Performance

Report

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| Name: | Bupa Cairns |
| Commission ID: | 5774 |
| Address: | 52-59 Swallow Street, Mooroobool, Queensland, 4870 |
| Activity type: | Site Audit |
| Activity date: | 3 September 2024 to 5 September 2024 |
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| Service included in this assessment: | Provider: 1297 Bupa Aged Care Australia Pty Ltd  Service: 19423 Bupa Cairns |

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 Cairns (**the service**) has been prepared by Kimberley Reed, 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 25 September 2024
* other information and intelligence held by the Commission in relation to the service.

# 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 said they felt accepted, and staff valued and respected their ethnicity and backgrounds. Staff described individual consumer’s backgrounds and what made them feel accepted and respected. Staff received training in dignity and choice and completed online modules annually. Documentation contained strategies to guide staff in providing care and services tailored for each individual consumer’s needs.

Consumers spoke of staff understanding their needs and preferences and providing care and services respectfully, and in a way that met their needs. Staff described being guided by care documentation as to how consumers preferred their care and services to be delivered and they adapted changes at consumers’ requests. Care documentation identified special celebratory events and cultural safety needs of consumers.

Consumers confirmed being supported and respected by the service when communicating their personal preferences, health and wellbeing and involvement of important others in their care and service choices. Staff described how they support consumers and their nominated representative with their choices and problem solve in meeting the consumers’ needs. Care documentation included consumers’ and their representatives’ decisions relating to care and services.

Consumers provided examples of ways the service was understanding of their needs and not judgemental about their choices. Staff supported consumers who wanted to take risks and described actions they took to minimise their risks to enable them to do the things they wanted to do. Care documentation included strategies to guide staff in supporting individual consumer’s values, goals and preferences. Care documentation included information regarding consumers who wished to take risks and strategies for staff to action to reduce possible risks.

Consumers and representatives confirmed the service was providing information, which was clear and easy to understand, as well as accurate and timely, to assist with informed decision making. Staff informed consumers and representatives verbally, provide newsletters, activity calendars and menus, email messages, and phone calls.

Consumers stated their privacy was maintained and respected by staff delivering cares and they were confident personal information was protected by the service. Care staff described how they maintained consumers’ privacy when providing care to include their preferred times not to be interrupted. The service had policies and procedures which guide staff in the collection, use, sharing and storing of confidential information.

Based on the above information, this Standard is Compliant.

# 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

Consumers and representatives were satisfied the care and services provided met consumers’ current needs, goals, and preferences. Care planning documentation demonstrated comprehensive care planning processes were implemented, incorporating the use of clinical risk assessment tools. Documentation evidenced assessment tools were completed upon entry and subsequently whenever changes in consumers’ condition were detected. Where potential risks were identified through the assessment process, the service implemented targeted management strategies to minimise those risks. Clinical staff described the comprehensive approach to assessment, care planning and review. This process involved risk identification, risk management and consumer involvement.

Consumers and representatives confirmed, and care documentation evidenced, consumers’ current needs, goals and preferences, including advance care and end of life planning were included in the assessment and planning process. Clinical staff confirmed there was a discussion about consumers’ end of life wishes when they entered the service, at care plan review and if a consumer’s condition deteriorated. Progress notes and assessment tools contained key information including consumer diagnoses, end of life wishes and current needs and preferences including risks, communication, mobility, diet and continence.

Consumers and representatives stated assessment and care planning were conducted collaboratively with the consumers and any additional individuals they wished to include. This might encompass representatives, allied health professionals, medical officers, medical specialists, and specialised health services such as Dementia services Australia and Older persons' mental health services. Clinical staff confirmed during the assessment and planning process, consumers and representatives, as well as anyone they wished to include, were actively involved. Care documentation evidenced staff consulted with consumers’ representatives and other health care providers and organisations for assessment and planning.

