

**Performance Report**

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| Name: | Bupa Bexley |
| Commission ID: | 2470 |
| Address: | 741 Forest Road, BEXLEY, New South Wales, 2207 |
| Activity type: | Site Audit |
| Activity date: | 7 January 2025 to 9 January 2025 |
| Performance report date: | 10 February 2025 |
| Service included in this assessment: | Provider: 1297 Bupa Aged Care Australia Pty Ltd  Service: 854 Bupa Bexley |

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 Bexley (**the service**) has been prepared by P. Sherin, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives, and others.
* the provider’s response to the assessment team’s report received 20 January 2025 acknowledging the assessment team’s findings.
* The assessment team’s report for the Assessment contact dated 13 November 2024 and the performance report dated 16 December 2024.
* The assessment team’s report for the Assessment contact dated 19 March 2024 and the performance report dated 24 April 2024.
* the assessment team’s report for the Assessment contact dated 10 August 2023 and the performance report dated 20 September 2023.
* The assessment team’s report for the Site Audit dated 4 – 6 October 2022 and the performance report dated 31 October 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 | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers and representatives said staff treat consumers with dignity and respect. Staff demonstrated knowledge of consumers’ individual background and preferences and were observed treating consumers in a dignified and respectful manner. Care planning documentation reflects information on each consumers’ background and preferences to guide staff practice.

Consumers and representatives said staff provide care and services that are culturally safe. Staff demonstrated knowledge of individual consumers’ culture and provided examples of how care and services are tailored to suit consumers’ individual cultural needs and preferences.

Consumers said they can nominate who they would like involved in their care, and are supported to exercise choice, communicate their decisions, make connections with others, and maintain relationships of choice. Staff described how consumers are supported to maintain their relationships and are offered choice regarding how their care and services are delivered. Policies and procedures regarding consumer choice and decision making are available to guide staff practice.

Consumers and representatives said consumers are supported by staff to take risks of their choosing and to live the best life they can. Staff were aware of consumers who choose to engage in activities of risk to them. Staff described how consumers are supported to understand the risks of potential harm and how strategies are implemented to manage and mitigate risks where possible. Care documentation evidenced risk assessments are conducted and discussions on risk documented in accordance with the service’s dignity of risk policy.

The service demonstrated information provided to each consumer is current, accurate, timely and communicated in a way that is clear and easy to understand. Consumers and representatives advised they receive up to date information such as activities schedules, newsletters, menus, and upcoming special events. Staff described how they can utilise cue cards to communicate with some consumers who do not speak English. A range of information was observed accessible to consumers throughout the service.

Consumers and representatives said staff respect consumers’ privacy and keep their information confidential. Staff were observed respecting consumers’ privacy in various ways. Information on consumer privacy and confidentiality is outlined under the service’s consumer handbook.

# 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 demonstrated implementation of assessment and care planning processes, including consideration of risks to consumers. Registered staff described the processes in place to ensure comprehensive assessments undertaken on consumers’ entry to the service and ongoing reviews. Care planning documentation evidenced assessments are undertaken and identification of risks and associated risk mitigation strategies to inform care plans.

Consumers and representatives said they are satisfied assessment and planning processes include discussions on the consumer’s goals and preferences, including advance care planning. Staff explained the process for regular care plan reviews to ensure consumers’ needs, goals, and preferences remain current. Staff described how advance care planning discussions are initiated when new consumers enter the service and during case conferences. Care documentation identified consumers’ individual needs, goals, and preferences are documented, including advance care directives where they have chosen to do this.

Consumers and representatives said they are kept involved in assessment and care planning processes. Care documentation evidenced involvement of consumers and representatives via ongoing care reviews and case conferences, as well as the involvement of various health specialists and providers based on consumers’ needs.

Consumers said they are aware of the outcomes of assessments and have access to a copy of their care plan if they wish. Representatives confirmed the service keeps them informed of the outcomes of assessment and planning and they are offered a copy of the consumer’s care plan. Management and registered staff said a copy of the consumer’s care plan is sent to representatives for discussion prior to annual case conference meetings. Outcomes of assessment and planning were observed to be documented within the service’s electronic care management system.

The service demonstrated care and services are reviewed regularly for effectiveness, including when circumstances change, or incidents occur that impact on the needs, goals, or preferences of consumers. Review of care planning documentation evidenced updates to care plans following any incidents or changes in consumers’ health and condition. Staff described the service’s review processes and how incidents may trigger a reassessment and review of consumers’ care 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

Consumers and representatives provided positive feedback about the personal and clinical care provided to consumers at the service. Care documentation identified care is tailored to each consumer’s individual needs and is aligned with best practice. Management and registered staff described various systems and practices in place to ensure safe and effective personal and clinical care delivery, including through staff training, routine monitoring, and access to policies and procedures. Where restrictive practices are used, appropriate consents, authorisations, behaviour support plans, and regular monitoring and review are in place.

