Performance

Report

**1800 951 822**

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| Name of service: | Bupa Bexley |
| Service address: | 741 Forest Road BEXLEY NSW 2207 |
| Commission ID: | 2470 |
| Approved provider: | Bupa Aged Care Australia Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 4 October 2022 to 6 October 2022 |
| Performance report date: | 31 October 2022 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Bupa Bexley (**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 27 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 | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Non-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 3(3)(a) – Care provided to all consumers is best practice, tailored to the consumer’s needs and optimises their health and well-being. This includes the identification and management of consumer wounds and pain. Consumer’s individual needs regarding the monitoring and management of diabetes and fluid intake is undertaken effectively, and in line with documented and accurate directives.
* Requirement 5(3)(b) – The service environment is safe, clean, well maintained, and enables consumers to move freely indoors and outdoors. The service demonstrates effective processes to action identified risks to the safety, cleanliness and maintenance of the service environment.
* Requirement 5(3)(c) – Furniture, fittings and equipment are consistently safe, clean and well maintained. The service demonstrates effective processes to action identified risks to the safety, cleanliness and maintenance of the furniture and fittings.
* Requirement 7(3)(a) – The workforce deployed enables the delivery and management of safe and quality care and services, and consumers are not negatively impacted by the number of staff deployed.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response to the Site Audit report.

# 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

This Quality Standard is Compliant as six of the six Requirements have been assessed as Compliant.

Representatives interviewed by the Assessment Team confirmed that their consumers are treated with dignity and respect, with their identity, culture and diversity valued. Staff spoke about consumers respectfully and were observed throughout the Site Audit interacting with consumers respectfully. The service provides culturally safe care and services. Information about consumer’s life history including their cultural and spiritual needs is captured in care planning documentation to inform staff practice.

The service demonstrated that each consumer is supported to exercise choice and independence. Consumers and representatives interviewed confirmed the consumers are consulted and are able to make decisions whenothers should be involved in their care. The service demonstrated how they support consumers to make and maintain relationships of choice.

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 risk. Where appropriate, measures to mitigate the associated risks are implemented. The service provides information to consumers in a range of ways, and information is generally clear, easy to understand and enables consumers to exercise choice.

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 and representatives interviewed were confident that consumer’s personal information is kept confidential and representatives said they observe staff knocking on consumer doors before entering and closing the door when providing care.

# 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

This Quality Standard is Compliant as five of the five Requirements have been assessed as Compliant.

The service demonstrated that assessment and planning includes consideration of risks to the consumer’s health and well-being and informs the delivery of safe and effective care. Consumers and representatives interviewed by the Assessment Team expressed satisfaction with the assessment and care planning processes and the care and services consumers receive. Overall, the service demonstrated assessment and planning identifies and addresses the consumer’s current needs, goals and preferences including advance care planning and end of life care. Staff could describe what is important to the sampled consumers in terms of how their personal and clinical care is delivered, and this information aligned with what was in care documentation and feedback from consumers and representatives. The service demonstrated care and services are reviewed regularly for effectiveness, when circumstances change, and following incidents.

The service demonstrated assessment and planning is based on ongoing partnership with the consumer, others the consumer wishes to include in their care planning, and other providers of care where appropriate. Consumers and their representatives reported they were involved in assessment and planning on an ongoing basis and were notified when other health care providers were engaged by the service to provide care for the consumer. The service demonstrated the outcomes of care and planning are communicated to the consumer and documented in a care plan which is available to the consumer and their representative, and where care and services are provided.

# 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. | Non-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

This Quality Standard is Non-compliant as one of the seven Requirements have been assessed as Non-compliant.

The Assessment Team found that not all consumers received safe and effective clinical care that was best practice, tailored to their needs, and optimised their health and well-being. The Assessment Team identified gaps in the management of wounds, pain and diabetes for consumers.

For one consumer, a pressure injury was not identified until it had deteriorated to a late stage injury and was incorrectly classified. Incident investigation had minimal information regarding the injury and possible contributing factors. While the injury was infected and showed signs of deterioration, no pain assessment or charting was undertaken for the injury. The Assessment Team found wound dressings were not consistently undertaken in line with the directives outlined in the consumer’s care plan.

