Bupa Enfield

Performance Report

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**Commission ID:** 6133

**Provider name:** Bupa Aged Care Australia Pty Ltd

**Site Audit date:** 16 March 2022 to 18 March 2022

**Date of Performance Report:** 26 April 2022

# Performance report prepared by

Alice Redden, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

Sampled consumers said they are treated with respect, dignity and in a way which makes them feel valued. They said that staff know them and their care preferences and support them to maintain their identity and do valued activities. Overall, consumers considered they are supported to nurture important relationships and make their own choices about their daily care and who is involved in it. Sampled consumers gave specific examples of risks they choose to take and explained how the service supports them to understand and manage those risks. Consumers and representatives considered they receive the information they need to make decisions about care and lifestyle and this is provided in a timely manner. Sampled consumers and representatives said their privacy is respected and confidentiality maintained by staff.

The service demonstrated it has effective processes to identify consumers’ needs, goals and preferences as well as their life stories, cultural, language, spiritual and social requirements. The service demonstrated it supports consumer choice, control and independence, whilst ensuring consumers takes risks with safety measures in place. The service has established processes to identify who consumers want involved in their care and how their care and services are deployed. The service demonstrated consumers are supported to voice their decisions, including those with communication and/or cognitive barriers. Consumers are provided with information about daily activities, current events, meal selections and available health professionals in a variety of ways, to support consumer choice.

Interviewed staff knew the backgrounds, cultural and spiritual preferences of sampled consumers, could describe the people who are important to them. Care, registered and lifestyle staff described a range of ways the service supports consumers to exercise choice and control and to maintain their relationships with family and friends outside the service. Interviewed staff understood which sampled consumers opt to take risks and the relevant safety measures implemented to support them. Staff at the service are guided by policies and training on privacy, confidentiality and the collection and use of personal information. Interviewed staff could describe practical steps they take to afford privacy when providing care and to maintain confidentiality of written information in the service environment.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*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.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*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.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

Interviewed consumers and representatives said the service involves them in the assessment and planning process, using family care conferences and direct contact to inform them of the outcomes of planning and assessment. Sampled consumers and representatives explained how assessment and planning considers risks to consumer health and well-being and gave examples of current consumer needs, goals and preferences which were accurately documented in care plans. Consumers and representatives said they understand their care plans and can request a copy at any time. Interviewees confirmed their involvement in regular and unplanned care plan reviews.

The service has established processes in place to assess consumers upon their entry to the service, with clinical staff using an 8-day data collection planner to identify consumer risks. Care plans are then developed, with strategies to reduce each area of risk. Care plans reviewed by the Assessment Team showed that risks and management strategies are documented, including risks stemming from challenging behaviours, falls, swallowing and pressure injuries. A wide range of assessments were evident in sampled consumer documentation, including communication plans, sensory profiles, eating and drinking plans, hygiene plans, sleep and rest plans, falls safety plans, bowel and urinary care plans and manual handling plans. Sampled care plans contained either evidence of advanced care planning and end of life planning, or evidence that a discussion was not yet wanted for the relevant consumer. Sampled care plans contained evidence of both scheduled reviews and reviews in response to incidents or changes in consumer circumstances.

Interviewed staff understood the assessment and planning processes used at the service, and their associated responsibilities. Clinical and care staff understand how assessment and planning outcomes inform the care and services they deliver and how the strategies in care plans are used to reduce risk to consumers. Staff were familiar with the preferences, personal and clinical care needs of sampled consumers and described how the outcomes of planning and assessment are communicated both within the service and to consumers and representatives. Staff described a range of external organisations, individuals and other providers involved in the assessment and planning process, including a geriatrician, physiotherapists, optometrists and dieticians, for example.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

### Requirement 2(3)(b) Compliant

*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.*

### Requirement 2(3)(c) Compliant

*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.*

### Requirement 2(3)(d) Compliant

*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.*

### Requirement 2(3)(e) Compliant

*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.*

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

Consumers and representatives confirmed consumers receive the personal care and clinical care they require, and care provided is effective and tailored to consumer needs. Representatives were satisfied that information about consumer needs and preferences is effectively communicated between staff at the service and said that staff understand sampled consumers’ needs. A representative of a consumer who had recently passed away expressed satisfaction with their end of life care and said their deterioration had been quickly recognised and responded to. Other interviewed representatives confirmed a range of external allied health professionals and other individuals are involved in the provision of personal and clinical care, including physiotherapists, specialists and podiatrists.

