Performance

Report

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| Name: | Bupa Tamworth |
| Commission ID: | 0513 |
| Address: | 68-74 Bligh Street, TAMWORTH, New South Wales, 2340 |
| Activity type: | Site Audit |
| Activity date: | 28 November 2023 to 30 November 2023 |
| Performance report date: | 22 January 2024 |
| Service included in this assessment: | Provider: 1297 Bupa Aged Care Australia Pty Ltd  Service: 526 Bupa Tamworth |

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 Tamworth (**the service**) has been prepared by E Woodley, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives, and others.
* the provider’s response to the assessment team’s report received 22 December 2023.
* the performance report dated 26 September 2022 following the Site Audit undertaken 23 August 2022 to 25 August 2022.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not 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 | **Not Compliant** |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 2(3)(e) – the provider must demonstrate care and services are reviewed for effectiveness when circumstances change or incidents impact on the needs, goals or preferences of the consumer. Incidents are investigated to assist in identifying interventions to minimise risk of reoccurrence, and strategies to manage consumer behaviours and falls are reviewed for effectiveness following incidents.
* Requirement 6(3)(c) – the provider must demonstrate appropriate action and an open disclosure process is consistently used in response to complaints or incidents. The service has processes to ensure an accurate register and documentation to assist with action and review of complaints.
* Requirement 7(3)(e) – the provider must demonstrate an effective system to ensure the regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

# 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

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

Most consumers interviewed by the Assessment Team felt they were treated with dignity and respect, with their identify and diversity valued. However, one representative interviewed felt their consumer was not treated with respect as their preferences and needs regarding personal care and feeding were not always met by staff. The Assessment Team observed some staff practice was not respectful or ensuring consumer’s dignity.

The provider’s response to the Site Audit report demonstrates that the service has actioned continuous improvement to rectify the issues identified in the Site Audit report and implemented monitoring and evaluation processes to ensure effectiveness. The provider’s response identifies the service has consulted with the representative and their consumer who raised concern, to ensure their delivered services meet their preferences and maintain their dignity.

While the Assessment Team identified some staff practices were not consistently ensuring consumer’s dignity, the provider’s response includes some additional information and action taken that demonstrates effective processes are in place to ensure consumers are treated with dignity and respect. Considering that most consumer and representative feedback was positive, I am satisfied that Requirement 1(3)(a) is compliant.

Interviews with consumers, representatives and staff, and documentation reviewed demonstrated the service provides consumers with culturally safe care and services, and support consumers to exercise choice and independence about their care and services. All consumers and representatives interviewed confirmed consumers are consulted with regarding their care and can make decisions whenothers should be involved in their care. Consumers felt supported to make and maintain relationships of choice, and most consumers felt their preferences regarding care and services were respected by staff.

The service has processes to ensure consumers are supported to take risks to enable them to live the best life they can. Risk assessments are completed to support consumers who undertake activities that may involve some risk. Where appropriate, measures to mitigate the associated risks are implemented. The service provides information to each consumer in a range of ways and information is generally clear, easy to understand and enables consumers to exercise choice.

The service has processes which are followed by staff to ensure that consumer’s privacy is respected, and their personal information is kept confidential. Consumers and representatives interviewed confirmed consumer’s privacy is respected, and the Assessment Team observed staff delivering care and services in a manner respectful of consumer’s privacy.

# 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 c5`ircumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Not Compliant |

Findings

The Quality Standard is assessed as not compliant as one of the five specific Requirements has been assessed as not compliant.

The Assessment Team found while care and services are reviewed regularly, they are not consistently reviewed when circumstances change or incidents impact on the needs of consumers. For one consumer who had sustained multiple falls, the Assessment Team found inconsistent review of these falls to inform changes to care and interventions to prevent further falls. For two consumers who had incidents of behaviours requiring support, the Assessment Team found these incidents were not reviewed to inform effective care delivery and interventions to prevent further incidents. For one of these consumers, their care and condition was not reviewed following a change to their medication. Representatives interviewed by the Assessment Team did not feel the service provided details to them regarding consumer incidents, including how further incidents will be prevented.

The provider’s response to the Site Audit report acknowledges the gaps in review of consumer care and services, including following incidents to prevent reoccurrence. The provider’s response identifies that the service has implemented improved incident reporting, investigation, and management processes to ensure effective interventions to minimise risk are identified and implemented. The service has implemented monitoring processes to ensure oversight of incidents and subsequent review of consumer care and services.

