Performance

Report

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| Name of service: | Bupa St Ives |
| Service address: | 120 Killeaton Street St Ives NSW 2075 |
| Commission ID: | 1059 |
| Approved provider: | Bupa Aged Care Australia Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 1 March 2023 to 3 March 2023 |
| Performance report date: | 12 April 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 St Ives (**the service**) has been prepared by M.Wyborn, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 27 March 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 advised staff treat them with dignity and respect and staff were observed treating consumers respectfully and having a good understanding of individual consumers’ background and preferences. Consumer care documentation reflected what is important to consumers to maintain their identity and the service has documents and processes which outline consumers’ right to respect and dignity.

The service demonstrated that care and services are culturally safe and staff routinely identified consumers' cultural backgrounds and preferences. Consumer care plans detailed relevant cultural and religious beliefs, and care staff described how a consumer’s culture influenced delivery of appropriate care and services in a culturally safe way. Consumers are supported to decorate their rooms reflecting their individual tastes and identity.

Consumers and representatives described how they are supported to exercise choice and independence and maintain relationships that are important to them, including being supported to stay in contact with others during the pandemic. The service has policies on supporting consumers to maintain relationships and to support consumers to drive decision making, which staff were able to explain.

The service demonstrated continuous improvement in relation to consumer risk and the Assessment Team reported that each consumer is supported to take risks to enable them to live the best life they can. Consumer care planning documentation appropriately described areas in which consumers are supported to take risks in accordance with their preferences and staff demonstrated with examples where consumers are supported to take risks. Risk forms are routinely completed and effectively document consumer preferences related to risk-taking activities and provide relevant consent.

The Assessment Team observed that information is available to consumers and representatives in a clear, easy to understand the way to support consumer decision making. Consumers expressed their satisfaction about the information they receive to help them decide what they would like to do and eat. Staff described how they appropriately support consumers with a cognitive deficit or where English is their second language. The service demonstrated provision of consumer choice in catering options, lifestyle preferences and recreational activities.

The service demonstrated, and consumers and representatives advised, that consumer privacy is respected. Staff reiterated that consumers’ personal information is kept confidential , not discussed in front of other consumers, and that consumer files are kept locked and all computers are password protected.

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

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

The service demonstrated that each consumer undergoes appropriate assessment and planning, including consideration of risk to their health and well-being, to inform delivery of safe and effective care and services. Consumers and representatives advised that they are routinely consulted during the assessment and care planning process, and focus is provided on any risk(s) that consumers wish to take and management of high risk health conditions. Consumer care planning reflects that assessment of risk to consumer health and well-being are regularly assessed, reviewed, and discussed with consumers and their representatives. The Assessment Team observed that the service’s policies and procedures directly assist staff in evaluating and managing risk for consumers and staff demonstrated good understanding on how they best manage individual consumer risk.

Consumers and representatives advised that they are satisfied with the assessment and planning conducted at the service to address their needs, goals and preferences, including advance care planning and end of life planning. Consumers advised they regularly speak with staff about their needs, any changes in condition and preferences related to the delivery of care. Advance care and end of life planning discussions are conducted according to individual consumer and representative wishes and staff demonstrated an effective understanding of what is important to individual consumers and how they want their care delivered.

The service demonstrated effective partnership when conducting assessment and planning with the consumer and others they wish to involve in their care. Other organisations, individuals and providers of other care and services participation was observed and reflected in consumer assessment and care planning documentation.

The service demonstrated the outcomes of assessment and planning are effectively communicated to the consumer and their representative. These outcomes are documented in a consumer care and services plan, and these plans are readily available to the consumer. Consumers and representatives advised that the service maintains good communication with them, particularly around changes in consumer condition, medication and after allied health visits. Registered nursing staff advised that consumers and representatives are routinely contacted after incidents occur and every consumer undergoes a spotlight evaluation once a month.

The service demonstrated care and services are regularly reviewed for effectiveness as well as when circumstances change or incidents occur which impact on the needs, goals, and preferences of the consumer. The service’s assessment and planning work instruction outlines the requirements for a complete evaluation of consumer care plans monthly during the service’s spotlight process and a care conference is scheduled annually or when a consumer’s care and service needs change. The Assessment Team observed appropriate adjustment to consumer care planning and documentation after changes in a consumer’s condition or preferences occurs.

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

# Standard 3

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

Findings

The Assessment Team reported the service was not effectively managing each consumers’ behaviours and restrictive practices, as well as a lack of evidence for management of consumer skin integrity and that consumer pain management was not delivered as per each consumers’ care plan or as per the organisation’s policy and procedures for falls management.