The service has well-established systems in place to support staff in the delivery of personal care and clinical care to consumers. Staff are supported with an extensive suite of work instructions and guidelines to structure delivery of best practice care and services. For example, the service has published work instructions on a range of topics, including, but not limited to, clinical deterioration, acute care decision-making, palliative care planning, end of life pathway planning, restraints, skin integrity and pain management.

The service uses progress notes, verbal handovers and written handovers, a clinical risk register and clinical meetings to identify changes or risks in consumer care and to disseminate that information amongst staff.

Care plans reviewed by the Assessment Team showed personal and clinical care is based on best practice and is supportive of health and well-being. Sampled care plans showed that evidence-based assessment tools and strategies are used in relation to behaviour support, skin integrity, falls and pain management. Sampled consumer care plans also showed that the service effectively recognises and responds to changes and deterioration in consumer health and wellbeing. End of life and/or advance care planning was addressed in all sampled files where the consumer/ representative wished to participate in such planning.

Interviewed staff were familiar with sampled consumers and their documented care needs. Staff could describe how they provide best practice personal care and clinical care and understood the restrictive practices used with sampled consumers. Clinical staff knew the key risks for sampled consumers and how they are mitigated, and care staff were able to find information about key risks for sampled consumers. Staff and management spoke with respect when describing how care changes when a consumer reaches the end of life, and the Assessment Team observed appropriate end of life care being provided. Sampled staff confirmed they are informed of changes to consumers’ needs through handovers, progress notes and other communication tools. Staff demonstrated appropriate infection control practices and the service has an extensive range of infection control procedures and guidelines in place at the service.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*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.*

### Requirement 3(3)(e) Compliant

*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.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*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.*

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

Consumers interviewed confirmed the service’s lifestyle program supports their needs and independence and includes activities they want to do both within and outside the service. Consumers also said they are supported to maintain their important relationships within and outside the service. Overall, sampled consumers confirmed the service supports their emotional, spiritual and psychological well-being and said staff are caring, kind and supportive when consumers are feeling low. Consumers described a range of external support services and individuals who are involved in their care, and they said the service effectively communicates their care needs to those involved in their care. Sampled consumers were satisfied the equipment they use is well-maintained and safe.

The service has effective policies, procedures and systems in place to ensure consumers receive the services and supports for daily living they need in a safe and effective manner. The service uses assessments to identify consumer interests, favourite activities, important relationships and other preferences which support their health, well-being and quality of life. Sampled care plans contained instructions for staff on how to support consumers in their daily living, and listed the activities consumers want to participate in. Sampled staff had shared understanding of consumer preferences, specific support needs and favourite past-times.

Consumers were satisfied with the meals they are served and said their preferences are considered and dietary requirements met. Consumers’ dietary needs and preferences are recorded and available to food services staff.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*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.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*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.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

Consumers confirmed they feel at home in the service and said it is a safe and pleasant place to live. Consumers described having rooms set up as they like them and said the service is generally kept clean and tidy. Consumers confirmed the service environment and equipment are clean and well maintained, however one consumer considered that cleaning staff should be available all week.

The service consists of a main building with seven lodges attached via hallways. Most lodges have a dedicated nurse’s station and all lodges have a dining room and kitchen. The Assessment Team observed consumers moving freely throughout indoor and outdoor areas of the service. Handrails and wide, clutter free corridors support consumer mobility and independence. Suitable, clean and well-maintained furniture and equipment was observed throughout the service, however there was a lack of resources in the activity hall attached to the service’s Memory Support Unit.

The service has preventative and reactive cleaning and maintenance programs in place, and staff understand how to action cleaning and maintenance requests. The service monitors completion of cleaning and maintenance tasks and uses external contractors to monitor and test the fire safety equipment.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

Sampled consumers and representatives confirmed they feel safe and comfortable to make complaints. They considered the service responds to complaints and feedback in a timely manner, however most interviewees were not aware of external advocacy services who might assist them in making a complaint if needed. Consumers and their representatives gave specific examples of concerns that had been raised and addressed by the service, including through consumer meetings and direct contact with staff and management.

