Performance

Report

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| Name of service: | Bupa Campbelltown |
| Service address: | 1 Steele Street CAMPBELLTOWN SA 5074 |
| Commission ID: | 6089 |
| Approved provider: | Bupa Aged Care Australia Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 4 January 2023 to 6 January 2023 |
| Performance report date: | 30 January 2023 |

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

**This performance report**

This performance report for Bupa Campbelltown (**the service**) has been prepared by K Richards, 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 consumers, representatives, staff, management, and others.
* the provider’s response to the assessment team’s report received on 24 January 2023.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers and representatives said consumers are treated with dignity and respect at all times and staff value the consumer’s identity and cultural beliefs. Staff were knowledgeable about consumer’s individual cultural, diversity, and identity preferences. Staff were observed to respect consumers dignity and engage them in a friendly manner during their daily routine and confirmed they are provided training to ensure awareness of each consumer’s background and associated preferences. The service provides training modules on person centred care and the Code of Conduct for Aged Care as well as information sessions during meetings, so staff are informed about each consumer’s life story.

The service educates its staff on the importance of cultural safety/awareness and celebrates significant days and events. Consumers said staff make them feel safe and they are free to express their cultural identity, for example, consumers said they are supported to maintain their religious faith through an online mass they can watch. Care planning documentation demonstrated consideration of the cultural identity for each consumer and staff were observed to be delivering care and services in a way that was respectful of consumers ethnicity and culture.

Consumers said they can make decisions about how and when they would like care provided, who is involved in decision making about their care and are supported to maintain relationships of choice which are respected by staff. Examples included being supported with close personal relationships and how certain aspects of their care are delivered. Staff were able to describe relationships of importance to consumers, including friendships within the service, and how they support consumer decision making, such as seating preferences during meals. Care planning documentation included consumer choice and preferences and how they communicate their decisions, and staff were observed to be providing this during their daily routine. The service conducts monthly ‘spotlight’ care plan reviews to provide consumers and representatives with the opportunity to discuss the provided care and services, and alter care plans in line with evolving needs and preferences.

The service supports consumer choice which includes the consideration of risk so each consumer can live the best life they can. Consumers confirmed how they are supported. The service has communicated these risks and developed strategies to minimise harm which are documented in risk assessments. Management advised risk assessments are conducted where other assessments indicate increased risks associated with the activity.

Consumers felt well informed with current, accurate and timely updates provided in a way that is easy to understand and promotes choice. Representatives also confirmed they are kept up to date and were appreciative of the information they receive. Representatives of culturally and linguistically diverse consumers said communication methods utilised by staff were effective and assistance is obtained from the representative when required. The service provides daily verbal updates to consumers when necessary and service wide information is provided during resident meetings.

The service maintains consumer privacy during the delivery of care and services, which was corroborated from sampled consumers’ feedback. Care planning documentation contained consumers’ privacy preferences and staff were observed to adhere to those preferences. Access to consumers’ personal information was protected, including staff access the electronic care management system via password protected logins, and physical documents were stored in secure areas.

Based on the information summarised above, I find the service compliant with all Requirements in Standard 1 Consumer dignity and choice.

# 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

Care planning documentation for consumers identified they are assessed on admission and risks are considered, with plans and strategies implemented. Consumers said they were satisfied with how their care is planned to meet their needs and staff were able to describe how they use care plans and assessments to guide the delivery of care. Validated risk assessment tools are used to identify and monitor risks such as falls and wounds. Consumers are assessed on admission, and monthly thereafter, including a care conference with representatives conducted annually or when required. Review of documentation showed consumers were assessed in line with the service’s policy.

The service has assessment and planning processes to identify and address the consumer’s current needs, goals and preferences, including advanced care planning and end of life wishes. Documentation, corroborated through interviews, confirmed consumers are asked about their preferences and end of life wishes during the admission process and/or care plan reviews. Consumers who requested specific end of life care needs had this documented and observed to be adhered to. Staff were aware of the planning process and how it informs the delivery of safe care and services and could describe current clinical care needs for assessed consumers.

Care plans and documentation demonstrated how other organisations and providers of care are involved in the delivery of care for consumers such as Medical Officers. Representatives said they were happy with the amount of involvement they have for the assessment, planning, and review of care and services, and are updated monthly or when required.

