Performance

Report

**1800 951 822**

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| Name of service: | Bupa Bendigo |
| Service address: | 208 Holdsworth Road BENDIGO VIC 3550 |
| Commission ID: | 3614 |
| Approved provider: | Bupa Aged Care Australia Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 9 January 2023 to 13 January 2023 |
| Performance report date: | 14 February 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 Bendigo (**the service**) has been prepared by V Stephens, 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 on 7 February 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

All sampled consumers stated they are treated with dignity and respect. File review demonstrated care plans were individualised and reflected what was important to consumers, including their goals and values.

Sampled consumers and their representatives expressed satisfaction that the care consumers receive is culturally safe. Staff were able to provide examples of how they support individual consumer needs and care planning documentation included references to the cultural background, customs and beliefs of consumers.

All sampled consumers stated they are supported to make choices and decide how care and services are delivered to meet their needs. Representative contact information is detailed in care documents reviewed and consumers and/or their representatives could provide examples of timely communication. Consumer relationships are respected, including intimate relationships.

Consumers identified with elements of risk involved in their care choices are supported by the service through ongoing consultation and discussion. The positive effect on well-being and self‑identity for the consumer is considered as well as the potential for physical harm and these considerations are documented in the care and services plan, progress notes or the dignity of risk discussion form.

The service demonstrated clear and easy to understand communication with consumers and/or their representatives. Staff described how current information is provided to consumers in a timely fashion. The service has documentation and processes to inform and enable consumers to make choices.

Consumers and representatives were satisfied that consumer privacy is respected and information remains confidential. Consumers described how staff practice maintains dignity and respect. Staff could describe various ways to ensure the privacy and confidentially of consumer information is protected.

# Standard 2

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

Findings

The service was found non-compliant with Requirement 2(3)(a) during a site assessment in June 2021 as the service did not demonstrate that assessment and care planning accurately informed consumer care and risks related to falls, responsive behaviours, wound assessment, and skin integrity. The service has implemented several actions to address these previously identified deficits including additional staff training on clinical topics and commencing clinical review meetings.

The service has demonstrated improvement in assessment and care planning as specified in the service’s plan for continuous improvement. All sampled consumers and/or their representatives expressed satisfaction with consumer care planning and indicated confidence that risks are identified and strategies to minimise harm are planned. Feedback from clinical staff and review of care planning documents demonstrated comprehensive multidisciplinary assessments and that individualised care plans are completed using a range of validated risk assessment tools to assess and plan consumer care including the consideration of risks. Accordingly, I find the service compliant with Requirement 2(3)(a).

The service was found non-compliant with Requirement 2(3)(b) during a site assessment in June 2021 as the service did not demonstrate that assessment and planning adequately identified and addressed the current needs, goals and preferences of consumers including advance care planning. The service has implemented several actions to address these previously identified deficits including additional staff training on advance care directives and reviewing advance care directives currently in place.

All sampled consumer care files reflect the current care requirements, goals, and preferences of consumers, including information about advance care planning. Feedback from all sampled consumers and/or their representatives indicated they were engaged in the care planning process to ensure current care plans address what is important to consumers. Clinical staff and management described the service’s care plan review process which ensures an accurate reflection of the current care needs and end-of-life wishes of consumers. Accordingly, I find the service compliant with Requirement 2(3)(b).

The service was found non-compliant with Requirement 2(3)(c) during a site assessment in June 2021 as the service did not demonstrate involvement and partnership with consumers and/or their representatives in assessment, planning, and review. The service has implemented several actions to address these previously identified deficits including education sessions on completing monthly care plan reviews and conducting monthly reviews of care which includes seeking consumer and representative feedback.

The service demonstrated improved consumer partnerships as all sampled consumers and their representatives expressed satisfaction with improved engagement and consultation in planning consumer care. Care documentation for sampled consumers demonstrated the involvement of consumers and/or their representatives in care planning and also demonstrated the contributions of other organisations where appropriate. Clinical staff and management described scheduled monthly care consultations with consumers and/or their representatives in line with the service’s monthly ‘spotlight’ review. Accordingly, I find the service compliant with Requirement 2(3)(c).