I acknowledge the provider’s action to address the issues identified by the Assessment Team. However, the service was previously found not compliant in Requirement 2(3)(e) following the Site Audit undertaken 23 August 2022 to 25 August 2022 and previously identified improvements had not resulted in compliant practices and consistent review of care and services following incidents.

I find Requirement 2(3)(e) is not compliant.

The service demonstrated assessment and planning generally included consideration of risks to consumer’s health and well-being to inform safe and effective care delivery. The service has a suite of risk assessments that are completed to identify and manage risks associated with consumer’s health and well-being. For consumers sampled, assessment and planning provided guidance on managing risks associated with choking and diabetes management. Assessment and planning generally identified consumer’s needs and preferences, including regarding end of life and advanced care planning. However, the Assessment Team found that goals were not always developed in consultation with the consumer to ensure they were individualised to each consumer.

The service conducts case conferences with consumers and representatives to ensure assessment and planning is based on an ongoing partnership with the consumer and others the consumer wishes to involve. Consumers and representatives interviewed generally expressed satisfaction with the care planning process, including their involvement. Other organisations and providers of care were involved in care planning for consumers where appropriate, and consumers or representatives were aware of these referrals. Interviews with consumers and representatives, and documentation reviewed, demonstrated each consumer had a documented care plan that is made available to consumers and relevant representatives.

I find the following Requirements are compliant:

* Requirement 2(3)(a)
* Requirement 2(3)(b)
* Requirement 2(3)(c)
* Requirement 2(3)(d)

# 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 Quality Standard is assessed as compliant as the seven specific Requirements have been assessed as compliant.

The Assessment Team found the service was not consistently managing consumers who experienced behaviours requiring support, including review of behavioural incidents to prevent reoccurrence. The service did not demonstrate that chemical restrictive practices were consistently used as a last resort after tailored non-pharmacological interventions to manage behaviour are trialled and evaluated as not effective.

The provider’s response includes some additional and clarifying information regarding the care for consumer’s named in the Site Audit report. The provider’s response identifies the service has implemented improvements to ensure documentation of non-pharmacological interventions to manage behaviour prior to the administration of chemical restrictive practices. This includes review of consumer medications, staff education, and increased monitoring and oversight processes.

I have considered the deficits in review of behavioural incidents in my assessment of Requirement 2(3)(e). I acknowledge the continuous improvement actions identified in the provider’s response, including monitoring and review processes to ensure compliance. Considering the evidence in Standard 3 regarding effective personal and clinical care processes, and that there was no negative feedback received from consumers regarding personal and clinical care, I find Requirement 3(3)(a) is compliant.

The Assessment Team found the service has processes to manage high impact and high prevalence risks associated with the care of consumers. For consumers sampled, this included risks associated with weight loss, pressure injuries, bruising and skin integrity, medication administration and falls. The service analyses clinical indicator data and maintains a high risk register to monitor the high impact and high prevalence risks for consumers across the service.

For the consumers sampled who were nearing the end of their lives, documentation reviewed by the Assessment Team demonstrated the consumer’s care needs and preferences for end of life care had been identified by staff and incorporated into care planning documentation. The Assessment Team found consultation occurs with consumers and representatives when referral to a palliative care specialist may be required. The service demonstrated that consumers who have experienced a deterioration or change in their cognition, condition, function and/or mental health generally have their needs recognised and responded to in a timely manner. The Assessment Team found effective processes to ensure clinical staff liaise with service management and medical officers when a consumer’s condition deteriorates. While for one consumer a wound was not identified until a later stage, once the service identified the wound they responded appropriately, including referral to a wound specialist, physiotherapist, and the consumer’s medical officer.

The service generally communicates the consumer's condition, needs and preferences well within the organisation and with others where responsibility for care is shared. Consumer information is documented in care plans and communicated via handover to guide staff in providing safe care. The Assessment Team found evidence of timely and appropriate referrals to support consumer clinical care. For consumers sampled, this included referral to speech pathologists, dieticians, geriatricians, dementia specialists, and wound specialists.

