates a partnership approach with consumers and/or representatives. Documented organisational requirements and policies guide staff practice and ensure ongoing reassessment processes. Staff demonstrate knowledge of their responsibilities and conveyed examples of positive consumer outcomes.

The Assessment Team reviewed assessment, care and services planning documentation, including advanced care plans/end of life plans and noted individualised outcomes, reviews and case conferencing meetings are regularly completed, with input from consumers and others of their choosing. Care plans generally demonstrate behaviour support plans aimed to reduce/prevent escalating behaviours.

Documentation reflects involvement by consumers, their representatives, medical officers, specialists and other allied health professionals. Representatives and appropriate medical and allied health professionals are involved when circumstances changes and/or when incidents occur.

Policies and procedures, work instructions and flow charts guide staff in the provision of care relating to these requirements.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 Quality Standard is assessed as compliant as seven of the seven specific requirements have been assessed as compliant.

Overall, sampled consumers consider they receive quality care and services that is tailored to their needs from staff who are knowledgeable and capable. The service demonstrates safe consumer care, clinical staff manage consumer’s specific clinical needs, appropriate action is taken when consumers’ health deteriorates, and regular medical reviews occur in response to changing needs. Representatives said they are contacted when a change in consumer’s health occurs and clinical staff, specialists and medical officers implement appropriate clinical care needs; staff have knowledge of consumers individualised clinical care needs.

Care planning documentation reflects end of life wishes and staff demonstrate knowledge of managing care for consumers nearing end of life. A ‘Journey Process’ model of care supports consumers health deterioration.

Staff describe clinical, emotional, spiritual, cultural care needs for individual consumers and gave examples of organisational supports to guide them in delivering clinical care that is best practice, individualised and tailored to consumer’s specific needs. The service’s restrictive practice management policies and procedures reflect best practice and guide staff in undertaking risk assessments. Documentation review demonstrates staff identify high impact/prevalence risk through assessment processes and document individualised strategies for effective risk management. Clinical and care staff demonstrate knowledge of sampled consumer’s personal and clinical care needs and risk strategies, such as falls management, weight loss, skin integrity, wound and pain management and complex behavioural needs. Clinical staff demonstrate an understanding of individual and organisational risks, strategies utilised to minimise risk and gave examples of improved consumer outcomes. Staff are trained in the process of reporting incidents and escalating issues of concern, including knowledge of the Serious Incident Response Scheme reporting requirements. Risks are reported, monitored and analysed to ensure effective management and improvement identification.

Clinical and care staff are aware of triggers, strategies and desired outcomes for consumers experiencing complex behavioural needs. Review of clinical documents identify medications are regularly reviewed with a focus to reduce/or discontinue use of chemical restraint. Non-pharmacological interventions are documented and trialled prior to administration of medication.

Information about consumer’s condition, needs and preferences is documented and communicated to all where care responsibility is shared. The service demonstrates deterioration or change of consumers’ mental health, cognitive/physical function/capacity is recognised, and consumers are referred to specialists and allied health services in a timely manner. Review of care documents of consumers who recently died, and interviews with staff, evidence consumers nearing end of life are cared for according to their needs and preferences. Care and clinical staff spoke in a manner demonstrating kindness and compassion regarding end-of-life care. Reviewed care plans detailed generally individualised personal and clinical care management strategies based on assessed needs, consultation with consumers and/or representatives and referral to a range of specialists and health professionals.

The service demonstrates effective implementation of standard and transmission-based precautions to prevent/minimise infections and promotion of appropriate antibiotic use. Staff demonstrate understanding of infection control and antimicrobial stewardship principles describing strategies to minimise antibiotic use. The Infection Prevention Control (IPC) lead provides advice and oversight as part of ongoing, day-to-day operations of infection prevention and control.

Policies and procedures, work instructions and flow charts guide staff in the provision of best practice principles relating to these requirements.

# Standard 4

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| Services and supports for daily living | | Non-compliant |
| 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. | Non-compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Non-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 | Non-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

The Quality Standard is assessed as Non-compliant as three of the seven specific requirements have been assessed as Non-compliant.

Some sampled consumers consider they get services and supports for daily living that are important for their health and well-being and enable them to do things they want however this was not consistently demonstrated for all consumers. Consumers expressed conflicting views relating to satisfaction. Some consumers and representatives expressed positive feedback in relation to staff supporting consumers to participate in the community and in activities of interest. Other consumers expressed dissatisfaction of not being supported, offered activities not of interest/preference and a lack of activities.

