Performance

Report

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| Name of service: | Bupa Eastwood |
| Service address: | 55 Timbarra Drive BAIRNSDALE VIC 3875 |
| Commission ID: | 3939 |
| Approved provider: | Bupa Aged Care Australia Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 1 August 2023 to 2 August 2023 |
| Performance report date: | 6 September 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 Eastwood (the service) has been prepared by S Byers, 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 Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received on 21 August 2023

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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)(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 |

Findings

The service was found non-compliant with Requirement 1(3)(a) following a site audit conducted from 3 May 2022 to 6 May 2022. The service did not demonstrate that all consumers were treated with dignity and respect or afforded privacy when receiving personal care. The service has implemented remedial action in response to the non-compliance identified at the site audit in May 2022 including conducting staff training on consumer choice and dignity of care.

At this assessment contact, drawing on evidence from 10 sampled consumers, the service demonstrated consumers are treated with dignity and respect. All sampled consumers indicated they are treated with dignity and always feel respected. Staff demonstrated an understanding of individual consumers and their backgrounds, preferences, and choices. Staff were observed knocking on consumer bedroom doors, waiting to be permitted and closing doors after entering. Sampled care planning documents demonstrated detailed consumer preferences. I find the service compliant with Requirement 1(3)(a).

The service was found non-compliant with Requirement 1(3)(e) following a site audit conducted from 3 May 2022 to 6 May 2022. Consumers and representatives were not satisfied that information provided by the service was current, accurate and timely; changes in management structure were not communicated, some representatives advised they were not notified of resident/relative meetings and newsletters were not widely distributed. The service has implemented remedial action in response to the non-compliance including improving newsletter distribution channels, implementing regular face to face meetings and providing advice of resident/relative meetings.

At this assessment contact, drawing on evidence from 10 sampled consumers, the service demonstrated that timely and up-to-date information is provided to consumers. All sampled consumers and representatives expressed satisfaction with the improved communication provided by the service. Communication methods include regular phone calls, monthly newsletters and email correspondence. Staff demonstrated knowledge of how information is provided to consumers and representatives, consistent with documented evidence of written correspondence and meeting minutes provided by the service. The Assessment Team observed a range of information on display throughout the service. I find the service compliant with Requirement 1(3)(e).

# 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)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

The service was found non-compliant with Requirement 2(3)(a) following a site audit conducted from 3 May 2022 to 6 May 2022. The service did not demonstrate that care planning always identified new risks following a change in consumer care, particularly in relation to risk mitigation strategies. The service has implemented remedial action in response to the non‑compliance identified in May 2022 including making enhancements to the service’s clinical risk register, care review processes and delivering relevant staff training.

At this assessment contact, drawing on evidence from 10 sampled consumers and 9 staff members, the service demonstrated assessment and planning considers risk to the consumers health and well-being, and is documented to inform delivery of safe and effective care. All sampled consumers and representatives expressed confidence that the service’s assessment and care planning processes inform safe and person-centred care. All sampled staff demonstrated knowledge of how to provide safe and effective care for individual consumers. Staff confirmed they have completed training provided by the service and demonstrated they could apply their learnings to care delivery in practice. Sampled care planning documents reflect the outcomes of a range of risk assessments including chemical restrictive practice, wounds and pressure injuries, falls, weight loss and swallowing difficulties for each consumer including consumers receiving respite care. I find the service compliant with Requirement 2(3)(a).

The service was found non-compliant with Requirement 2(3)(c) following a site audit conducted from 3 May 2022 to 6 May 2022. The service did not demonstrate that care planning documentation consistently reflected that the consumer and others are involved in assessment and planning. The service has implemented remedial action in response to the non-compliance including enhancing information sharing when external providers are involved in care.

At this assessment contact, drawing on evidence from 10 sampled consumers, the service demonstrated assessment and planning based on ongoing partnership with consumers and representatives and other service providers. All sampled consumers and representatives expressed satisfaction with their involvement in assessment and care planning. Staff described how consumers and representatives are involved in assessment and planning, which was supported by documentation viewed by the Assessment Team. Sampled consumer files demonstrated other providers are involved in the care of consumers and effectively contribute to the planning and review of care and services. I find the service compliant with Requirement 2(3)(c).

The service was found non-compliant with Requirement 2(3)(d) following a site audit conducted from 3 May 2022 to 6 May 2022. The service did not demonstrate that outcomes of assessment and planning were consistently communicated to consumers. The service has implemented remedial action in response to the non-compliance including improved schedule of care consultation and implementing ‘spotlight’ care reviews.