In their response to the Assessment Team Report, the Approved Provider supplied information that demonstrated their plan for continuous improvement. The Approved Provider explained that the service completed reviews of consumer assessments and plans to identify key areas that require improvement. In their response, the Approved Provider explained that this process encompasses consumer clinical and personal needs, including consumer wound management, falls management and pain management. In addition, the Approved Provider explained that consumer behavioural plans and restrictive practices have been updated with representative consultation and focus has been provided on person centred and responsive plans that are appropriately monitored on a routine basis. These response actions demonstrate that the service is taking appropriate measures to ensure safe and effective personal and clinical care and in weighing the evidence in respect to the Site Audit conducted from 1 to 3 March 2023, I find the Approved Provider’s findings to be more compelling in regard to compliance for this standard. Therefore, I find the service compliant in Requirement 3(3)(a).

The service demonstrated high impact and high prevalence risks are effectively monitored and managed through established clinical governance systems and procedures. Management and registered nurses appropriately described the high impact and high prevalence risks for consumers at the service and clinical care managers advised that when risks are identified for consumers, they are assessed and recorded onto a risk tracking document. The clinical risk register provides an overview of the whole service and the high-risk care needs of the consumers. A weekly clinical risk meeting is held to discuss consumers who are considered high risk and in addition to this, the service has organised a falls committee who meet monthly.

The service demonstrated that the needs, goals and preferences of consumers nearing their end of life are appropriately recognised, ensuring consumer comfort is maximised and their dignity is preserved. As a consumer’s condition deteriorates, an end-of-life care pathway is developed in consultation with the consumer or their representative to describe their needs and wishes for end-of-life care. This pathway directs staff regarding care needs of the consumer including but not limited to pain monitoring and assessment, skin care, oral care, and nutrition and hydration. The Assessment Team observed appropriate and effective policies and procedures to guide staff in the provision of palliative and end of life care and care staff and registered nurses demonstrated practical ways care changes are administered for consumers as they near their end of life.

The service demonstrated effective identification and management of consumer deterioration or change in a consumer’s health, cognitive function or capacity. Consumers and representatives advised that staff at the service are responsive to their needs, with representatives also confirming they are kept well informed about their loved one’s condition when changes or deterioration is observed.

The service demonstrated that information about each consumers condition, needs and preferences are effectively documented and communicated within the organisation and to others where responsibility of care is shared. Consumers and representatives provided positive feedback on communicating their needs to staff and explaining they did not need to repeat their wishes on a regular basis. The Assessment Team observed the use of effective communication channels including communication books that demonstrate information is effectively shared to ensure safe and quality care and services for consumers. Care staff advised that they are kept well informed of changes that occur through their shift as well as during handover discussions.

The service demonstrated timely and appropriate referrals to individuals, other organisations, and providers of other care and services and consumers and representatives advised that appropriate referrals occur when needed and that consumers have access to relevant health professionals. The Assessment Team’s review of clinical and care documents indicate appropriate referrals according to the consumers’ current needs. Management and clinical staff appropriately described the process for referral to medical officers and other health professionals and staff reiterated that referrals are often made to specialists, geriatricians, dietitians, physiotherapists and speech pathologists for consumer assessment and treatment.

The service demonstrated appropriate and effective processes to monitor infections and antimicrobial usage. Staff knowledge and practices within the service aligned with best practice to minimise infection related risks and to promote the principles of antimicrobial stewardship. Staff demonstrated preparedness strategies for potential outbreak management and consumers and representatives advised of their satisfaction with the service’s infection control practices and COVID-19 related precautions.

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

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives advised that they are satisfied that services and supports for daily living meet their needs, goals, and preferences. Consumers receive safe and effective services that enhance and maintain their independence, well-being, and quality of life. Staff demonstrated a sound knowledge of individual consumers’ needs and preferred activities and appropriately demonstrated how they support consumers undertake their preferred activities. Lifestyle staff explained how they partner with consumers and representatives to create a lifestyle profile for consumers that includes individual preferences, past and current interests, social, cultural, and spiritual needs and traditions that are important to them. Consumer care planning documentation echoed staff knowledge about what is important to consumers and what activities interest them.

Consumers and representatives advised that the service offers appropriate services and supports available to promote each consumer’s emotional, spiritual, and psychological well-being. Consumers said they were connected and engaged in meaningful activities that are satisfying to them. Staff demonstrated with examples effective ways they support consumers’ emotional and psychological well-being. Consumer care planning documentation recorded consumers’ individual emotional support strategies and how these are implemented and staff were observed providing effective emotional support reflective of these strategies during the site audit.

Consumers advised that they are appropriately supported to participate in their community, both within and outside of the service. They reported to the Assessment Team that their social and personal relationships are respected and they’re encouraged to do the things of interest to them. Consumer care planning documentation clearly identified the people important to individual consumers and the activities of interest to the consumer.

The service demonstrated effective processes and systems for recording and communicating each consumer’s condition, needs and preferences within the service and with others when required. Consumer care planning documentation includes contact information for representatives, power of attorney, enduring guardianship, and others consented with decision-making and the delivery of care authority.