For one consumer who lives with diabetes requiring insulin, documentation reviewed by the Assessment Team identified that the consumer’s medical officer was not notified when the consumer’s blood glucose levels (BGLs) were above documented parameters, in line with the medical officer’s directives. There was contradicting information regarding the need for administration of insulin for this consumer. This consumer is also on a fluid restriction, however the Assessment Team did not find evidence of regular monitoring of the consumer’s fluid intake.

While some consumers and representatives provided positive feedback about their care delivery, two representatives of one consumer raised concern regarding pain management including when staff assist the consumer with personal care. This consumer’s care documentation did not identify that the consumer experiences pain during personal care and no pain review or interventions to assist in management were identified. While some pain charting was completed, this was not demonstrated to inform assessment and effective management.

For the above consumer, the approved provider’s response demonstrates some ongoing assessment and review of the consumer’s pain and behaviours to try and identify triggers and manage the consumer’s pain. While interviews with staff and representatives indicate the consumer was still experiencing some pain during the Site Audit, I am satisfied the service had identified this previously and were working to manage this.

The approved provider’s response acknowledges the incorrect staging of the identified consumer’s pressure injury, and the incomplete documentation regarding the identified consumer’s insulin administration. The approved provider’s response identifies that the implementation of a new electronic care planning system on 28 September 2022 has improved monitoring of consumer fluid intake. However, during the Site Audit undertaken 4 – 7 October 2022, the Assessment Team identified fluid monitoring charts had not been attended since 30 September 2022.

The approved provider’s response identifies the service has met with all named consumers from the Site Audit report to address the issues identified and action improvements to their care and services. The approved provider has implemented continuous improvement actions to improve clinical care practices. This includes staff education and training, increased clinical oversight, and undertaking audits.

The approved provider’s response identifies that reviews were completed of all other consumers with pain management concerns, diabetes, fluid restrictions and wounds and identified no further issues. The approved provider contests that the incidents identified by the Assessment Team are isolated occurrences. However, I am not satisfied that the service’s processes and practices are consistently effective in ensuring all consumer’s receive safe and effective clinical and personal care that is best practice, tailored to their needs, and optimised their health and well-being.

I find the following Requirement is Non-compliant:

* Requirement 3(3)(a)

Overall, the service demonstrated high impact or high prevalence risks associated with the care of consumers are effectively managed. For example, consumers who experienced multiple unwitnessed falls were monitored accordingly for possible deterioration and there has been investigation into the circumstances of the falls and the development of interventions to prevent further reoccurrences. The Assessment Team found that for consumers sampled on restrictive practices they had behaviour support plans in place, and it was demonstrated that staff use non-pharmacological interventions prior to the use of restrictive practices.

The service demonstrated a process for recognising and addressing the needs, goals and preferences of consumers nearing the end of life. For consumers who had recently passed away at the service, documentation reviewed demonstrated their end of life needs and preferences were identified and met, and pain monitored and managed to ensure consumer’s comfort and dignity were maintained.

For the consumers sampled, their care planning documents and progress notes reflect the identification of, and response to, deterioration or changes in their health condition. For example, the service recognised a consumer’s recent deterioration in their mobility status and reduction in behaviours requiring support, and ceased their chemical restraint.

Overall, the service demonstrated there is an effective process to ensure consumer information is documented accurately and is communicated within the organisation, and with others where responsibility is shared. For one consumer, the Assessment Team identified inconsistent information regarding the management of diabetes and communication between the service and other health professionals. However, this has been considered in my assessment of Requirement 3(3)(a) due to identified gaps in the consumer’s clinical care delivery.

For most consumers sampled, care planning documents show referral to allied health professionals, medical specialists, and others occur when required and consumers and their representatives preferences are considered in this process.

The service has policies and procedures relating to infection prevention and control, and antimicrobial stewardship. Clinical and care staff demonstrated sufficient knowledge of current infection control practices and outbreak management plans. Documentation reviewed by the Assessment Team showed effective management of consumer’s infection, and the service has systems to analysis infection rates and antibiotic use.

I find the following Requirements are Compliant:

* Requirement 3(3)(b)
* Requirement 3(3)(c)
* Requirement 3(3)(d)
* Requirement 3(3)(e)
* Requirement 3(3)(f)
* Requirement 3(3)(g)

# 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

This Quality Standard is Compliant as seven of the seven Requirements have been assessed as Compliant.

Consumers and representatives interviewed by the Assessment Team provided positive feedback indicating they receive safe and effective services and support for daily living that supports their well-being and quality of life. Documentation reviewed demonstrated that consumer’s needs are identified in relation to their interests and activities of daily living. Staff gave examples of how they support consumers to participate in things of interest to them and to connect with others outside the service as much as possible. However, some consumers and representatives said their laundry often gets misplaced.

