Performance

Report

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| Name of service: | Bupa Bateau Bay |
| Service address: | 17 Bias Avenue BATEAU BAY NSW 2261 |
| Commission ID: | 0017 |
| Approved provider: | Bupa Aged Care Australia Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 22 February 2023 to 24 February 2023 |
| Performance report date: | 29 March 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 Bupa Bateau Bay (**the service**) has been prepared by E Woodley, 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.
* the provider’s response to the assessment team’s report received 20 March 2023.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Non-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 | **Non-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.

* Requirement 1(3)(c) – the approved provider must demonstrate each consumer is supported to exercise choice and independence in making and communicating decisions about their care, and the way their care and services are delivered. The service has effective processes to support consumers in communicating these choices and preferences, and identify when care is not being delivered in accordance with these choices.
* Requirement 7(3)(a) – the approved provider must demonstrate the workforce deployed enables the delivery and management of safe and quality care and services. This includes personal care in line with consumer choices and preferences, for consumers who require multiple staff assistance with mobility and transfers, and assistance with lifestyle services and supports.

# 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. | Non-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 non-compliant as one of the six specific Requirements have been assessed as non-compliant.

Several consumers interviewed by the Assessment Team indicated they are not able to make decisions regarding their showering preferences and when their personal care is provided. One consumer told the Assessment Team they only receive a shower once a week, and would like this more often. This consumer said they recently went two weeks without having a shower, and staff interviews confirmed this. This consumer’s preferences regarding physiotherapy had not been met during the Site Audit. Another consumer expressed dissatisfaction with their care preferences being met, including they like to get up early and sit outside, however they require staff assistance for this and is regularly not assisted out of bed until 10.30am. This consumer said they usually have to go back to bed in the early afternoon as this is when suits staff. This consumer’s choices regarding continence products and showering were also not being met during the Site Audit.

The approved provider’s response identifies for consumers named in the Site Audit report, the service has discussed their care and made changes for this to be delivered more in line with their choices and preferences. The provider’s response identifies some additional information about the care assessment and delivery for these consumers. The approved provider demonstrated that staff have been reminded that consumers are able to choose when they are assisted to bed, the service completed a review of the showering preferences for all consumers and developed a tracking chart for monitoring and oversight.

The approved provider demonstrated action taken in response, and improved outcomes for consumers, for the specific issues identified in the Site Audit report. However, I am not satisfied that the service’s processes are consistently effectively in ensuring all consumers are supported to exercise choice and independence to make decisions about the way care and services are delivered, and identifying when care is not being delivered in accordance with these choices.

I find the following Requirement is non-compliant:

* Requirement 1(3)(c)

Most consumers and representatives interviewed by the Assessment Team said that consumers are treated with respect and dignity, with their identity, culture and diversity is valued. The Assessment Team observed staff speaking about consumers respectfully and interacting with consumers in a respectful manner throughout the Site Audit. While two consumers interviewed provided feedback that the personal care delivery is not consistently dignified or in line with their preferences, I have considered this in my assessment of Requirement 1(3)(c). Overall, I am satisfied consumers are treated with dignity and respect and their identify, culture and diversity are valued.

The service demonstrated care and services are culturally safe, and information about consumer’s life history including their cultural and spiritual needs is captured in care planning documentation to guide staff practice. Documentation indicated consumers are supported to take risks to enable them to live the best life they can. Dignity of risk assessments are completed to support consumers who undertake activities involving some level of risk. Where appropriate, measures to mitigate the risk are identified and implemented. Information provided to consumers is generally clear, easy to understand and enables consumers to make choices. Most consumers interviewed indicated they are satisfied with information they receive to enable them to exercise choice in relation to meals, the lifestyle program, and complaint and advocacy services.

The service has processes which are followed by staff to ensure that consumer’s privacy is respected, and their personal information is kept confidential. Consumers indicated staff knock on their door before entering and that staff close the door when assisting consumers with their personal hygiene requirements or activities of daily living. Staff were observed by the Assessment Team to deliver care and services to consumers in a manner respectful of consumer’s privacy.