At this assessment contact, drawing on evidence from 10 sampled consumers, the service demonstrated improved documentation and communication of assessment and planning outcomes. Sampled care files reflected improved communication and documentation of consumer assessment and planning outcomes. While some consumers and representatives were not aware of how to access their care plans, all sampled care documentation evidenced discussion with consumers and representatives about the outcomes of assessment and care planning. Management and clinical staff described how the outcomes of care plan reviews are communicated with consumers and representatives according to their preferred method. I find the service compliant with Requirement 2(3)(d).

The service was found non-compliant with Requirement 2(3)(e) following a site audit conducted from 3 May 2022 to 6 May 2022. The service did not demonstrate that care and services were regularly reviewed for effectiveness, were up-to-date and met the current needs, goals and preferences of consumers. Care plans were not consistently reviewed when a consumer’s condition or circumstances changed. The service has implemented remedial action in response to the non-compliance identified at the site audit in May 2022 including implementing regular reviews of care plans and consulting with consumers and representatives following changes in care needs.

At this assessment contact, drawing on evidence from 10 sampled consumers, the service demonstrated effective review of consumer care. All sampled consumers and representatives said they are involved in the review of care and services following a change in needs and preferences or after an incident related to a fall, deterioration, skin integrity or changed behaviour. Staff demonstrated their knowledge on how care plan review is conducted on a regular basis and ‘ad hoc’ when changes in care needs occur and following incidents. Care planning documents reflected review, and effective individualised strategies were documented following incidents and changes in consumer needs. I find the service compliant with Requirement 2(3)(e).

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(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)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

The service was found non-compliant with Requirement 3(3)(a) following a site audit conducted from 3 May 2022 to 6 May 2022. The service did not demonstrate restrictive practices were implemented as a last resort or reviewed on a regular basis with the aim to cease or minimise their use and informed consent was not obtained prior to the use of chemical restraint. In addition, the service did not demonstrate accurate identification and consistent management of consumer wounds and pressure injury care was not consistently in accordance with best practice. The service has implemented remedial action in response to the non‑compliance identified at the site audit in May 2022 including reviewing all restrictive practices and engaging a wound consultant.

At this assessment contact, drawing on evidence from 10 sampled consumers, the service demonstrated safe and effective personal and clinical care that is best practice and tailored to optimise consumer health and well-being. All sampled consumers were satisfied they receive personal and clinical care that is right for them. Clinical staff demonstrated knowledge of personal and clinical care that is best practice. Staff said training and organisational policies support them to optimise consumer health and well-being. All sampled consumer files included assessment and care plans, progress notes and charting. Care files reflect individualised care particularly in relation to skin integrity, restrictive practices and pain management. I find the service compliant with Requirement 3(3)(a).

The service was found non-compliant with Requirement 3(3)(b) following a site audit conducted from 3 May 2022 to 6 May 2022. The service did not demonstrate falls, weight loss, and swallowing difficulty were consistently identified and actioned with the consideration of risk mitigation and prevention of harm. Neurological observations were not always attended to in accordance with service policy. In addition, there was no evidence that swallowing assessments were completed or that a referral to a dietician was made for a consumer who experienced frequent choking episodes. The service has implemented remedial action in response to the non-compliance identified including enhancing review of clinical incidents and providing staff training.

At this assessment contact, drawing on evidence from 10 sampled consumers, the service demonstrated effective management of high impact and high prevalent risks. All sampled consumers were satisfied the service is effectively managing risks. Staff and management demonstrated knowledge of the high impact and high prevalence risks associated with the care of individual consumers. Staff described dysphagia and weight management strategies in line with care documentation. Management demonstrated how high impact and high prevalence risks are effectively managed through clinical data monitoring and trending. Falls committee meeting minutes reflected the review of falls data, trends and analysis. Care documentation identified individual high impact or high prevalence risks for consumers. Sampled falls management documentation includes consideration of risks, triggers, prevention strategies and evidenced neurological observations occurring in line with organisational policy. I find the service compliant with Requirement 3(3)(b).

The service was found non-compliant with Requirement 3(3)(d) following a site audit conducted from 3 May 2022 to 6 May 2022. The service did not demonstrate care planning included identification and the indicated response to deterioration or change in consumer health particularly in relation to wounds, diabetes, and dysphagia. The service has implemented remedial action in response to the non-compliance identified including implementing daily review of progress notes by the clinical care manager and providing staff training on clinical deterioration.