Consumers, representatives, and staff interviewed by the Assessment Team were able to consistently describe the services and supports available to promote consumer’s emotional, spiritual, and psychological wellbeing. For example, the service has regular visits by Catholic, Greek orthodox and Macedonian priests, and the service can facilitate referrals to psycho-geriatricians and mental health support if required.

Processes are in place to document and share information about consumer’s needs and preferences both within the organisation and with others when required. The information is up to date and accurate and staff were able to describe ways that the service effectively manages the communication of this information in relation to services and support for daily living. The service was able to demonstrate timely and appropriate referrals to individuals, other organisations, and providers of care and services to enhance the lifestyle of consumers.

The service demonstrated they provide meals that are varied and of suitable quality and quantity. Consumers and representatives gave positive feedback saying the food was tasty, there is a good variety and plenty of it.

Interviews with consumers, representatives and staff, and observations indicate equipment to support consumer lifestyle activities is safe, suitable and clean.

# 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. | Non-compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Non-compliant |

Findings

This Quality Standard is Non-compliant as two of the three Requirements have been assessed as Non-compliant.

The Assessment Team observed the service environment was not consistently safe, clean and well maintained. Issues were identified including:

* Floors, carpets and walls were stained or worn with grime and dirt.
* Outdoors areas, including outdoor furniture, had cobwebs, dirt and visible mould.
* The outdoor smoking area did not have an ashtray, seats were dirty and there were several cigarette butts on the floor. The smoking area did not have a fire extinguisher or fire blanket.
* Some consumer rooms had mould and dirt on windows and some walls, and furniture had flaking paint or damage.

One consumer and one representative interviewed by the Assessment Team stated the service environment was not properly cleaned and made particular mention of dirty and sticky floors. Regarding consumers moving freely indoors and outdoors, consumers on the top floor of the service do not have free access to the balcony or ground floor outdoor areas unless accompanied by a staff member. The top floor balcony is narrow with trip hazards such as flowerpots and tables.

The Site Audit report and the approved provider’s response identifies that the service had identified some of the issues with the service environment prior to the Site Audit, and commenced some action to address these issues. This included sourcing quotes for new furniture and painting and increased oversight of housekeeping. The approved provider’s response demonstrates that following the Site Audit, the service undertook cleaning of consumer rooms, cleaning of furniture, cleaning of the smoking area and ashtray replaced, and staff training. While the service has identified further action to rectify the issues with the service environment, the approved provider’s response identifies that the planned completion date for the majority of these actions is December 2022.

The approved provider’s response included additional information regarding access to the balcony or ground floor outdoor areas for consumers on the top level of the service. The approved provider has commenced action to address this issue and allow for consumers residing on this level to move more freely indoors and outdoors.

The Assessment Team observed most furniture and seats had stains, grime and dirt which indicated the furniture was not clean and maintained. Outdoor furniture, and some fittings such as awnings, had visible mould, dirt and cobwebs. However, consumers and representatives interviewed said they are happy with the quality and comfort of furniture, fittings, and equipment. Mobility equipment such as lifters, wheelchairs and walkers, and equipment in the kitchen and laundry areas, were observed to be clean and well maintained.

The approved provider’s response demonstrates that most of the furniture and fittings identified as not clean during the Site Audit has been cleaned or removed. While I accept the approved provider had identified issues with the service’s furniture and fittings prior to the Site Audit, action taken was not yet effective in ensuring this furniture and fittings were consistently clean and well maintained.

While I acknowledge the service has rectified some of the issues with the safety, cleanliness and maintenance of the service environment and the furniture and fittings, most of the planned improvements are still underway. The service has not yet evaluated the effectiveness of these planned improvements to ensure compliance with these Requirements.

I find the following Requirements are Non-compliant:

* Requirement 5(3)(b)
* Requirement 5(3)(c)

The Assessment Team observed the service environment has a welcoming presentation and is easy to navigate and understand. The service has implemented dementia enabling design principles and items to support consumers in the memory support unit with their independence, interaction and function. Consumers and representatives interviewed by the Assessment Team said they feel safe, comfortable and at home in the service environment. However, one representative identified that the service does not have many private spaces for consumers to enjoy quiet reflection or alone time. The management team stated they have a renovation plan in progress to add personal spaces to the service.