The service was found non-compliant with Requirement 2(3)(d) during a site assessment in June 2021 as the service did not demonstrate that ­­outcomes of assessment and planning are effectively communicated to consumers and/or their representatives. The service has implemented several actions to address these previously identified deficits including staff training and promoting awareness of the availability of care plans to consumers and representatives.

Sampled consumer file review demonstrated improved and effective care plan documentation with evidence of discussions with consumers and/or their representatives regarding the outcomes of assessments and care planning. Management and clinical staff described the monthly ‘spotlight’ care plan review process and monitoring by management to ensure its completion as scheduled. Feedback from all sampled consumers and/or their representatives indicates their satisfaction with improved communication and access to consumer care planning outcomes. Accordingly, I find the service compliant with Requirement 2(3)(d).

The service was found non-compliant with Requirement 2(3)(e) during a site assessment in June 2021 as the service did not demonstrate that that ­­strategies were reviewed for accuracy or effectiveness and health outcomes were not always considered or analysed. The service has implemented several actions to address these previously identified deficits including developing a comprehensive education package on care plan reviews and internal audits of care plans.

Assessors found the service has demonstrated an improvement in the review of consumer care. File reviews and feedback from all sampled consumers and/or their representatives reflect care and services are reviewed regularly for effectiveness and following a change in consumer care preferences or needs, and following an incident such as a fall or pressure injury. Clinical staff and management described how a consumer’s care plan is reviewed following an incident or a change in cognitive, functional, or clinical condition. Accordingly, I find the service compliant with Requirement 2(3)(e).

# 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 was found non-compliant with Requirement 3(3)(a) during a site assessment in June 2021 as the service did not demonstrate that ­­all consumers consistently receive personal care and pressure area care in a timely manner according to their needs or in accordance with best practice principles. Pain was not effectively managed, and the use of chemical restrictive practice was not assessed, monitored or reviewed. The service has implemented several actions to address these previously identified deficits including weekly clinical risk meetings, and staff education on personal care, pressure area care, chemical restraint and pain management.

Based on sample consumer file reviews, feedback from consumers and representatives, and staff interviews, the service demonstrated best practice guidelines for personal care, skin care, wound and pain management. Legislative requirements are being followed in relation to restrictive practices including evidence of informed consent, regular review, monitoring, and evaluation of restrictive practices which has resulted in de‑escalation and cessation of psychotropic medication where appropriate. A suite of policies and procedures are accessible to guide staff in clinical and personal care delivery in line with best practice. Accordingly, I find the service compliant with Requirement 3(3)(a).

The service was found non-compliant with Requirement 3(3)(b) during a site assessment in June 2021 as the service did not demonstrate that ­­high impact or high prevalence risks are consistently managed, particularly in relation to personal care, skin integrity, pressure injuries, responsive behaviours and falls management. The service has implemented several actions to address these previously identified deficits including conducting an external audit of the memory support unit and staff education on restrictive practices and behaviour management.

Sample file review reflects consumer falls, unplanned weight loss, changed behaviours and specialised care needs are identified and actioned. Feedback from clinical staff and consumers and/or their representatives demonstrated how consumer risks are assessed, planned and implemented to prevent, minimise or manage risks. Policies and procedures to support the management of high-impact or high-prevalence risks are available. Accordingly, I find the service compliant with Requirement 3(3)(b).

The service was found non-compliant with Requirement 3(3)(d) during a site assessment in June 2021 as the service did not demonstrate that ­­deterioration in consumer health or condition is responded to in a timely manner. The service has implemented several actions to address these previously identified deficits including staff education and assessing the clinical deterioration of consumers during clinical meetings.

Sample consumer file review demonstrates how consumer deterioration or change in condition is recognised and responded to in a timely manner. All sampled representatives described how they are contacted and consulted by staff when there is any change to consumer condition. Clinical and care staff were able to describe their role in the identification and escalation of a change in condition. The service has a work instruction to guide staff practice in identifying consumer deterioration. Accordingly, I find the service compliant with Requirement 3(3)(d).