At this assessment contact, the service demonstrated deterioration or change in a consumer’s function, capacity or condition is recognised and responded to in a timely manner. Sampled consumers and representatives interviewed expressed satisfaction with the recognition of and timely response to changes in consumer health status. Clinical staff described how they discuss deterioration at handovers, huddles and clinical reviews, with subsequent review of assessment and planning documentation. Sampled consumer care documentation including progress notes demonstrate identification and timely response to deterioration or change in consumer condition. I find the service compliant with Requirement 3(3)(d).

The service was found non-compliant with Requirement 3(3)(f) following a site audit conducted from 3 May 2022 to 6 May 2022. The service did not demonstrate that on occasions where consumers would benefit from allied health or specialist reviews, that referrals were completed in a timely manner. The service has implemented remedial action in response to the non-compliance identified including actioning referrals to a range of allied health professionals.

At this assessment contact, the service demonstrated timely and appropriate referrals are made. Sampled consumers and representatives were satisfied with referral processes. Drawing on 10 sampled consumers, care documentation demonstrated timely and appropriate referrals and input from allied health providers. I find the service compliant with Requirement 3(3)(f).

The service was found non-compliant with Requirement 3(3)(g) following a site audit conducted from 3 May 2022 to 6 May 2022 as several infection prevention and control breaches by staff were observed, including poor hand hygiene, failing to clean shared equipment after use and incorrect use of personal protective equipment (PPE). Deficiencies in relation to the availability of hand sanitiser and disinfectant wipes, the cleanliness of the kitchen and food handling protocols were also observed. The service has implemented remedial action in response to the non-compliance identified at the site audit in May 2022 including appointing two Infection Control and Prevention Leads and providing sufficient hand hygiene stations throughout the service.

At this assessment contact, staff demonstrated a good understanding of infection prevention and control practices and mostly demonstrated safe PPE use, with some lapses observed by the Assessment Team. Management and staff described how they access and refer to government guidelines in managing and preventing infection. Consumers and representatives said they are kept up to date about the service’s response to COVID-19 and other infectious diseases. The service has an outbreak management plan in place to guide staff practice. Training records demonstrated staff have completed infection prevention and control training. The Assessment Team observed staff performing hand hygiene before providing consumer care and cleaning equipment prior to use. I find the service compliant with 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)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

The service was found non-compliant with Requirement 4(3)(a) following a site audit conducted from 3 May 2022 to 6 May 2022. The service did not to provide adequate supports of daily living to optimise consumer independence and quality of life, including staff not cutting up food for consumers and lack of access to a hairdresser at the service. The service has implemented remedial action in response to the non-compliance identified at the site audit in May 2022 including making a hairdresser available each week and reviewing consumer dietary requirements and staff break times.

At this assessment contact, drawing on evidence from 6 consumers, the service demonstrated consumers receive effective supports for daily living. Most consumers expressed satisfaction with the services and supports provided. Care staff demonstrated an understanding of consumer needs and preferences and explained how they support consumers to maintain independence and well-being. Consumer needs and preferences were captured within care plans. The Assessment Team observed care staff to be available during lunch services, and both care staff and a member of the management team were observed assisting consumers with their meals. I find the service compliant with Requirement 4(3)(a).

The service was found non-compliant with Requirement 4(3)(f) following a site audit conducted from 3 May 2022 to 6 May 2022. Most consumers were dissatisfied with the quality, quantity, variety and temperature of the meals provided. Staff shortages also contributed to an inadequate meal experience for consumers. The service has implemented remedial action in response to the non-compliance including hiring a new chef, improved feedback mechanisms and providing training to catering staff.

At this assessment contact, drawing on evidence from 11 consumers, the service demonstrated meals are varied, are mostly served at an appropriate temperature, are of adequate size, and are mostly liked by consumers. The majority of sampled consumers reported satisfaction with the food. All sampled consumers stated they receive sufficient food, and that food is varied, and all said, barring one exception, that meals are served at a suitable temperature. Consumers have input into the menu through consumer meetings and can request alternative meals to those on the menu. The menu is reviewed by a dietician. Documentation reflected specific dietary requirements that were also observed to be communicated with the kitchen. Consumers were observed during lunch in two dining rooms, including one in the Memory Support Unit. Staff were present and provided supervision and assistance where needed. I find the service compliant with Requirement 4(3)(f).