Consumers and representatives confirmed clinical and care staff discussed consumers’ care needs and the information recorded in consumers’ care plans. Clinical and care staff had access to care plans for consumers through the electronic care management system, information shared at handover and a daily clinical meeting. Consumer assessments and care planning documents evidenced the outcomes of assessment and planning was documented. Care planning documents were readily available to staff delivering consumers’ care and services.

Care plans were reviewed every three months by a clinical manager and a registered nurse, when circumstances changed, and if there was an incident involving a consumer. Consumers and representatives confirmed staff discussed consumers’ care needs and preferences with them and were responsive when there was a variation. When an incident occurred, it prompted a review of the care plan, incorporating relevant allied health professionals. Consumers’ progress notes recorded and evidenced consumers had annual and as required case conferences.

Based on the above information, this Standard is Compliant.

# 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 received the care they required and were satisfied with the service delivery. Clinical staff explained best practice in relation to wound management, pain, pressure injuries, falls, diabetes management, continence management, unplanned weight loss, changed behaviours and restrictive practice. Care planning documentation evidenced consumers were receiving individualised care, which was safe and right for the consumer and was based on best practice. The service had policies, procedures and work instructions to guide staff in care delivery, and these were readily available to staff. Management stated they knew care was safe and effective by monitoring consumers’ condition, referring consumers to other health providers when indicated, receiving feedback from consumers about their care, reviewing care documentation and analysing incidents to identify any emerging issues or care needs.

The service demonstrated high impact, high prevalence risks to consumers was managed effectively through clinical review and the inclusion of other health professionals when indicated. Staff described the predominant risks to the consumers such as unplanned weight loss, falls and pain. Management stated and documentation evidenced risk remediation strategies were in place and consumers were satisfied with their care. Management explained and clinical team meeting documents confirmed, weekly and monthly clinical risk meetings were held to discuss management of high-risk consumers. Topics included behaviour management, falls, wounds, unplanned weight loss and pain. Management stated and documentation evidenced, clinical managers reviewed trends, analysed clinical incidents and quality indicator data, and reported these findings within the service.

The service demonstrated, and consumers and representatives confirmed, the wishes of consumers nearing end of life were honoured, and their comfort and dignity were maintained through discussions with consumers and representatives, medical officers and anyone else consumers wished to be included in their end of life care. Clinical and care staff described the palliative care pathway, resources available to them to support consumers nearing their end of life and ways in which they maintained the comfort of consumers, including one-on-one support for the consumer and their family. The service had an established palliative care trolley, which included but was not limited to lip balm, oral care kit, blankets, music, moisturising cream, eye drops, tissues, door signs and an aromatherapy diffuser.

Consumers and representatives confirmed the service identified changes in consumers’ health and well-being and responded in a timely manner. Care documentation evidenced staff recognised, reported and responded to changes in consumers’ condition. Clinical staff stated actions taken included assessment of the deteriorating consumer, discussion with the consumer and representative, referral to the medical officer or allied health professionals and transfer to hospital if clinically indicated. Care staff confirmed they notified clinical staff if they had concerns about consumers’ health status. The service had policies and procedures to guide staff in relation to identifying and responding to consumer deterioration.

Consumers and representatives confirmed consumers’ care needs and preferences were effectively communicated between staff; and consumers received the care they required. Care documentation incorporated information to support effective sharing of consumers’ information in providing care. Consumers' files evidenced staff notified the medical officer and their representatives when the consumer experienced a variation in health status, experienced a clinical incident, was transferred to or returned from hospital, or was prescribed a change in medication. Staff stated they received timely information about consumers at handover and through the electronic care system.

The service demonstrated referrals to other healthcare providers or organisations were completed in a timely manner and were clinically indicated. Care documentation evidenced and consumers and representatives confirmed, other health professionals assessed consumers and provided directives for their care. Management and staff described how changes in consumers’ health or well-being would require a referral to a relevant heath professional. Documentation evidenced, the service was supported by a dietitian, medical officer, physiotherapist, speech pathologist and a podiatrist who attended the service as required.