Representatives said they had seen a copy of the care plan or the service had discussed care and services with them and they could request documentation when they wished. Review of care plans showed consumers and/or representatives were involved in the process. Care plans were accessible on the electronic clinical management system and staff said they could readily access information when they need.

All care plans sampled have been reviewed and updated in accordance with the services policy on admission and every month thereafter, or when an incident occurs. Review of documentation confirmed this occurs and management were able to describe how they reassess a consumer’s needs, goals and preferences, how they involve the consumer, and how reassessment information is used to update care plans.

Based on the information summarised above, I find the service compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

The service has processes to guide staff to ensure each consumer gets safe and effective personal and clinical care, that is best practice, tailored to their needs, and optimises their health and well-being. Consumers and representatives were satisfied consumers receive personal and clinical care that supports their health and well-being. Staff were able to describe how they ensure consumers are receiving care that is safe and effective. Examples included respecting preferences for personal care to be delivered by particular staff, provision of skin care, giving emotional support, and attending to specialised nursing needs. Documentation showed that personal and clinical care is tailored to individual care needs and validated assessment tools are used when required.

High impact and high prevalence risk is effectively managed by following best practice guidelines and implementing strategies to mitigate the level of risk to the consumer. Consumers and representatives were satisfied with the care consumers receive, and representatives were able to refer to specific risks for the consumer and how they are managed. Systems are in place to guide staff practice, ensuring consumers’ personal and clinical care is reviewed, and needs are responded to in a manner that is appropriate and timely. Regular reviews are conducted for high risk consumers with timely information provided to staff through meetings and handover processes. Due to the cultural background of a large proportion of consumers, clinical and lifestyle staff work together with consumers and representatives to understand and manage any complex social relationships.

Review of two consumers files for end of life and palliative care needs showed they had documented pathways which were adhered to by staff, regular pain and comfort checks occurred, and mouth care and repositioning was attended to. One representative said they were confident the service would provide good end of life care and services in future when their family member needed it.

The service has procedures to guide staff regarding clinical deterioration of a consumer’s mental health, or cognitive or physical function. A review of care files showed that when a consumer's health is changing it was recognised in a timely manner. Clinical staff were knowledgeable about indicators for deterioration and procedures following identification. Consumers and representatives were satisfied with the way deterioration of consumers is managed.

The consumer’s condition, needs, and preferences is documented in care plans and communicated within the organisation and externally where responsibility of care is shared. Care plans reviewed were noted to have sufficient information for when sharing of information is required, and Medical Officers and Allied Health professionals had access to the electronic clinical management system. Changes to a consumer’s condition was shared internally within the service when required, such as with hospitality staff when there was a change in dietary needs.

Referrals are made in a timely manner to other organisations and providers which consumers and representatives confirmed, and representatives said they are always kept informed during the care delivery process when their family member is referred to a specialist. A review of consumer documentation noted referrals were being completed with evidence of Medical Officer and/or Allied Health engagement and consumer and representative involvement.

There are processes, policies, and procedures in place to minimise infection related risks, and associated supports for the appropriate use of antibiotics through best practice related to antimicrobial stewardship. Staff were knowledgeable about infection control procedures and this was supported by observations by the Assessment Team. The service has an outbreak management plan that details processes for staff in the event of various infection related illnesses. Representatives said staff follow appropriate entry procedures to minimise infection related risks and there were adequate hand cleaning facilities through the facility.

Based on the information summarised above, I find the service compliant with all Requirements in Standard 3 Personal care and clinical care.

# 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 consumers get safe and effective services and support for daily living that meet the consumer’s needs, goals, and preferences, and optimise their independence, health, well-being, and quality of life. Consumers said they felt supported to do things they enjoyed, participate in activities of interest, and maintain their independence. Staff were aware of consumer interests, which were also documented their care plans. Lifestyle assessments are conducted on admission, and regularly reviewed, to tailor activities to each consumer’s preference. Observations of activities showed they were interactive, inclusive, and well attended.