The service demonstrated effective management of high impact and high prevalence risks to consumers such as falls, skin integrity, and wounds. Staff demonstrated knowledge of risks to individual consumers and described strategies in place to manage and mitigate these risks. Review of incident data identified trends are monitored and discussed at monthly meetings and interventions implemented to reduce trends.

The service demonstrated appropriate care delivery for consumers at end of life, ensuring consumers’ dignity and comfort is maintained. Consumers’ end of life wishes are discussed and documented on entry to the service, during case conferences, and if a consumer’s condition deteriorates. Review of care documentation for a consumer on an end-of-life pathway identified review by a nurse practitioner, administration of pain medication, and provision of regular comfort care.

Consumers and representatives provided positive feedback regarding the service’s actions when there is a change in a consumer’s condition. Care staff demonstrated knowledge of how to recognise and report any changes or deterioration in a consumer’s health and condition. Registered staff described actions taken to complete assessments and escalation processes to refer the consumer to the service’s wellness hub, medical officers, or transfer to hospital as required. Staff receive training on recognising and responding to deterioration. Care documentation identified timely and appropriate action is taken in response to deterioration.

Consumers and representatives said consumers’ care needs and preferences are effectively communicated between staff and other providers. Staff outlined the processes for documenting and communicating information about consumers' condition, needs, and preferences via shift handover and the service’s electronic care management system accessible to staff and visiting healthcare professionals. Review of documentation identified adequate sharing of consumer information to support provision of care.

Consumers and representatives confirmed consumers have access to relevant health professionals and providers of care and services such as allied health professionals, medical officers, and specialists. The organisation’s wellness hub provides consumers with access to nurse practitioner services for a range of concerns. Review of documentation evidenced timely and appropriate referrals to relevant health professionals and providers based on consumers’ individual needs.

The service demonstrated processes in place to minimise infection related risks and support the appropriate use of antibiotics. Staff said they complete annual mandatory training in infection control and prevention, and demonstrated an understanding of practices to minimise the spread of infection and ensure antibiotics are used appropriately. The service implements influenza and COVID-19 vaccination programs for consumers and staff and has appointed an infection prevention and control lead.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives said the service’s lifestyle program supports consumers’ diverse lifestyle needs and interests. Staff demonstrated knowledge of consumers’ lifestyle needs and preferences and described the support provided to enable consumers to participate in activities or pursue individual interests. Care documentation includes strategies to deliver services and supports for daily living reflecting the diverse needs of consumers.

Consumers said they can continue cultural and religious practices at the service and are provided emotional and spiritual support when needed. Staff demonstrated knowledge of individual consumers’ emotional and spiritual needs and described strategies to support this which aligned with information captured under care planning documentation.

Consumers and representatives said consumers are supported to participate in activities within and outside of the service and to develop new friendships. Staff demonstrated knowledge of important personal relationships for sampled consumers and those consumers who have developed close friendships. Care documentation identified the people important to individual consumers and information on activities of interest to them to guide staff practice.

Consumers and representatives said services and supports are consistent and staff are aware of consumers’ individual preferences and other organisations that may be involved in their care and services. Staff explained how they are updated on the changing condition, needs, and preferences of consumers as they relate to services and supports for daily living via handover. Review of care planning documents including progress notes identified adequate information to support safe and effective sharing of consumers’ care.

Consumers and representatives expressed satisfaction with how the service facilitates referrals based on consumers’ needs. Lifestyle staff provided various examples of referrals made to support consumers’ individual needs, such as to local priests, library services, and mental health support services.

Consumers and representatives said the meals provided at the service are varied and of suitable quality and quantity. Consumers can give feedback on meals through consumer meetings and feedback forms. Meals are cooked fresh on site based on a seasonal menu reviewed by a dietitian. Individual dietary preferences are catered to, and alternative choices are available. Staff described how they know consumers’ dietary needs and preferences by referring to dietary forms and information under care plans within the electronic system. Meals were observed to be well presented and served in a calm dining environment with staff providing assistance as required.