The service demonstrated it has an effective complaints and feedback system, underpinned by organisational work instructions, action plans and a clinical governance framework. The service’s complaint register demonstrates complaints are actioned in a timely manner, while documentation reviewed by the Assessment Team showed the service accepts responsibility and uses open disclosure principles in response to complaints. The service monitors complaints and feedback, which informs actions in the service’s Continuous Improvement Plan (CIP).

Staff understood complaints processes and were aware of external advocacy services that they could refer consumers to if needed, however it was noted at the time of site audit, that interviewed staff had only partial understanding of the principles of open disclosure.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

Consumers and representatives considered there are enough staff at the service who, when requested, attend to consumers in a timely manner. The Assessment Team received unanimous feedback from consumers and representatives who said staff interactions are kind, caring and respectful. Consumers said that staff are ‘lovely’ and take an interest in what consumers have been doing. Interviewees confirmed their satisfaction with staff skill, training, competence and professionalism.

However, while consumers considered there are enough personnel, care staff considered the service is short-staffed at times makes it difficult for them to meet consumer needs. Management acknowledged there had been some staff shortages when COVID-19 case numbers surged in the community, and described actions taken, including increased recruitment. Review of rosters and recruitment documentation indicated that the service generally fills shifts through use of agency staff and by arranging for existing staff to work double shifts. Eight new care staff had been recruited prior to the Site Audit and a review of call bell data indicated most calls were answered in less than 5 minutes.

The service demonstrated it has systems in place and is supported by the organisation to recruit staff who are appropriately qualified, screened and with relevant registrations in place. The service has initial mandatory training for new staff and ‘buddy’ shifts are used to ensure they can perform their roles. Staff are also required to complete mandatory and additional online trainings modules. Sampled staff had recently completed training in the Serious Incident Response Scheme (SIRS) and incident management. The service monitors mandatory training completion and all staff were up to date in their training at the time of Site Audit.

The service has established processes, supported by the organisation’s clinical governance framework, which sets out how the service assesses, monitors and reviews the performance of each member of the workforce. Performance appraisals occur after a staff member’s initial probation period, and annually thereafter. Sampled staff were up to date with their appraisals and all interviewed staff indicated the appraisals were useful in their career development.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

Consumers reported the service is well run and said they are involved in the design and delivery of the service, through consumer meetings and regular consumer surveys.

The service is supported by the organisation who provides a range of work instructions and procedures to guide service level practice, including defining roles, responsibilities and accountabilities. The governing body promotes safety, inclusion and quality of care at the service level, through reporting mechanisms and the quality committee, which receives monthly reports from the service. Indicators reported against include call bell data, consumer feedback, clinical indicators, falls, skin tears, infections, behaviour, weight loss and restrictive practise. Inclusion is promoted at the service via policies, procedures, training. Observations confirmed inclusion strategies are used at the service.

The Assessment Team found the service has effective organisation wide governance systems. Staff confirmed they can access information they need to do their jobs properly and in line with organisational policies, procedures and work instructions. Continuous improvement governance arrangements are effective, and management provided a specific example of improvements made as a result of anomalies identified through monthly reporting. Authority for expenditure at the service is linked to delegated management levels and there are established processes for requesting funds more than established limits. Work force governance arrangements, including workforce planning, recruitment and training and development are guided by organisational policy. Changes in aged care law are identified by the organisation’s head office and communicated to the service for implementation. Head office monitors to ensure the service adjusts practice in response to regulatory shifts, such as in relation to the recent introduction of the SIRS and COVID-19 vaccination mandates. Feedback and complaints are used to inform a CIP and the service reports monthly to the quality committee about feedback and complaints trends.

The service has effective organisational risk management systems and a documented risk management framework covering management of high impact and prevalence risks, identification and response to abuse and neglect, incident management and consumer quality of life. Interviewed staff understood incident management and reporting requirements and review of the risk register and clinical meeting minutes shows the service routinely reports incidents and monitors key areas of risk.

The service has an effective clinical governance framework consisting of policies and procedures on antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff generally understood the relevance of those policies to their roles and management was able to provide specific examples of actions taken at the service as a result of the policies. The service has monthly Medication Advisory Committee (MAC) meetings where medication information and incidents are discussed with a pharmacist and fortnightly clinical review meetings, where clinical governance topics, such as results of clinical audits and clinical incident reviews, take place.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*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.*

### Requirement 8(3)(d) Compliant

*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.*

### Requirement 8(3)(e) Compliant

*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.*

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.