The service was found non-compliant with Requirement 3(3)(e) during a site assessment in June 2021 as the service did not demonstrate that ­­consumer information was always updated with their current status or condition. The service has implemented several actions to address these previously identified deficits including reviewing the handover process, auditing handover forms and providing staff training.

All sampled consumer documentation including assessments, care plans, progress notes, handover forms and medication charts reflect current information regarding consumer health status. To support this, an electronic ‘vital information’ page provides information that highlights consumer condition, needs, goals and preferences. All sampled consumers and/or their representatives expressed satisfaction with the level of communication in relation to the care they receive. Clinical care staff described how care information is documented and available to staff and others, when and where needed. Assessors observed verbal handovers occurring at shift changeovers, between allied health professionals and a visiting specialist. Accordingly, I find the service compliant with Requirement 3(3)(e).

The service was found non-compliant with Requirement 3(3)(g) during a site assessment in June 2021 as the service did not demonstrate that ­­staff always follow infection control practices in line with policies. The service has implemented several actions to address these previously identified deficits including staff training on infection prevention and control practices and weekly checks of staff practice.

The service demonstrated appropriate infection control practices in line with current public health guidelines. Staff and management demonstrated knowledge and understanding of infection control practices to reduce the spread of infection as well as the application of practices to promote antimicrobial stewardship. The organisation has a current infection control policy and a service-specific COVID-19 outbreak management plan with specific guidelines on the prevention, assessment, management, recovery, and monitoring requirements of transmissible infections. The service has an antimicrobial stewardship policy and demonstrates appropriate practices to support minimising the use of antibiotics. Assessors observed staff adhering to infection control practices during the site assessment, including performing hand hygiene and using personal protective equipment correctly. Accordingly, I find the service compliant with Requirement 3(3)(g).

I am satisfied the remaining requirements of Standard 3 are compliant.

Sample care planning documents and feedback from all sampled consumers and/or their representatives reflect consumer wishes when nearing end of life including spiritual, psychological, environmental, physical and social preferences. Staff and management described ways they would support consumers and practical ways to maximise consumer comfort when nearing end of life. Staff also described the multidisciplinary approach to palliative care with access to external palliative services to support consumers. There is a ‘palliative care and end-of-life care’ procedure that guides staff in the provision of safe and quality end-of-life care.

Sampled care documentation reflects timely and appropriate referrals to allied health providers, health specialists, community health services, and other health consultants. All sampled consumers and/or their representatives expressed satisfaction with access and referral to other health services when required. Clinical staff could describe how they access medical professionals, hospital in-reach services after hours, external specialists and allied health service providers such as a physiotherapist, dietitian, podiatrist, speech therapist, community wound consultant and clinical nurse consultants.

# 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

Sampled consumers describe receiving supports for daily living that maximise their independence and ability to fully engage within the service environment. Sample file review demonstrated consideration of risks to consumers and the implementation of supports to reduce risks whilst optimising independence. Lifestyle staff described how the activities program is tailored to the interests, mobility and cognitive levels of consumers. Calendars are displayed throughout the service with upcoming events scheduled and colour coded to denote specific activities

Sampled consumers expressed satisfaction that their emotional and spiritual needs were acknowledged and supported by the service. Care planning documentation included entries for leisure and lifestyle, relationships and spiritual and cultural considerations.

Sampled consumers stated they were able to choose their level of participation in activities within the service and were assisted to engage in things of interest to them. A weekly calendar is delivered to each consumer on Sundays. Staff could adequately describe the relationships and interests of consumers including the community organisations involved.

The service uses an electronic care planning system and all sample consumer file reviews included vital information about consumer condition, needs and preferences. Staff interviewed could provide examples of information sharing within and without the organisation including the use of handover sheets and progress notes.

The service demonstrated timely and appropriate consumer referrals to other organisations, individuals and providers of other care and services. Sampled consumer care planning documentation reflects the service collaborates with external providers to support the diverse needs of consumers.

The majority of sampled consumers described the food as good. All sampled consumers stated alternatives were available if scheduled meal choices did not appeal. Regular surveys are conducted at mealtimes with non-verbal cues offered to support consumers with cognitive decline. The chef was observed moving through the service at mealtimes to communicate directly with consumers. Kitchen and care staff were able to demonstrate they understood consumer preferences and were aware of food allergies and texture medication requirements.