The service has appropriate arrangements in place for servicing, maintenance, and replacement of equipment. Consumers said they feel safe when they are using equipment and know how to report any concerns about equipment safety. Equipment used to support consumers to engage in lifestyle activities was observed to be suitable, clean, and well-maintained.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers said the service environment is welcoming and they feel at home at the service. Management described various features of the service environment that promote consumers’ sense of belonging, interaction, and function. Consumer rooms were observed to be personalised with various ornaments, paintings, and family photographs. Consumers have access to communal lounges and courtyard and garden areas which have recently been refurbished.

Consumers said, and observations confirmed, the service environment is kept safe, clean, and well maintained. The service environment was observed to be well lit and uncluttered with fire safety and security systems in place. Corridors are equipped with railings to support consumer mobility. Consumers were observed moving freely within the indoor and outdoor areas of the service. Staff described the service’s cleaning program which includes monthly audits to monitor cleaning services. Review of preventative and reactive maintenance documentation identified preventative maintenance schedules are kept up to date and maintenance requests are attended to promptly. Staff are trained in fire safety, incident management, and hazard reporting.

Consumers said, and observations confirmed, furniture, fittings, and equipment are safe, clean, well maintained and suitable for consumer use. Management described how maintenance of furniture and equipment is included in the service’s maintenance program. Staff described how they regularly check equipment is safe before use and report any concerns via maintenance request logs. Care staff said the service provides access to adequate equipment to support consumers’ needs.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives said they feel encouraged, safe, and supported to provide feedback and make complaints. Consumers and representatives have access to various methods to submit feedback or make a complaint including but not limited to feedback forms, via the service’s website, and consumer meetings. Staff described how they support consumers who wish to make a complaint. The service implements a feedback and complaints policy and procedure to guide staff practice. Feedback and complaints forms and information on how to submit feedback or raise a complaint was observed available throughout the service.

The service demonstrated consumers are provided with information on accessing advocacy and language services and external complaints agencies. Staff demonstrated a shared understanding of access to external advocacy services, complaints agencies, and interpreter services. Posters promoting advocacy networks and complaints mechanisms were observed available on noticeboards throughout the service.

Consumers and representatives who had raised complaints in the past said these had been resolved to their satisfaction by the service. Where one representative expressed concerns regarding the service’s response to complaints, management demonstrated ongoing actions to resolve the concerns raised. Management and staff described the service’s complaints handling processes. Staff receive training on open disclosure. Review of the service’s feedback and complaints register identified feedback and complaints received via various sources are documented and appropriate action is taken.

Consumers and representatives provided examples of improvements made in response to feedback and complaints. Management described, and the service’s plan for continuous improvement identified, various improvements to care and services in response to feedback. The service analyses and trends feedback and complaints data which is reported to management, the clinical governance team, and the Board.

# 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

**Requirement 7(3)(a)**

Consumers and representatives provided positive feedback in relation to staffing numbers at the service and management response to previous complaints regarding lack of staff. Consumers and representatives said staff are meeting consumers’ care needs in a timely manner. Staff said they have sufficient time to complete their allocated duties and recent improvements with allocation of an additional care staff member on shifts has assisted with this.

Management described how staff levels and skill mix is regularly monitored, reviewed, and adjusted based on changes in consumer needs. Shifts of planned and unplanned leave are replaced using a pool of casual or permanent part-time staff, with any vacant shifts filled by agency staff. A registered nurse is available 24 hours a day, 7 days a week. Call bell response data is monitored by management with any excess call wait times investigated to prevent recurrence.

The service was previously found non-compliant in this Requirement following a Site Audit dated 4 - 6 October 2022 with ongoing non-compliance identified in subsequent assessment contact reports. The non-compliance was specifically in relation to the service not demonstrating adequate staffing levels to ensure the delivery of care and services in a timely manner, and not meeting mandatory care minutes responsibilities. The service demonstrated the following improvement actions have been implemented to rectify the deficiencies.

* The service has expanded the staffing roster since mid-December 2024 with the addition of 3 new care staff positions to act as ‘floaters’ on each shift.
* Introduction of a new ‘care companion’ position to the service’s roster. This is a care staff role with a primary focus on new consumers and communication with their families as they settle into the service. The position has been advertised and filled, with the new staff member due to commence in February 2025.

Based on the information recorded above, including the positive feedback from consumers/representatives and staff, I am satisfied the service has demonstrated the number and mix of the workforce enables the delivery of safe and quality care and services.

I, therefore, find this Requirement is compliant.

**I find all other Requirements within this Standard compliant as:**

Consumers and representatives said staff are kind, caring, and respectful of consumers’ identity and culture. Staff demonstrated knowledge of individual consumers’ background, culture, and preferences. Management described how all staff are required to sign and follow a code of conduct. Staff undertake training on the service’s values, consumer dignity and choice, and code of conduct as part of induction. Staff behaviour is monitored through observations, surveys, and feedback from consumers and representatives to ensure workforce interactions are respectful. Staff were observed interacting with consumers and providing services in a caring and respectful manner.