I find the following Requirements are compliant:

* Requirement 1(3)(a)
* Requirement 1(3)(b)
* Requirement 1(3)(d)
* Requirement 1(3)(e)
* Requirement 1(3)(f)

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

The Quality Standard is assessed as compliant as five of the five specific Requirements have been assessed as compliant.

Overall, the Assessment Team found the service demonstrated assessment and planning considered risks to consumer’s health and well-being such as falls, skin integrity, pressure injuries, co-morbidities, and previous medical history to inform safe and effective care delivery. A review of consumer files demonstrated assessment and planning generally reflects consumer’s clinical care needs, goals and preferences. Advance care directives and end of life discussions have occurred for consumers, with outcomes effectively documented. The service has effective systems and processes in place to review consumer care and services on a scheduled basis, and when changes occur.

The service demonstrated they have a partnership with consumers and representatives to involve the consumer and their representatives in care assessment and planning. Consumers and representatives indicated satisfaction with the ongoing partnerships with others involved in the consumer’s care. Assessment and planning included other organisations, individuals and providers of care and services that are involved in the care of the consumer.

Some consumers and representatives indicated they had been offered a copy of their care plan, however, others indicated their care is discussed with them regularly and they do not require a copy. Staff reported that they have access to care plans in the electronic care planning system. Staff also said they conduct daily handover prior to commencing their shift to communicate any consumer care changes and needs.

# 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 Quality Standard is assessed as compliant as seven of the seven specific Requirements have been assessed as compliant.

Consumer feedback and documentation reviewed indicated consumer’s personal care is not consistently tailored to their needs or optimising their wellbeing. The Assessment Team found clinical care provided to each consumer is not consistently effective, safe, meeting their needs or optimising their well-being. Several consumers interviewed by the Assessment Team said the personal hygiene care delivered is not meeting their needs. One consumer said they did not receive a shower for several days which exacerbated their skin condition. For one consumer who lives with diabetes, blood glucose levels were not consistently monitored, with insulin not given as directed and out of range parameters escalated to the medical officer. For another consumer, assessment and management of their continence and behaviours were not effective to optimise their well-being. However, wound care reviewed for one consumer was managed effectively.

The provider’s response includes some additional information to the findings in the Site Audit report, and evidence of action taken during and following the Site Audit in response to gaps identified. This includes staff education and training, and review of consumer care directives. The service’s investigation identified that the deficiencies in the management of consumer’s diabetes and continence were likely due to documentation errors in the system which have been rectified and staff training conducted in response. Review of other consumers living with diabetes identified the gaps in management were an isolated case. The provider’s response demonstrates behaviour assessment for the named consumer was underway during the Site Audit, and has since been completed to assist in effective management.

While personal hygiene care was not being tailored to consumer’s needs during the Site Audit, I am satisfied the continuous improvement actions identified in the provider’s response will improve this issue for consumers. I have considered the deficiencies in consumer’s choices regarding care and services being identified and met in my assessment of Requirement 1(3)(c). Considering the provider’s response, and that the Site Audit report does not identify any negative impacts to most consumers as a result of gaps in clinical care delivery, I consider that overall, improvements to the personal and clinical care provided to consumers will ensure care is safe, effective, tailored to their needs, and optimising their well-being.

Documentation reviewed by the Assessment Team demonstrated the service is effectively managing high impact and high prevalence risks including unplanned weight loss, falls, and complex needs management. The Assessment Team identified some gaps in medication management for one consumer. However, this had been identified and some action taken by the service prior to the Site Audit. Evidence reviewed by the Assessment Team did not identify systemic issues in medication management or administration.

For the consumers sampled who are nearing the end of their lives, documentation indicated the consumer’s end of life care needs and preferences had been identified by staff in consultation with consumers and representatives, including when referral to palliative care services is required. For a consumer who had recently passed away at the service, end of life preferences were identified and met, including pain monitoring and management to ensure their comfort was maximised.

The service demonstrated consumers who have experienced a deterioration or change in their cognition, condition, function, or mental health have their needs recognised and responded to in a timely manner. Consumers are referred to specialist services in response to deterioration to identify interventions and changes to care required. For the consumers sampled, care planning documents evidenced referrals made to providers of care where required, for example speech pathologist, dietician, wound specialist and mental health specialist. The service has recently implemented an electronic care planning system which enables the service to communicate the consumer's condition, needs and preferences within the organisation and with others where responsibility for care is shared.