The service demonstrated that timely and appropriate referrals are managed to individuals and other external service providers when required. Management and lifestyle staff utilise a skilled team of local community volunteers to assist with a range of activities, including pet visits, music and art therapy, as well as singalongs. An art exhibition featuring artwork created by the consumers was held recently. Further, staff have organised contact cards for consumers to have with them when they leave the service, enabling quick contact with the service if circumstances change for the consumer.

Consumers advised that the food was of a good quantity, quality, and variety. The Assessment Team observed that consumer dietary needs and preferences aligned with their assessment and care planning documents. Staff interviews, review of the menu and observations demonstrated a pleasant dining experience for consumers, a variety of meals all of suitable quality and quantity, and highlighted that the menu is reviewed by a dietician to ensure it is nutritionally adequate. Assessment Team observations showed a relaxed environment where consumers were socialising with each other while eating their meals. The environment was quiet and consumers were not rushed.

The service demonstrated that equipment used to support the provision of catering, cleaning, maintenance services and consumer recreational and social activities is safe, suitable, clean, and well-maintained. The Assessment Team observed wheelchairs and walkers were clean and in good working order. Game equipment, puzzles, bingo cards and buttons were clean and in good condition and televisions in the common areas and music players are in working order. Staff advised that they have sufficient equipment to carry out their jobs and described how they ensure equipment is safe, suitable, clean, and well maintained. Staff explained that faulty equipment is reported in the maintenance book and quarantined or reported to the manager and the Assessment Team observed maintenance records and logs that demonstrate that tasks are being completed in a reasonable time frame and to the satisfaction of consumers.

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

# Standard 5

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

Findings

The service has a welcoming environment and the Assessment Team observed consumers, visitors and staff interacting with each other in common areas both indoors and outdoors. Consumers were observed independently accessing the upper-level activity areas, courtyard and walking paths as they desired. Some consumers were observed to be using mobility aids to access this upstairs courtyard. Consumer rooms were personalised with memorabilia and personal effects which consumers and representatives bring into the service, and the memory support units provide consumers with individually coloured doors.

The service demonstrated a safe, clean, well maintained, and comfortable service environment that enables residents to move freely, both indoors and outdoors. The Assessment Team observed consumers and visitors moving freely throughout the service, walking along the courtyard footpaths and sitting in the upper-level courtyard area.

The service demonstrated effective maintenance systems to ensure fittings and equipment are well maintained and are safe for consumers. Review of the service’s maintenance logs verified that maintenance tasks are completed in a timely manner and are up to date. Consumers advised that the furniture and equipment provided by the service was available to them and was kept clean and well maintained. The service’s maintenance request logs are inspected daily and a schedule of reactive maintenance is created based on priority and safety.

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

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives advised that they are encouraged and supported to provide complaints and feedback within the service. They advised that any feedback is usually responded to by the management team and they confirmed that appropriate action to their complaint or feedback is taken.

The service demonstrated effective work instructions to support staff to record and manage feedback and complaints. Complaint brochures are located in the main reception area along with a box to provide anonymous complaints and feedback to support consumers and representatives to lodge their feedback. The service also demonstrated that complaints and feedback are captured through audits, surveys, complaint forms and resident meetings.

The service has advocacy and language resources available such as the Seniors Rights Service, Older Persons Advocacy Network (OPAN) and Telephone Interpreting Service (TIS). The service provides suitable access to advocacy information via signs and brochures throughout the service in various languages. Staff are familiar with advocacy services and how to support consumers in making complaints.

The service demonstrated appropriate follow-up action in response to complaints and maintains appropriate records relating to complaint issues, management and resolution. Consumers and representatives advised that they are satisfied that improvements are implemented at the service in response to their complaints and advised that they are often involved in finding solutions. Complaint data is maintained digitally and includes relevant information including dates, events, communications and resolutions. Management advised they investigate complaints with a view to understand what happened and analyse the cause. Complaints are discussed with the management team, staff, consumers and representatives to formulate strategies to mitigate future risks and to implement improvements. Management advised that the service maintains a focus to monitoring improvements and mitigation strategies to ensure the best outcome for consumers. The service demonstrated that complaint data is regularly analysed to identify trends and risks.

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

# Standard 7

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

Findings

The service demonstrated sufficient care and clinical staff available to provide quality care and services. Consumers and representatives confirmed staff meet their personal care needs and explained that they do not experience any significant impacts when they need support. Care and clinical staff advised that the service employs sufficient staff for them to adequately achieve their daily tasks. Call bell reports demonstrated that consumer calls are attended in a timely manner and there are no excessive wait times. Management advised that the service has recruited a higher number of fulltime staff rather than casual or part time staff to improve the consistency and delivery of care and service.