Consumers and representatives said staff are competent and well-trained to perform the duties of their role. Management described various mechanisms to ensure staff are competent and have the qualifications and knowledge to effectively perform their duties. Position descriptions are available outlining responsibilities, skills, and qualifications for each role. All staff are required to complete annual skills competency assessments, and the service monitors the currency of professional registrations.

Management described how the service supports the training and development of staff. The service has a comprehensive induction program, which includes mandatory training, competency assessments, and orientation. Buddy shifts are provided to support new staff on commencement. The service’s training calendar provides access to mandatory training, toolbox talks, online learning modules, and trainings by external providers. Review of training records identified staff mandatory training completion is up to date.

The service demonstrated staff performance is regularly monitored and reviewed via formal processes and informally through observations; feedback from staff, consumers and representatives; and review of incidents, clinical and call bell data. All staff undergo an initial performance appraisal during probation and annually thereafter in line with the anniversary date of their employment. Performance appraisals between a staff member and their supervisor include a discussion on any training and development needs. Review of performance appraisal records identified processes to track and monitor appraisal completion.

# 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**

**Requirement 8(3)(c)**

The site audit report identified the service demonstrated effective organisation-wide governance systems and processes in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

The service was previously found non-compliant in this Requirement following an Assessment contact on 13 November 2024 specifically due to not demonstrating effective workforce governance to ensure sufficient staffing levels and regulatory compliance to meet mandatory care minutes responsibilities. The service has implemented the following improvements to remediate these deficiencies:

* The staffing level at the service has been increased since mid-December 2024 with the introduction of 3 new care staff positions to act as ‘floaters’ on each shift. Consumers/representatives and staff provided positive feedback regarding this increase in staffing and consumers confirmed their care needs are being met in a timely manner.
* The service has increased the care minutes per consumer per day from 200 care minutes in November 2024 to 224 care minutes at the time of the Site Audit.
* Whilst the mandatory care minutes required currently for the service is 228 care minutes, the service has taken action to address this through the introduction of a new ‘care companion’ position. This is a care staff role with a primary focus on supporting new consumers and communication with their families as they settle into the service. The position has been advertised and filled, with the new staff member due to commence in February 2025.

Based on the information recorded above, I am satisfied the service has demonstrated effective actions to remediate previously identified deficits in workforce governance and regulatory compliance.

I, therefore, find this Requirement is compliant.

**I find all other Requirements within this Standard compliant as:**

Consumers and representatives felt the service is well run and they can provide feedback and suggestions which are considered by management. Management described various ways the organisation encourages and supports consumers and representatives to participate in the development, delivery, and evaluation of care and services. This includes but is not limited to consumer/representative meetings, surveys, and participation in staff interview panels. The organisation has established a consumer advisory body to provide input to the executive and Board.

Management described various ways the governing body of the organisation promotes a culture of safe, inclusive, and quality care and services. The Board is accountable for overall care and service delivery and satisfies itself that the Quality Standards are being met within the service through established meeting and reporting structures. The Board receives a range of information including but not limited to clinical data, feedback and complaints, incidents, staffing, continuous improvement, quality indicators, audit results, and surveys. Management provided examples of various initiatives approved by the Board in response to analysis and review of monitoring data such as the establishment of a wellness hub for specialist advice and support, and the introduction of a quality and education management role for each service.

The organisation has a risk management framework, which underpins its risk management strategies, sets out responsibilities, and includes policies and procedures. Management described, and review of documentation evidenced, high impact and high prevalence risks are effectively identified and managed at the service. Work instructions are available to guide staff practice in supporting dignity of risk. Consumers said, and review of documentation identified, consumers are supported to take risks of their choosing. The organisation has policies and procedures on identifying and responding to elder abuse and neglect, and incident management and reporting, including serious incidents. Staff receive training on incident management and reporting. Review of incidents identified serious incidents are investigated and reported in accordance with legislative requirements. Incidents are reviewed at an organisational level and incident data is reported to the Board.

The organisation has a clinical governance framework supported by various policies and procedures including in relation to infection control and antimicrobial stewardship, restrictive practices, and open disclosure. Staff demonstrated knowledge of these policies and described their application as relevant to their roles. Clinical care is managed at the service level by the service's leadership team and monitored and supported at the organisational level by the quality team with reporting through to clinical governance and risk committees and the Board.

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)