Sampled staff were satisfied they had access to well-maintained equipment suitable for purpose. Staff are trained in using equipment and generally confirm that it is available and adequate. Ongoing staff education on manual handling is provided routinely and as required where gaps are identified. Consumers were observed to be mobilising using a variety of mobility aids which appeared clean and in good working order.

# 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

All sampled consumers stated they feel comfortable and safe and are encouraged to personalise their rooms. Consumers were observed to be moving independently, utilising communal areas, courtyards, entrances and exits. The service was observed to be well lit and has navigational aids to encourage consumer independence and interaction.

All sampled consumers expressed satisfaction with the cleanliness of the service environment. Cleaning staff demonstrated how they follow cleaning schedules and policies. Sampled staff demonstrated both preventative and reactive processes for maintenance and repairs. The organisation has policies, work instructions and procedures to enable consumers freedom of movement whist maintaining a secure facility. Consumers were observed moving freely both indoors and outdoors.

All sampled consumers reported they could raise maintenance issues with staff and that matters were resolved in a timely manner. Equipment is serviced routinely and was noted to be in good working order, and a new call bell system was being installed during the site assessment. Assessors reviewed service manuals and maintenance schedules and preventative maintenance programs are in place for furniture, fittings and equipment.

# 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 service was found non-compliant with Requirement 6(3)(c) during a site assessment in June 2021 as the service did not always demonstrate that consumers and representative were satisfied with actions taken in relation to concerns or complaints, particularly in relation to personal or clinical care.

The service has addressed these previously identified deficits. Examples of previous and current responses and actions taken to address feedback and complaints were described by management. Most sampled consumers and their representatives stated the service has recently responded appropriately to feedback. Accordingly, I find the service compliant with Requirement 6(3)(c).

I am satisfied the remaining requirements of Standard 6 are compliant.

Most sampled consumers and their representatives feel comfortable providing feedback or making a complaint. and described ways to provide feedback including using feedback forms and lodgement boxes, meetings and forums, surveys and verbal feedback. Consumers and their representatives said the new service management is approachable. Staff and management were able to describe processes to encourage and support feedback and complaints. Assessors viewed minutes of consumer meetings, the feedback register, and the organisation’s internal complaints process.

Most sampled consumers and their representatives stated they are aware of advocacy services, interpreting services and other external options available to them and felt confident to use these services if required. Assessors observed information in the consumer handbook and various brochures on external advocacy services available to consumers.

Most sampled consumers and their representatives felt their feedback is used by the new management to improve services. Examples of feedback include communication within the service and to representatives, the environment and food. Management described how feedback and complaints are analysed for trends and used in conjunction with audit results to improve care and services. Feedback is logged in the service’s plan for continuous improvement and staff could describe some of the improvements implemented.

# 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 was found non-compliant with Requirement 7(3)(a) during a site assessment in June 2021 as the service did not always demonstrate provision of quality care that is safe, with negative feedback from consumers, representatives and staff related to deficits in staffing.

The service has addressed these previously identified deficits. While there are processes to ensure a planned workforce including the numbers and skill mix to deliver care and services, there are existing gaps in the roster while ongoing recruitment occurs. Management demonstrated how they engage with nursing agencies to fill shifts in advance, however both unplanned leave and agency staff cancelling their shifts at short notice remains a challenge in relation to ensuring nursing and care staff shifts are filled. Most sampled consumers and their representatives said the service could benefit from additional staff as staff generally seem to be very busy and call bell responses can be delayed at times. However, consumers also said there was no significant impact to the care or services they receive when asked to provide examples of the effect of low staffing. Most consumers also said that most staff are very good when providing care and services and understand their needs and preferences. Accordingly, I find the service compliant with Requirement 7(3)(a).

The service was found non-compliant with Requirement 7(3)(d) during a site assessment in June 2021 as the service did not always demonstrate staff knowledge when managing personal and clinical care needs such as skin integrity management, pain management, falls management and dementia care.