Consumers and representatives were satisfied with the service, which effectively implemented processes for preventing and controlling infections, including managing infectious outbreaks and promoting evidence-based antibiotic use. The service had established entry screening protocols, including a rapid antigen test before entry. The current outbreak management plan, as well as policies and procedures were designed to guide staff in infection prevention, control, and antibiotic management. Infections and outbreaks were analysed and reviewed monthly through the service’s clinical indicators. Consumers who wished to be vaccinated have received vaccinations, and antiviral medication was available and prescribed to consenting consumers who tested positive to COVID-19.

Based on the above information, this Standard is Compliant.

# 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 were supported by staff to undertake activities which improved their quality of life, health, well-being and independence. Staff demonstrated knowledge of consumers’ needs, goals and preferences and the support they required to participate in activities or pursue individual interests. Care documentation identified daily supports required by staff to assist consumers with remaining independent.

Consumers and representatives confirmed consumers could access support from the staff as needed to meet their individual emotional, spiritual, and psychological needs. Management and staff explained how they supported consumers by listening to their needs when they were not themselves or were feeling low. Care documentation identified strategies to support staff in providing emotional supports to consumers. Care documentation demonstrated consumers’ sacred, cultural and religious practices were captured during entry to the service which met their needs, goals and preferences.

Consumers were supported to participate in activities within the service as well as external activities. Staff described the activities of interest to individual consumers both internally as well as community-based activities which consumers participated in. Care documentation demonstrated consumers’ activities, relationships and things which interested them were recorded for staff awareness.

Consumers and representatives confirmed consumer services and supports were consistent and staff knew consumers’ individual preferences and when other organisations were involved in their care and services. Staff described how they were updated on changing conditions, needs or preferences of consumers, including handover and care documentation updates in the electronic care system. Care documentation identified updates to food selection and daily living needs. Care staff notified clinical staff when they were informed of any changes to consumers’ care and service needs and clinical staff communicated with the relevant care and service staff and updated the consumer’s documentation.

The service demonstrated referrals to other individuals, organisations, and providers of suitable service and supports when they were unable to provide the supports the consumer required and how they collaborated to meet the needs of consumers. Care documentation identified the service collaborated with other individuals and organisations to provide support to consumers.

Some consumers and representatives stated the meals provided were varied and of suitable quality and quantity. Most consumers who viewed the new menu that was due to commence in September 2024, stated they were looking forward to the choices on the menu as the food appeared to be flavoursome. Staff demonstrated knowledge of consumers’ nutritional needs and preferences consistent with information documented in consumers’ care documentation. The menu is on a six-week rotation and reviewed twice yearly to coincide with seasonal changes. Staff assisted consumers who required snacks outside of mealtimes and consumers were informed this service is available 24 hours per day. The dining area atmosphere was observed to be calm and consumers requiring assistance with eating were placed in upright positions. Staff were observed offering food, drinks, and alternate options. Meeting minutes from the food focus and consumer meetings, evidenced the service was documenting consumers’ feedback and working with consumers to meet their food choices.

Consumers had access to equipment, which was fit for purpose, well maintained and clean, to assist the consumer with their daily living activities. Consumers and representatives confirmed the service provides maintenance of equipment and they were aware of how to log a maintenance request if required. Staff confirmed they had sufficient access to equipment when needed, equipment was well maintained and in good safe working order. If equipment required repairs or maintenance, staff made an entry in the maintenance log and the equipment was generally fixed the same day or next day.

Based on the above information, this Standard is Compliant.

# 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 and representatives confirmed the service had a welcoming atmosphere where bedrooms and common areas were large and contained light from the outdoors and family were able to bring in their pets and have dinner with consumers at the service. Corridors contained handrails to assist consumers mobilising and visitors were greeted by name by staff. Staff stated they supported consumers who required assistance with mobility to walk around the service. Some consumers were observed sitting in the common area reading a book while others watched television and played boardgames.