Staff interviewed demonstrated an understanding of antimicrobial stewardship and the principles for infectious outbreaks, including standard and transmission-based precautions. The service has a surveillance system in place to monitor infections, and processes to ensure pathology is completed prior to administration of antibiotics. Consumer care planning documentation identified when consumers have had infections, preventative measures to mitigate risk of reoccurrence of a repeat infection are implemented.

# 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

The Quality Standard is assessed as compliant as seven of the seven specific Requirements have been assessed as compliant.

Most consumers interviewed by the Assessment Team indicated services for daily living support their independence, health, well-being, and quality of life. This included laundry services, engagement in activities of interest, support to maintain relationships with their family and friends, and emotional, spiritual and psychological supports. However, one consumer said there is sometimes insufficient numbers of staff to support them to attend the church services held at the service.

The service demonstrated processes are in place to document and share information about consumer’s needs and preferences within the organisation and with others when required. Staff interviewed were able to describe ways that the service effectively manages the communication of consumer information in relation to services and support for daily living. The service demonstrated timely and appropriate referrals to individuals, organisations and providers of other care and services to enhance the lifestyle of consumers. This included to volunteer services, hairdressers and dementia support services.

The service demonstrated they endeavour to provide meals that are varied and of suitable quality and quantity. Consumers who dine in the dining rooms gave mainly positive feedback saying the food was hot, they enjoyed their meals, had variety, and there was enough to eat. However, some consumers who dine in their rooms indicated the food was lukewarm or cold. When this feedback was provided to the service by the Assessment Team, management indicated they would review the process for consumers who eat in their rooms.

The Assessment Team observed a range of mobility and lifestyle equipment which appeared to be suitable, clean, and in good condition. The service has a system for ensuring equipment is cleaned by staff following use. However, for two consumers who required bariatric equipment, this was not provided in a timely manner.

# 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 Quality Standard is assessed as compliant as three of the three specific Requirements have been assessed as compliant.

Consumers interviewed by the Assessment Team indicated that the service environment is welcoming to them, their friends and family, they feel supported and have developed nice relationships with staff and other consumers. The Assessment Team observed some wayfinding signs for consumers to assist them in locating their room.

The service was observed by the Assessment Team to be safe, clean, and comfortable, and generally enabled consumers to move freely indoors and outdoors. Consumers and representatives interviewed indicated they consider the service environment to be generally safe, well maintained, and comfortable. While the Assessment Team observed some areas of the service that required maintenance, including uneven flooring areas and damaged walls, the service had previously identified this and had plans in place to rectify, or arranged for it to be rectified once identified by the Assessment Team.

The furniture, fittings and equipment were generally observed by the Assessment Team to be clean, maintained and used safely. Consumers interviewed described the furniture and equipment as clean, generally maintained and comfortable, and said they can report maintenance issues to staff.

# 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

The Quality Standard is assessed as compliant as four of the four specific Requirements have been assessed as compliant.

All consumers and representatives indicated they are comfortable providing feedback and complaints to the service. The service provided examples of how consumers and their representatives are encouraged to give feedback. Most consumers and representatives indicated they have been provided with information around advocacy and language services to raise or resolve complaints, and information on these services was observed around the service. Representatives from advocacy services had recently spoken at consumer and representative meetings.

Most consumers and representatives interviewed indicated appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. However, two consumers indicated although they feel comfortable to complain, not much happens when they do complain. The service demonstrated complaints in the past year have been reviewed and led to systemic changes at the service. Service management were able to provide examples of how feedback and complaints were reviewed and used to improve the quality of care and services.

# 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. | Non-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 non-compliant as one of the five specific Requirements have been assessed as non-compliant.