Staff were observed by the Assessment Team to speak in a kind, considerate and respectful manner with consumers. Consumer care plans demonstrate wording is this respectful towards consumers, and documentation demonstrates that training and education is provided on how to routinely treat consumers with dignity and respect.

The service determines core competencies for different roles through the induction process and ongoing assessments. Staff undergo competency training and education before commencing their role and perform ongoing regular assessments and evaluations. These assessment and evaluations are via online modules, online quizzes and face-to-face interactions. The Assessment Team observed that relevant follow up training and education is provided where performance gaps exist and staff knowledge is tested through knowledge tests conducted before and after receiving training. Analysis is also collated via the end of month clinical indicators and trends data gathered by the service. The service management team provided documentation relating to staff mandatory competencies including their matrix to ensure all staff have completed required training and education.

The service demonstrated that staff are equipped and supported to deliver safe and quality outcomes for consumers in line with the Quality Standards. Consumers and representatives advised they consider staff to be well trained and staff reiterated that they receive relevant and necessary ongoing education and training to support them to undertake their roles.

The service demonstrated effective systems to perform regular assessments of staff and monitor and review staff performance. The service management team monitors staff performance using a spreadsheet which demonstrated that staff performance reviews are up to date. Performance assessments include feedback from consumers and representatives and data from audits, surveys, incidents, and complaints and feedback. Staff performance concerns are effectively managed through regular performance assessments and additional training and education is implemented to rectify performance gaps. Staff advised of their satisfaction in receiving regular performance assessments throughout the year and a formal performance review annually.

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

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

The organisation demonstrated effective consumer engagement in their development, delivery and evaluation of care and services by actively seeking feedback from consumers and representatives via resident meetings, complaint and feedback forms, audits and surveys. The organisation’s governing body invite consumers and representatives to be active participants in board and committee meetings. The service operates with a digital risk management system which automatically alerts the governing body and senior managers of incidents. The governing body regularly communicates with consumers, representatives and staff via email, site visits and newsletters and uses feedback from consumers and representatives to inform continuous improvement.

The governing body in conjunction with service management routinely communicate organisational requirements, goals and implementation strategies to staff around safe, inclusive and quality care and services. Management implement organisational initiatives to staff through training and education, staff meetings, handover and toolbox talks, text messaging and email communications. Staff advised that the management team are approachable and appropriately respond to their feedback and concerns. Consumers and representatives advised the organisation is run well and supports their well-being and asks for their feedback in making improvements. The Assessment Team observed that the governing body employs relevant external services to provide expert advice in meeting legislative and clinical requirements to improve the delivery of care and services in line with the Quality Standards and the Charter of Aged Care Rights. Strategic business plans endorsed by the governing body demonstrate actions and directives to promote quality care and services.

The organisation implemented of a digital information system to manage consumer information to replace a paper-based system and improve the governance of information for consumer care plans. Consumer and representative privacy is managed through staff training and education. Complaints data, consumer incidents and risks assessments are used to inform continuous improvements through regular audits in line with the Quality Standards. The service management team demonstrated that the continuous improvement plan is reviewed monthly with the governing body to monitor progress and implement changes. The general manager confirmed they have access to financial budgets as required through approval by the regional manager and business cases are submitted to the governing body for major works and expenditure. The organisation demonstrated effective workforce governance by utilising relevant service reports, management meetings and audit results to review and monitor the skill and qualifications of staff to ensure staff competencies are consistent with regulatory requirements.

In relation to regulatory compliance the organisation relies on their legal team to monitor and ensure updates to aged care legislation are communicated and implemented at the service. Documentation demonstrated training and education for staff is completed in line with legislative changes, including serious incident response scheme (SIRS) and consumer restrictive practices. Staff were able to describe changes and updates to aged care such as the reportable incidents, code of conduct and restraint requirements. In relation to feedback and complaints the organisation accesses a digital risk management system which automatically alerts the governing body and the management team of incidents.

The organisation demonstrated effective clinical governance systems to monitor and manage high impact and high prevalence risks. The governing body consults with the chief medical officer who reviews high impact and high prevalence risks and provides regular alerts, updates, and training to manage and mitigate risks. The governing body reviews monthly feedback and data from the internal auditing team and external auditors in relation to high impact and high prevalence risks. The Assessment Team observed that professional subject matter experts are involved in consultation with the governing body to manage high impact and high prevalence risks. Further, the organisation has appropriate work instructions to safeguard consumers from abuse and neglect through effectively identifying and reporting incidents according to legislative requirements. The governing body and management team regularly review staff training and education in relation to identifying incidents. All incidents are assessed by the management team to determine reporting requirements and how to implement prevention and improvement strategies. Staff demonstrated how they effectively respond to, manage and report incidents and reiterated their training and education in SIRS and incident management.

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

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