# Standard 5

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| Organisation’s service environment | |  |
| 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 |

Findings

The service was found non-compliant with Requirement 5(3)(b) following a site audit conducted from 3 May 2022 to 6 May 2022. The service did not demonstrate the service is always safe and clean, in particular the kitchen and consumer rooms. The service has implemented remedial action in response to the non-compliance identified at the site audit in May 2022 including hiring an additional cleaner and providing staff training.

At this assessment contact, the Assessment Team found the service environment to be safe and clean. Sampled consumers expressed satisfaction with cleanliness and cleaning logs demonstrated regular cleaning occurs. Consumer rooms and bathrooms, communal areas, the kitchen and food storage areas were all observed to be clean. I find the service compliant with Requirement 5(3)(b).

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |

Findings

The service was found non-compliant with Requirement 6(3)(c) following a site audit conducted from 3 May 2022 to 6 May 2022. The service did not always respond to or follow up concerns raised. Most consumers were not satisfied that action was taken in response to complaints. The service has implemented remedial action in response to the non-compliance identified at the site audit in May 2022 including inviting complaints at consumer and representative meetings and providing staff training on handling complaints.

At this assessment contact, the service demonstrated it responds appropriately to complaints. Five complaints in the service’s complaints register were sampled and 4 consumers expressed satisfaction with the management of the complaint and subsequent outcome. One consumer was unaware of the outcome of their complaint, however documentation review and discussion with management evidenced an appropriate response. Clinical and care staff outlined how they respond to complaints and feedback they receive, and complaints documentation evidenced appropriate and timely responses. All entries in the complaints register had appropriate actions clearly recorded. I find the service compliant with Requirement 6(3)(c).

# 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)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The service was found non-compliant with Requirement 7(3)(a) following a site audit conducted from 3 May 2022 to 6 May 2022. The service did not have sufficient staff to ensure the delivery of safe and quality care. Most consumers and representatives were not satisfied the workforce was planned and staff expressed concern about high workloads. The service has implemented a number of actions in response to the identified non-compliance including improved rostering responsibility, recruitment of additional staff, block booking of agency staff and strategies to address unplanned leave.

At this assessment contact, consumers, representatives, and staff provided mixed feedback in relation to workforce levels at the service. Most consumers and representatives were satisfied with staffing and call bell response times. Those consumers and representatives who provided negative feedback also indicated staffing do not adversely impact the delivery of their care and services. Staff reported staffing levels continue to be challenging, however acknowledged staffing had improved. While allocation sheets demonstrated regular unfilled shifts, management outlined a number of strategies in place to fill shifts and to ensure consumer needs are met, including management assisting with care, use of agency staff and staff working extended shifts. Given the service has several strategies in place to address staffing challenges, recruitment remains ongoing, and no impact to the delivery of consumer care and services has been found in relation to other requirements in this report, I find, on the balance of evidence, the service is compliant with Requirement 7(3)(a).

The service was found non-compliant with Requirement 7(3)(c) following a site audit conducted from 3 May 2022 to 6 May 2022. The service did not demonstrate all staff were competent and had the qualifications and knowledge to effectively perform their roles and deliver quality outcomes for consumers. Clinical staff said care staff would benefit from further training in some areas, and no education calendars or records were available for the first 3 months of 2022. The service has implemented remedial action in response to the non‑compliance identified at the site audit in May 2022 including introducing a Quality Education Manager and developing a training plan.

At this assessment contact, the service demonstrated the workforce was competent and had the knowledge to perform their roles effectively. All sampled consumers expressed satisfaction with staff competence. Management outlined the strategies and processes in place to ensure staff are qualified for their roles and documentation reviewed by the Assessment Team reflected these processes. Management demonstrated induction programs for new staff, which involves training in a range of areas, followed by competencies relevant to specific roles. Management explained that if gaps in staff knowledge or skill are identified via incidents, feedback or staff requests, there are training modules available which they schedule in response. I find the service compliant with Requirement 7(3)(c).

The service was found non-compliant with Requirement 7(3)(d) following a site audit conducted from 3 May 2022 to 6 May 2022. Sampled consumers expressed dissatisfaction with staff knowledge and practice in a number of areas, including respect for consumer dignity and privacy, personal care, medication management, weight management, skin integrity and falls prevention. In addition, staff did not consider they had access to education to enable them to perform their roles effectively. The service has implemented remedial action in response to the non-compliance identified at the site audit in May 2022 including introducing a Quality Education Manager and developing a training plan.