Staff interviewed demonstrated general knowledge of consumer’s preferences/needs and gave examples of supporting some consumers individual needs. Staff advised the activities program is focused on group-based activities however they attempt to cater for individual needs and gave examples of adjusting some group activities to accommodate consumers experiencing vision or cognitive impairment.

The service did not demonstrate an effective system to ensure consumers’ religious and spiritual needs are met. The Assessment Team bought forward evidence that while documentation contains details of religious and spiritual needs, demonstration of how needs are met was not evident. Consumers expressed dissatisfaction their spiritual needs are not met. While policy documentation guides organisational expectations, the service did not demonstrate how they facilitate consumers needs and preferences.

Care planning documentation generally detailed information relevant to consumer’s needs including life history, spiritual, emotional and psychological needs and preferences, family, social connections and choices relating to activities of interest, however this is not consistently demonstrated. The service did not demonstrate consumers assessed needs are utilised in development of the activities program and documentation did not demonstrate consumers participation in activities of choice. The Assessment Team observed activities did not align with program documentation and limited information is provided to consumers to enable them to make an informed decision to participate.

While the Assessment Team observed some consumers participating in activities they also observed on consecutive days, several consumers not engaged or being offered any meaningful activities.

Management described project plans regarding outdoor gardening activities. In their response the approved provider acknowledged consumers have not been supported to participate in activities of choice and preferences have not always been met; citing Covid-19 pandemic and recent weather events as the cause. They evidenced some reassessment, updating of care plan and other documentations has occurred as a result of evidence bought forward by the Assessment Team. While some immediate and post action occurred as a result feedback provided by the Assessment Team the service’s self-monitoring systems were not effective in ensuring all requirements of this Standard are consistently met. The approved provider further advised of planned rescheduling of spiritual services, an area to be converted for spiritual/quiet reflection and proposed actions to ensure activities of choice continue via alternative methods. While I acknowledge immediate and planned actions, the approved provider has responsibility of ensuring the Quality Standards are consistently met. I find requirements 4(3) (a), (b) and (c) are non-compliant.

Most consumers and representatives consider there is effective communication within the service and gave examples to support this view. Interviewed staff explained processes to ensure they are aware of consumers current needs and lifestyle staff gave examples of information documentation available for consumers and representatives. Evidence of links with other organisations and the wider community was demonstrated and consumers expressed satisfaction. Management noted several consumers are in the process of being referred to community visitor schemes however this is not yet finalised.

Consumers expressed satisfaction there is a variety and sufficiency of foods; staff have knowledge of their preferences/dietary needs and there are opportunities for input into meal delivery. Consumers are satisfied with the cleanliness/maintenance of equipment. Care planning documentation detailed dietary preferences and needs, and systems ensure catering staff are aware of consumers preferences; plus monitoring processes ensure satisfaction. Consumers were observed during meal service with staff providing some assistance where required. However, the Assessment Team noted limited table settings, cutlery to support consumer independence or practices to enhance/optimise consumer’s dining experience.

The Assessment Team observed the service environment to be clean, however noted some equipment used by consumers required cleaning. Staff explained the process of cleaning equipment (this is considered in Standard 5).

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

Sampled consumers consider the environment to be welcoming, they feel at home and staff assist them to access external areas. Some expressed dissatisfaction that other consumers enter their rooms without permission. Management advised of strategies to assist consumers in wayfinding however the assessment team noted navigational signs were not at consumer eye level. The approved provider advised of immediate addition of wayfinding signage on both levels as a result of feedback. Documentation review detailed the service’s monitoring and auditing processes resulted in actions to assist wayfinding and enhancements to both internal and external environments.

Consumers expressed satisfaction with cleaning of the environment and equipment and staff described the process for ensuring this occurs. The Assessment Team observed the environment to be clean, generally well maintained and free of obstacles. The service demonstrated an effective preventative and responsive maintenance program, cleaning programs and processes to ensure stocks of goods and equipment. The Assessment Team observed external contractors conducting rectification work identified by the service’s monitoring processes.

Management and staff advised consumers have access to external environments and some consumers were observed accessing outdoor areas, however the Assessment Team noted minimal consumers doing so. The approved provider acknowledged the Assessment Team’s feedback however attributed this to weather conditions at the time. The Assessment Team observed staff limiting some consumers access to others as a strategy to prevent spread of infection and the approved provider detailed monitoring and management processes to ensure infection control practices are effective.

As a result of feedback bought forward by the Assessment Team, the approved provider advised of an area to be converted for use as a quiet reflection area (refer to Standard 4).