The emotional, spiritual and psychological needs of consumers are catered for by providing tailored interactions from staff or offering support from external organisations, for example, religious representatives from different faiths attend the service and volunteers from community/government agencies visit consumers who required additional support. Staff described how they provide support to consumers and strategies to be implemented if they observe a consumer who is not socially engaged or their mood changes. The lifestyle program includes activities designed to cater for supporting consumers’ emotional, spiritual, and psychological needs.

Consumers said they are assisted with daily living activities that support them to pursue their interests and take part in the community and social activities. For example, the service has partnered with a local council to facilitate an intergenerational play group. Assessments and care planning documentation showed supports and activities are consistent with consumer preferences. Consumers were observed participating in group activities, engaging with visitors in attendance, and socialising with other consumers in communal spaces.

Information is communicated within the organisation and with others where responsibility is shared in a timely manner. Staff said they are regularly provided with updated information through a variety of means, and information is shared, where applicable, with a range of departments in the service to ensure the appropriate personnel are informed to tailor the delivery of care. Care planning documentation showed referrals to external specialists of support and services and the use of regular volunteer support.

The majority of consumers said they enjoyed the meals, have input into the menu, and are supported to provide feedback for meal options. Two consumers said they were dissatisfied with the meals, however, evidence showed management is working with those individuals to assist in improving their dining experience. There are different meals to choose from each day and alternatives, including food offered outside of mealtimes, are available. Documentation showed food is discussed at a variety of different forums and consumer feedback is obtained. Observations of food processes showed food is stored appropriately, preparation areas are clean and tidy, and staff were following food safety processes.

Consumers said they felt safe when using equipment and staff knew how to use the equipment competently. Consumers were observed to be provided with equipment that is safe, suitable, clean, and well maintained. Staff said they have access to a range of appropriate equipment for consumers needs and can access additional equipment if required.

Based on the information summarised above, I find the service compliant with all Requirements in Standard 4 Services and support for daily living.

# Standard 5

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

Findings

The service environment is welcoming and allows consumers and visitors to easily navigate all areas, as well as facilitating interaction and function amongst consumers. Consumer rooms are personalised creating a sense of belonging and allowing consumers to maintain their independence. Consumers were satisfied with the service environment and representatives said they are made to feel welcome. For consumers with a cognitive impairment, there are memory supports and easy to understand signage to guide consumers to communal areas or their room.

Consumers said the environment is safe, clean, well maintained and they enjoy the various spaces. Consumers were observed accessing all areas of the service, including outdoor areas which was free of hazards and contained raised garden beds for consumers to utilise. Staff were observed to be cleaning the environment, including consumer rooms, and high touch points such as handrails. There is a scheduled maintenance register for external contractors to perform regular servicing of the services facilities.

Observations of furniture, fittings, and equipment were safe, clean, and well maintained. Consumer equipment such as slings, weigh chairs, and lifters were maintained in accordance with a maintenance schedule. Consumers said they felt safe using the equipment and staff were prompt to rectify any issues. Care and nursing staff described their responsibilities for ensuring shared equipment is safe and clean to use. The service’s furniture, fittings, and equipment are maintained through the use of a proactive maintenance register and a system is in place to monitor and react to unexpected issues.

Based on the information summarised above, I find the service compliant with all Requirements in Standard 5 Organisation’s service environment.

# 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 said they are supported to make complaints, or raise suggestions, and management were quick to resolve any issues. Staff described how they support consumers to raise concerns and management demonstrated how the organisation supports consumers to provide feedback or complaints through a variety of ways and are logged into the electronic system to ensure all concerns are addressed. Information is provided to consumers and visitors regarding the complaints process and feedback forms are readily available. Documentation reviewed showed consumers were encouraged to provide feedback and complaints at resident meetings, within various forums, through surveys, and during care plan reviews.

The service has information regarding advocacy or language services, including information for external complaints stakeholders. Consumers were aware of these services, however said they have not had to utilise them, and representatives of consumers who come from culturally diverse backgrounds said their family members are supported by the service to provide feedback. Pamphlets and information sheets, including some in multiple languages, were observed throughout the service for consumers to access, and external advocacy agencies periodically visit to provide consumers with a presentation.

Consumers and representatives said when they have raised concerns in the past, management have responded appropriately and in a timely manner. Review of the complaints register confirmed actions had been taken in response to complaints raised. The service has an open disclosure process and examples were given demonstrating staff apologise when things go wrong. Staff were able to describe the open disclosure process and its relevance to their daily routine.