The approved provider’s response identifies that the service has met with the representative who raised concerns regarding insufficient private spaces and their consumer to address their concerns, including discussion of private rooms and reorientating them to the service and private spaces available.

I find the following Requirement is Compliant:

* Requirement 5(3)(a)

# 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

This Quality Standard is Compliant as four of the four Requirements have been assessed as Compliant.

The service demonstrated consumers, representatives and others are encouraged and supported to provide feedback and make complaints. Representatives interviewed by the Assessment Team said they had provided feedback and raised complaints to management which were resolved in a timely manner. The service demonstrated it takes appropriate action in response to complaints and uses a process of open disclosure when things go wrong. Most staff were able to explain the complaints process which was in line with the open disclosure process the service uses to resolve complaints.

The service has information on internal and external methods for raising complaints and accessing services including advocates and language services. Most staff interviewed were aware of advocacy services and were able to explain how they could support consumers with issues that they had.

The service has a continuous improvement process, and feedback and complaints provide a key area of input for identifying areas for improvement. For example, due to a recent trend in complaints about the laundry service, the service has commenced and planned actions to improve the quality of this.

# 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

This Quality Standard is Non-compliant as one of the five Requirements have been assessed as Non-compliant.

The Assessment Team found the service has policies and processes to determine and plan the number and mix of staff needed to provide safe and quality care and services. However, feedback from consumers, representatives and staff consistently indicated insufficient number of staff deployed to ensure quality care and services. One consumer and five representatives interviewed by the Assessment Team said that the staffing numbers are insufficient. They identified impacts to consumers such as waiting over 15 minutes for toileting and personal care sometimes resulting in incontinence, staff rushing when providing personal care, and meals being cold by the time staff assist consumers with feeding. Staff members interviewed described the impact of insufficient staffing numbers on consumers with examples such as unable to feed, shower and toilet consumers in a timely manner, or unable to check BGLs at the directed times. The Assessment Team observed that staff were difficult to locate during the Site Audit, and observed consumers calling out for assistance in the memory support unit throughout the Site Audit.

However, the Assessment Team found that call bell response data indicated call bells were generally answered in a timely manner.

The approved provider’s response identifies that the service monitors staffing levels in line with consumer needs, and all shifts are generally filled. The approved provider has commenced strategies to improve staff communication, visibility of staff, and recruitment of additional staff.

While I acknowledge that call bell data, as outlined in the Site Audit report and the approved provider’s response, indicated call bells are generally answered in a timely manner, feedback from consumers, representatives and staff indicated insufficient number of staff deployed to ensure quality care and services. Impacts to consumers were identified by representatives and staff members.

I find the following Requirement is Non-compliant:

* Requirement 7(3)(a)

Consumers and representatives interviewed spoke of how staff members treat consumers with kindness and caring and show them respect in relation to their identity, culture, and diversity. This was also observed by the Assessment Team.

The service demonstrated it supports staff to ensure they have the skills, qualifications and knowledge to effectively perform their role in providing consumers with quality care and services. Consumers and representatives interviewed felt staff were well-trained and had the skills to provide quality care. The service uses feedback from consumers, representatives and staff, and complaint and incident trends and data to evaluate staff competencies and effectiveness in performing their roles. Training and education documentation confirmed these processes. The service demonstrated effective training, induction, orientation, and development programs for all staff.

The service has strategies to monitor, measure and review staff performance. Documentation reviewed by the Assessment Team demonstrated performance reviews contain feedback from consumers, staff and management and show completion and progress of reviews and staff development plans.

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

This Quality Standard is Compliant as five of the five Requirements have been assessed as Compliant.

The service demonstrated that consumers are engaged in the development, delivery and evaluation of care and services. Consumers and representatives provide feedback to the management team via meetings, complaint forms and the general manager or staff. The management team provide consumer’s feedback to the governing body. The board communicates with consumers and representatives via official memo’s, system announcements, newsletters and email. The Assessment Team found the governing body promotes a positive culture and provides the strategic direction for the workforce to deliver safe, inclusive, and quality care and services.

The service demonstrated effective organisational governance systems, risk management systems and practices, and incident prevention and management systems. The organisation has policies and processes in place to support a clinical governance framework to deliver safe and quality outcomes for consumers in relation to antimicrobial stewardship, minimising the use of restraint and open disclosure.

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)