The service has addressed these previously identified deficits. Most sampled consumers and their representatives said they believe staff have the skills and knowledge appropriate to provide the care and services required. Management described and demonstrated documentation of both mandatory and non-mandatory role-based training. A new quality and education manager has been introduced to the service, and they identify education and training needs through a number of mechanisms including clinical audits, incident review, and analysis of feedback. Staff were able to describe the needs of consumers such as maintaining skin integrity though regular repositioning and behaviour management interventions for individual consumers. Accordingly, I find the service compliant with Requirement 7(3)(d).

I am satisfied the remaining requirements of Standard 7 are compliant.

Sampled consumers and their representatives stated most staff are respectful, kind and caring. They added that of the few staff who have not always been kind, caring or respectful that they do not seem to be employed at the service for very long. Staff were observed to use their preferred name when engaging with consumers and when speaking about them to assessors. Staff and management demonstrated they were familiar with consumer needs.

Sampled consumers and their representatives stated they are confident most staff are sufficiently skilled to meet their care needs and are able to perform their duties effectively. Management said staff are required to complete annual mandatory education based on their role and this is monitored by the organisation. Position descriptions and induction material viewed for a number of roles such as clinical staff, care staff, food services assistants and lifestyle staff include key competencies and both essential and desired qualifications.

Management provided documentary evidence that performance reviews for all staff have been conducted within the last 12 months. Sampled staff confirmed they have undergone performance or end of probation reviews.

# Standard 8

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

Findings

The service was found non-compliant with Requirement 8(3)(b) during a site assessment in June 2021 as the service did not demonstrate it was always accountable for the delivery of quality care and services. The service has addressed these previously identified deficits. The service was able to demonstrate regular monitoring and review of care and services through policies and procedures and regular meetings. Management described and demonstrated documentation of the structure which governs the delivery of care and services. Meeting minutes demonstrated the monitoring and review of care and services on a weekly basis. Service management conduct regular ‘walk throughs’ in the service and meet weekly to monitor and review incidents and risks, and to audit observations, findings, and feedback received. Accordingly, I find the service compliant with Requirement 8(3)(b).

The service was found non-compliant with Requirement 8(3)(c) during a site assessment in June 2021 as the service did not demonstrate effective governance in a range of areas including information management, continuous improvement, feedback and complaints and regulatory compliance.

In relation to information management, most consumers and representatives were satisfied with the communication received and commented further that communication with the service has recently improved. Staff said communication has improved with the introduction of the electronic care system. The service identifies opportunities for continuous improvement through a number of channels, uses a plan for continuous improvement register and formally reviews improvement opportunities in leadership and clinical meetings. Outcomes of the food focus group were evaluated in November 2022 and education around open disclosure, diversity, falls and medication management continues to be evaluated. In relation to regulatory compliance, the service has continued to monitor and review the process of medication administration and the service has processes to ensure staff are qualified to perform their roles. Accordingly, I find the service compliant with Requirement 8(3)(c).

I am satisfied the remaining requirements of Standard 8 are compliant.

Management demonstrated documentation that supports consumers to engage in the development, delivery and evaluation of care and services, including ‘resident and representative‘ meetings, newly established ‘fellowship’ meetings specifically for and led by consumers, and regular surveys including after meals. Sampled consumers and representatives said they have recently participated in surveys both paper-based and online. Assessors observed a ‘fellowship’ meeting in progress, facilitated by lifestyle staff.

Management were able to demonstrate and provide work instructions and frameworks that support risk management and response to incidents. Staff and management provided examples of risks and how they are managed. The service monitors and reviews incidents and risks in weekly clinical risk meetings.

The service demonstrated a suitable clinical governance framework. Clinical staff demonstrated knowledge of strategies to minimise the use of antibiotic medications. Nursing and care staff described how they use non-pharmacological strategies to minimise the use of restrictive practices and demonstrated understanding of open disclosure. Management demonstrated oversight of open disclosure through feedback and incident reviews, oversight of restrictive practices through clinical indicator reporting and audits, and oversight of antimicrobial stewardship through the online care system.

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)