Complaints and suggestions are used to improve the quality of care and services. The service demonstrated how it reviews feedback and provided examples of how services were improved, such as adjusting some meals, implementing spot checks in consumer rooms, and providing staff with additional training regarding privacy and dignity. There are policies and procedures in place to guide staff practices.

Based on the information summarised above, I find the service compliant with all Requirements in Standard 6 Feedback and complaints

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The service has a system for planning and managing the workforce to ensure the number of personnel is sufficient to meet the care needs of consumers. Consumers and representatives were satisfied with the number of staff and consumer call bells were answered quickly. Consumers are engaged to obtain feedback regarding their satisfaction with staffing levels and the acuity of consumers is considered in the development of how staff are allocated within the service.

Consumers and representatives said staff were kind, caring and respectful; if there was anything they needed then staff were always willing to help. Staff were observed to treat consumers with respect at all times, including during the delivery of care, at mealtimes, and when participating in activities. Staff receive training in relation to cultural safety, diversity, code of conduct, and person-centred care and have access to information about each consumer that assists them to tailor their approach in the delivery of care and services.

Staff were able to demonstrate they have the knowledge to effectively perform their roles and said they perform competency assessments to ensure their skills meet the expectations of the organisation. Consumers expressed confidence in staff competency and felt safe during the delivery of care. The service ensures staff are recruited with the appropriate qualifications and are continued to be supported to improve their knowledge and skills through ongoing training.

On commencement of employment staff are required to complete a corporate orientation program that contains several mandatory training modules. Training is provided to staff continually through the year, covering a variety of clinical and non-clinical topics, that is both scheduled mandatory training and as needed. Staff felt they were provided with enough training to perform their role competently that was relevant to their job. The service has recently employed a quality education manager to further upskill the workforce.

Staff are required to undertake performance appraisals on completion of their probation period and annually thereafter. Staff said there is a variety of mechanisms such as buddy shifts and mentors to assist newly employed staff become familiar with consumers and the environment. Performance management processes are in place when staff do not perform to the standard expected by the service and staff are recognised for their exemplary service. Further support is provided to staff when there is a need for improvement in the form of training and/or one-to-one guidance from experienced staff.

Based on the information summarised above, I find the service compliant with all Requirements in Standard 7 Human resources.

# 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 are engaged in the development, delivery and evaluation of care and services and are supported in that engagement through various feedback mechanisms such as the complaints and feedback process, forums, surveys and resident meetings. The feedback obtained from consumers and representatives is used to drive continuous improvement at the service, for example, creation of a lifestyle committee, enabling consumers to contribute their favourite meals to the menu, and development of a ‘life board’ to initiate conversation between staff and consumers.

The service’s governing body promotes a culture of safe, inclusive, and quality care and services, and is accountable for its delivery through an organisational structure that ensures the strategic direction of the organisation is communicated to all members of the workforce. The governing body has operational oversight of indicators such as clinical risk, audit findings, feedback and complaints, reportable incidents, and actions for continuous improvement. The governing body receives training regarding legislative changes and compliance with the Standards.

The service has governance systems and processes, from the care and service level through to the governing body, for managing and governing the delivery of care and services relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

The service has risk management systems and processes to identify and assess high impact or high prevalence risks to the health, safety and well-being of consumers. Policies and procedures guide staff and risk is monitored at the executive level within meetings and risk registers that is overseen by a senior risk manager. The incident management system identifies any trends or risks and is used to improve care and services. Consumers are supported by the service to the live the best life they can and maintain their independence by undertaking activities of risk. The service responds to allegations and incidents of abuse and neglect of consumers through an investigation process where appropriate action is taken.

The clinical governance framework, and associated policies and procedures, provides guidance relating to antimicrobial stewardship, minimising the use of restraint, and open disclosure. The restrictive practice register showed the application of restraint is documented and the safety and wellbeing of the consumer is monitored. The infection control lead monitors infections through a weekly audit and monthly antibiotic usage, implementing effective antimicrobial stewardship practices. Open disclosure is practised, and staff have been trained in its principles.

Based on the information summarised above, I find the service compliant with all Requirements in Standard 8 Organisational governance.

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)