At this assessment contact, the service demonstrated the workforce is equipped and supported to deliver required outcomes. Sampled consumers and representatives stated staff are adequately trained. Staff reported receiving training in a range of key areas including in relation to regulatory and legislative requirements. Management demonstrated mandatory training arrangements at the service, and attendance records reflected ongoing training. I find the service compliant with Requirement 7(3)(d).

The service was found non-compliant with Requirement 7(3)(e) following a site audit conducted from 3 May 2022 to 6 May 2022. The service did not demonstrate regular assessment, monitoring and review of staff practice. No evidence of reviews of staff performance during the previous 12 months was provided, and staff files showed most staff had not participated in a formal review since 2020. The service has implemented remedial action in response to the non-compliance identified including reserving time for management and staff to undertake performance reviews.

At this assessment contact, the service demonstrated regular monitoring and review of workforce performance. Documentation demonstrated the service is actively working on completing performance reviews. Management outlined strategies for ongoing informal review of staff performance including processes which involve an immediate response to staff performance. The service’s complaints register evidenced a number of reviews of staff conduct and performance in response to feedback received. I find the service compliant with Requirement 7(3)(e).

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

The service was found non-compliant with Requirement 8(3)(c) following a site audit conducted from 3 May 2022 to 6 May 2022. The service did not demonstrate effective systems to monitor regulatory compliance, workforce governance, care documentation and shift handover, and systems to identify, monitor and respond to individual feedback and complaints. The service has implemented remedial action in response to the non-compliance identified at the site audit in May 2022 including making clinical information readily available on a mobile electronic device and the service now provides greater opportunity for clinical care managers to regularly meet with care staff.

At this assessment contact, the service demonstrated effective governance systems relating to information management, workforce governance, regulatory compliance, and management of feedback and complaints. The governing body monitors, and reviews routine reporting and analysis of data related to consumer experience and satisfies itself that systems and processes are in place to ensure safe and effective care is provided. Management demonstrated understanding of the policies and processes that supported each of the governance systems. I find the service compliant with Requirement 8(3)(c).

The service was found non-compliant with Requirement 8(3)(d) following a site audit conducted from 3 May 2022 to 6 May 2022. The service did not demonstrate effective management of high impact or high prevalence risks in relation to falls prevention and management, weight management and swallowing risks. In addition, risk in relation to restrictive practices and wound management were not always recognised and managed effectively. The service has implemented remedial action in response to the non-compliance identified at the site audit in May 2022 including staff training on a range of clinical areas and the newly‑introduced Quality Education Manager provides oversight of significant incidents including recording, reporting, trending, and analysis.

At this assessment contact, the service demonstrated risk management systems are supported by clinical governance frameworks and updated policies and procedures. Training records and feedback from staff and management demonstrated that education is provided to staff on incident reporting, and high impact or high prevalence risks. Incident registers, clinical risk review meetings, complaint registers, clinical incident analysis reports, and the service’s plan for continuous improvement demonstrated the service is identifying, managing, and reporting high impact or high prevalence risks and ensuring actions to minimise risks are implemented. I find the service compliant with Requirement 8(3)(d).

The service was found non-compliant with Requirement 8(3)(e) following a site audit conducted from 3 May 2022 to 6 May 2022. The service did not demonstrate that staff were aware of work instructions in relation to open disclosure, antimicrobial stewardship, and minimising the use of restraint. In addition, there were identified deficits in staff practice in the management and monitoring of restrictive practices, including obtaining consent prior to the use of chemical restraint. The service has implemented remedial action in response to the non‑compliance identified at the site audit in May 2022 including staff training and providing additional opportunities for clinical review.

At this assessment contact, the service demonstrated how the organisation’s clinical governance framework provides an overarching monitoring system for clinical care. The framework addresses key clinical governance areas such as minimising the use of restrictive practices, antimicrobial stewardship, and open disclosure. The service is supported by a suite of updated clinical policies and procedures with documented work instructions to guide staff practice. Management and clinical staff demonstrated how the use of restrictive practices is effectively monitored, evaluated, and minimised at the service, which aligned with the policies and procedures. I find the service compliant with Requirement 8(3)(e).

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)