Consumers felt safe at the service, it was clean, comfortable and well maintained and during the hotter months the air conditioning was utilised. The doors leading to the garden areas were unlocked for consumers to access and the garden was well maintained with shaded areas for sitting. Cleaning was provided throughout the service seven days per week and rooms were cleaned thoroughly one day per week with daily spot cleans occurring.

Consumers confirmed the furniture and fittings were good quality and in very good condition to meet their needs and equipment was safe and well maintained. Furniture was replaced when it was identified as worn or damaged and equipment was checked and serviced using a preventative and reactive maintenance register. Reactive maintenance was completed and documented in a maintenance logbook and checked every day by the maintenance officer. Repairs were based on priority that included mobility aids and completed in a timely manner.

Based on the above information, this Standard is Compliant.

# 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 were comfortable to provide feedback or complaints and had awareness of the process. Staff assisted consumers to provide feedback. Management described the systems in place to encourage feedback from consumers and representatives. Feedback was sought through consumer meetings, biannual surveys, audits and complaint forms were available throughout the service. Observations of the service identified complaint forms and a box for feedback were available for consumers and representatives with posters encouraging feedback. The complaints register recorded the service actively sought feedback in relation to activities or events held at the service.

Consumers and representatives confirmed they either had an awareness of advocacy and external complaints mechanisms or had been provided information in relation to these. Staff demonstrated an understanding of available advocacy services or external complaints. Management ensured consumers and representatives were aware of advocacy services, external complaint mechanisms and language services when necessary. Information in relation to advocacy services, language services and external complaints mechanisms were provided to consumers and representatives in the consumer handbook.

Consumers and representatives confirmed actions were taken in response to feedback, and apologies were made when issues were raised. Staff described how action was taken in response to feedback and demonstrated an understanding of open disclosure. Management confirmed actions and open disclosure were undertaken when complaints were made or when required which were documented in the complaints register.

The service demonstrated the system for recording, reviewing, trending and analysing consumer feedback to identify areas for improvement. Consumers and representatives confirmed the service made improvements and could identify areas where improvements have been made. Staff stated feedback was discussed at staff meetings and management update staff when changes to processes were identified through feedback. Staff meeting minutes from 15 August 2024 recorded a discussion about feedback, complaints and audit results. Management completed regular analysis and trending of complaints to identify areas for improvement which was reported at regional meetings.

Based on the above information, this Standard is Compliant.

# 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

Most consumers were satisfied there was sufficient staff to deliver safe and quality care. Staff confirmed they had sufficient time to complete their tasks and unplanned leave was covered. The service determined the sufficiency and mix of staff to deliver effective care and services to consumers while also considering the varying levels of consumer acuity. Unplanned shifts were filled through a messaging system or phone calls from the rostering officer. The service did not use agency staff and unfilled shifts were filled by staff who wanted additional shifts or casual staff.

Overall consumers and representatives confirmed staff treated consumers with respect and were kind and caring. Staff ensured their interactions with consumers were kind, caring and respectful by knocking on doors prior to entering, using a caring manner, acknowledging consumers and spending time chatting with them. Management monitored staff interactions through surveys, feedback, consumer meetings and observations. Staff have completed training in the Code of Conduct for Aged Care. The staff induction handbook included processes for staff to report and escalate any concerns or observations relating to inappropriate staff interactions.

Consumers and representatives stated staff were competent and know what they were doing. Staff described the process for providing and maintaining credentials, registration, work visas and police checks. The service had systems in place to ensure staff competencies were completed and current. Care staff confirmed their roles were clear and they understood the tasks to be completed each day. Care staff said responsibilities and allocations were discussed at handover and written in a communication book. Clinical staff described how tasks were outlined in checklists, and they provided oversight and direction to care staff.

Consumers and representatives were satisfied staff were sufficiently equipped to fulfill their roles. Staff described the recruitment process, mandatory training and ongoing training they had completed. Management ensured mandatory training was completed by staff and how additional training needs were identified. Staff confirmed they completed mandatory training when completing their induction and annually thereafter. Management stated additional staff training was identified through increases in clinical incident data, audits, when requested by staff or performance issues relating to individual staff.