The Assessment Team found the service did not demonstrate the number of the workforce deployed consistently enables the delivery and management of safe and quality care and services. All consumers and representatives interviewed by the Assessment Team indicated there was not enough staff at the service to meet their needs and preferences. Consumers interviewed said they have to wait a long time for their call bells to be answered, and they did not receive personal care in line with their needs and preferences. Other consumers identified that insufficient staffing was impacting on their assistance to church services and meal service in their room. Roster documentation reviewed for the period prior to the Site Audit demonstrated many care shifts were not filled, and call bell data identified many call bells were not answered within the service’s timeframe expectation. While the service had previously identified long call bell response times as an issue and was reviewing long wait times, the service did not provide evidence of action taken to address this. In particular, documentation reviewed and consumer and staff interviews identified consumers who require multiple staff assistance with mobility and transfers regularly wait long periods of time for assistance.

The provider’s response includes additional information about the workforce planning during the Site Audit, including as the service had a number of vacancies, the service determined consumer needs could be met with a reduction in staff numbers. The provider’s response included additional information regarding call bell data, and ongoing recruitment for care staff. For consumers named in the Site Audit report, the service has met with these consumers to discuss their feedback and improve outcomes. The provider’s response identifies some continuous improvement actions to improve response times for consumers including staff training and phones for staff so they can be contacted when in other areas of the service to assist with consumer needs.

While the service has undertaken workforce planning and some continuous improvement action, I am not satisfied this has been effective in ensuring the workforce deployed consistently enables the delivery of quality care and services that meet consumer needs and preferences.

I find the following Requirement is non-compliant:

Requirement 7(3)(a)

Consumers and representatives interviewed indicated workforce interactions with consumers are mostly kind, caring and respectful. The Assessment Team observed staff interactions with consumers to be kind, caring and respectful during the Site Audit.

The service has processes for recruitment, training, and orientation to deliver the outcomes required by the Quality Standards. Review of a sample of staff personnel files and records showed that staff recruitment and orientation processes are being followed. The service demonstrated the workforce has the necessary qualifications to effectively perform their roles. The management team provided evidence staff were up to date with all mandatory training including on abuse and neglect of consumers and infection control.

Most staff interviewed indicated they had completed a performance appraisal in the past 12 months. Service management demonstrated they monitor staff practice in-person on an ongoing basis, undertake staff competency assessments regularly, and monitor consumer and representative feedback and incidents to inform staff performance review.

I find the following Requirements are compliant:

Requirement 7(3)(b)

Requirement 7(3)(c)

Requirement 7(3)(d)

Requirement 7(3)(e)

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

The Quality Standard is assessed as compliant as five of the five specific Requirements have been assessed as compliant.

The service demonstrated consumers are engaged in the development and delivery of care and services at the service and organisational level, with opportunities to provide feedback and evaluate care and services. The organisation’s continuous improvement and governance frameworks detail how consumer experience and participation are factors in the provision of quality and safety care. The organisation has a resident experience and engagement committee which escalates consumer feedback to the organisation. The service demonstrated the governing body is accountable for the delivery of safe, inclusive and quality care and services. Regular communication is sent from the board regarding policy and procedure changes, work health and safety alerts, and clinical alerts. The board demonstrated changes implemented in response to complaints, incidents and staff and consumer feedback across the organisation.

While there were some gaps identified in relation to evaluation of continuous improvement at a service and organisation level, overall, the service demonstrated that the governance systems implemented are effective. This includes regarding information management, continuous improvement, financial governance, regulatory compliance, and feedback and complaints.

There is an organisational risk management system which directs the service’s incident and risk management processes. The organisation has policies and protocols for risk and incident management and risk oversight, and identification and response to abuse and neglect. However, the Assessment Team identified gaps in the personal care delivery of consumers which had not been considered as possible neglect. The service advised that the organisation’s process is for personal care charting to only be completed for consumers assessed as at risk. The approved provider’s response to the Site Audit report identifies continuous improvement action implemented regarding assessment and monitoring of consumer personal care delivery.

The organisation has a clinical governance framework, and a range of policies and procedures covering antimicrobial stewardship, restrictive practices and open disclosure. The clinical governance framework guides the organisation’s development, implementation and monitoring of clinical governance to promote safe and quality care for consumers. The service explained the organisation’s governance and practices including medication advisory committee meetings, clinical governance meetings and monthly trend analysis of data from internal audits.

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