I have given weight to the overall positive feedback from consumers and representatives in relation to the environment and the service’s demonstration of self-monitoring processes to identify areas of improvement. I find requirements 5(3) (a) and (b) are compliant.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

Sampled consumers and representatives consider all are encouraged and supported to provide feedback/complaints and appropriate, timely action is taken. Several mechanisms capture feedback/complaints and the service demonstrated review and analysis lead to quality improvements.

Consumer and representatives expressed satisfaction regarding confidence they could give feedback/suggestions in a safe environment, are familiar how to do so, they receive prompt responses and suggestions are used to improve services. They describe management and staff as approachable, encouraging and understanding when issues are raised. Consumers said they are encouraged and supported to participate through meetings, feedback/complaint mechanisms, surveys, individual assessment and care planning discussions. Consumers and representatives demonstrated awareness of advocacy and language services plus external complaints processes.

The service demonstrates a process by which appropriate action is taken when complaints are made; including implementing open disclosure practices. Staff gave examples of how they encourage consumers or representatives to voice their concerns and have received training in principles of open disclosure. Staff explained how they use body language, picture cards, or online translation programs to interact with consumers who cannot communicate in English. The service demonstrated actions taken in response to complaints and provided examples of feedback resulting in improvements. The Assessment Team observed a representative from an external service provider delivering an information session to consumers about aged care rights and advocacy services.

The Assessment Team observed information is displayed throughout the service and in documentation regarding translation services, advocacy and external avenues of complaints management.

Policies and procedures guide staff in the provision of care relating to these requirements.

**Standard 7**

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| Human resources | | Compliant |
| 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 Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

Sampled consumers and representatives consider consumers receive quality care and services in a timely manner from management and staff who are knowledgeable, capable, caring and kind. Consumers said staff are gentle, know what they are doing, respond to requests for assistance in a timely manner; there are adequate numbers of staff with skills to meet their needs and spoke of a trusting relationship with staff.

The Assessment Team observed staff assisting consumers in a clam, gentle respective manner.

Management monitor workforce planning and have oversight of rostering and staff allocations, ensuring appropriate staff numbers/skill mix and coverage for unplanned leave. Interviewed staff express satisfaction they can generally complete allocated tasks and meet consumer’s needs. They said they are provided with equipment and ongoing support, training, professional development, supervision and feedback to enable them to perform duties of their role.

Management discussed a comprehensive recruitment process detailing the monitoring process to ensure staff have appropriate qualifications and skills. An orientation, training and competency process ensures staff receive training relevant to the service’s processes and consumer’s specific needs.

Education and training records demonstrate staff training regarding the Aged Care Quality Standards, changes in legislative requirements and relevant competencies for designated roles. There are systems for regular assessment, monitoring and review of staff performance.

Policies and procedures guide the provision of care relating to these requirements.

**Standard 8**

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| Organisational governance | | Compliant |
| 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 Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

Sampled consumers and representatives consider the organisation is well run and they are supported to provide input into the running of the service through a range of processes. Consumers and representative’s express satisfaction management seeks and responds to feedback. The service demonstrated a process of consumer/representative engagement in suggestions and development of continuous improvement. An example of recent improvement includes an electronic medication system aimed at reducing medication incidents.

The service is part of an organisation-wide governance structure. Management demonstrated governance systems and board member involvement to ensure provision of safe, quality and effective consumer care compliant with legislative requirements and Quality Standards. There are effective governance systems in areas of information management, continuous improvement, financial and workforce governance, regulatory compliance, feedback and complaints and risk management systems. Local systems are supported by organisational governance frameworks. Communication occurs between organisational leaders, the management team and consumers/representatives.

The service has a risk management system for recording, monitoring and evaluation of risks including an escalation and reporting pathway. Risk management policies and procedures form part of the overall governance framework of which staff demonstrated knowledge and application. A documented clinical governance framework includes a policy for antimicrobial stewardship, minimising restraint and principles of open disclosure. Staff demonstrate knowledge of organisational systems, regulatory requirements, feedback/complaints, clinical and risk management systems and processes for escalating issues of concern. The organisation demonstrated they trend, analyse and respond to high impact/high prevalence risks.

The Assessment Team observed documentation and management and staff demonstrated opportunities for improvement are identified, incidents and feedback are used to drive continuous improvement and there is a process for the board to monitor compliance with the Quality Standards.

The Board’s commitment is reflected in policies and procedures which guide staff in the provision of care relating to these requirements.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)