Consumers and representatives stated they were able to provide feedback relating to staff performance through surveys, discussions with management and at consumer meetings. Staff confirmed they completed performance reviews on an annual basis. Management described the process for tracking and ensuring performance appraisals were completed. Management stated staff on probation had regular weekly to fortnightly meetings with care managers to assess their progress and if additional support was required. Staff performance appraisals demonstrated all were current and up to date.

Based on the above information, this Standard is Compliant.

# 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**

Consumers and representatives confirmed they were engaged in the development and evaluation of care and services through surveys, consumer meetings and participation in the consumer advisory body. Management stated consumers and their representatives were supported to engage in evaluating current, planned and newly implemented care and services. Management confirmed the organisation had quarterly meetings with consumers and representatives to identify areas for improvement and seek their input. Other avenues for consumer engagement included biannual surveys, feedback and complaints, consumer meetings and events where consumers and representatives could meet and engage with organisational executives.

The service had a governance structure to ensure the service was accountable for the delivery of safe and quality care which was demonstrated through various reporting structures and committees ultimately reporting to the Board. The General manager met fortnightly with the Regional manager to discuss various aspects of service delivery including staffing, clinical incidents, complaints, restrictive practice and training opportunities and training compliance. The Regional manager provided reports to the risk committee who met monthly. The report included information relating to staffing, clinical indicators, incidents, quality improvement data and staff retention.

The service demonstrated effective organisational governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Information systems included an electronic care management system, electronic incident and complaint management system and electronic human resource systems for managing staffing requirements. The service had a robust and proactive approach to continuous improvement using complaint information and clinical incident data which was demonstrated through a review of the plan for continuous improvement. The Board oversaw financial governance with reporting requirements through the General and Regional manager. The Board meeting agenda for 19 July 2024 listed the quarterly financial report as an agenda item. The workforce had a clear understanding of their roles and responsibilities which were confirmed by staff, through role descriptions and task-oriented processes such as checklists. The service demonstrated effective systems for managing and monitoring staff credentials, training and performance appraisals for which they were accountable and regular reporting of compliance rates occurred with the Regional manager. The service had effective systems for ensuring compliance with their legislative responsibilities. Consumers’ care documentation and the incident management system verified appropriate identification of restrictive practices with completion of all required documentation and reporting of incidents which met the criteria for the Serious Incident Response Scheme. Management was informed of legislated changes and required actions through emails at the organisational level from a dedicated risk and compliance team. Feedback and complaints were effectively managed through the satisfaction of consumers, and actions and improvements initiated as a result. Complaints were overseen at an executive and Board level. The General manager was accountable to report on trending and analysis of complaints to the Regional manager to demonstrate actions taken had been timely and appropriate.

Consumers and representatives were satisfied the service was managing incidents when they occurred and supporting consumers to live their best lives. Staff had an understanding of incident management processes, identifying and reporting requirements of abuse and neglect of consumers and how they supported consumers to live their best lives. Management had systems to ensure effective management of high impact, high prevalence risks through an incident management system which assisted in identifying possible abuse and neglect of the consumer.

The service had an established clinical governance framework in place which outlined the various staff levels and their roles and responsibilities. The service had policies which incorporated the principles of antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff understood principals and their role in clinical governance. Consumers subject to restrictive practices were regularly reviewed to assess whether the restraint was still required, particularly for chemical restraint. Clinical staff and clinical management had processes to ensure effective antimicrobial stewardship was maintained including awaiting pathology results prior to the administration of antibiotics, tracking and trending of infections and maintaining a register. Consumers and representatives confirmed open disclosure occurred following incidents or feedback. Staff understood their role in the open disclosure process. The complaint and incident management systems identified documentation of when open disclosure had occurred. The service’s clinical governance framework outlined the accountability and reporting structure of the organisation.

Based on the above information, this Standard is Compliant.

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