The service has infection prevention and control policies and procedures, including outbreak management plans. The service has surveillance systems to record and trend infections. Care planning documentation indicated when consumer infections have occurred, preventative measures to mitigate risk of reoccurrence of a repeat infection are implemented. Staff interviewed demonstrated knowledge of antimicrobial stewardship and standard and transmission based precautions to prevent and control infection.

# 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

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

Consumers and representatives interviewed by the Assessment Team provided positive feedback indicating they receive safe and effective services and support for daily living and that the staff support their well-being and quality of life. Consumers and representatives interviewed said there was support available in the lifestyle program for consumers to be able to do things of interest to them, both within the service and in the wider community. Consumers, representatives, and staff interviewed consistently described the services and supports available to promote consumer’s emotional, spiritual, and psychological well-being. The service has various spiritual ministers and volunteers that visit the service to provide religious services to consumers. Each consumer has a care plan for their lifestyle services to support independence and well-being. While for one consumer supports were not optimising their social engagement and participation in activities of interest, the service implemented improvements once identified by the Assessment Team and plans to review the care for consumers who may be requiring additional support.

Information about consumer’s condition, needs and preferences regarding services and supports for daily living are documented and communicated effectively within the service and with others who are involved in providing services to consumers. The Assessment Team found this information was up-to-date and documentation regarding consumer’s condition, needs and preferences was consistent with the information obtained during interviews with consumers and representatives. The service demonstrated timely and appropriate referrals are made to support consumer’s daily living. For example, referrals are made to pet therapy, mobile library, religious ministers, hearing assessment services, mental health services, and dementia support services.

Most consumers and representatives interviewed gave positive feedback saying the food was tasty, of good variety and sufficient quantity. While one representative felt the meals were not large enough, the service advised the size of the meals has been reviewed recently in response to feedback. Documentation reviewed by the Assessment Team demonstrated documented dietary requirements and preferences are generally consistent with the information recorded by kitchen staff and this aligned with consumer and staff feedback.

Interviews with consumers, representatives and staff, and observations by the Assessment Team, demonstrated equipment to support consumer lifestyle is safe, suitable and clean. The service has systems to ensure equipment is cleaned by staff following use, and reported for any maintenance required.

# 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 Quality Standard is assessed as compliant as the three specific Requirements have been assessed as compliant.

Consumers and representatives interviewed confirmed the service environment is welcoming, comfortable, clean, and well maintained. Consumers said their rooms and bathrooms are cleaned daily and are well maintained. Several consumers commented that they enjoy spending time in the outside garden areas of the service. Consumers and representatives interviewed felt consumer equipment was generally suitable for their needs, and maintenance requests are attended to in a timely manner.

The Assessment Team observed the service environment was welcoming, with wayfinding signage throughout to support consumer interaction and function. The service environment generally enables consumers to move freely, both indoors and outdoors in the general areas of the service. The service has processes in place to ensure furniture, fittings and equipment are safe, clean, and well maintained. This includes schedules for cleaning, and preventative and reactive maintenance.

# 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. | Not Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

The Quality Standard is assessed as not compliant as one of the four specific Requirements has been assessed as not compliant.

Consumers and most representatives interviewed by the Assessment Team indicated they are encouraged and supported to provide feedback and raise complaints with the service. Staff interviewed described how they support consumers to provide feedback and raise complaints. Review of meeting minutes demonstrated feedback is sought at consumer and representative meetings. The service provides information to consumers and representatives about language and advocacy services, and external methods for raising and resolving complaints.

The service demonstrated that most feedback and complaints are reviewed to improve the quality of care and services. While not all complaints and feedback is documented in the service’s complaints register to ensure appropriate response, I have considered this in my assessment of Requirement 6(3)(c). Complaints and feedback that is documented in the complaints register is reviewed to inform continuous improvement for the service. For example, an occupational assessment and modified cutlery was ordered for consumers following feedback raised at consumer and representative meetings.

I find the following Requirements are compliant:

* Requirement 6(3)(a)
* Requirement 6(3)(b)
* Requirement 6(3)(d)

However, the service did not demonstrate that appropriate action and an open disclosure process is used when things go wrong. Not all representatives were satisfied with the service’s response to their complaints and indicated changes in management had led to communication breakdowns regarding consumer care and complaints. Two representatives did not feel open disclosure was appropriately used in response to incidents. The service did not demonstrate that complaints were consistently being escalated from care and nursing staff to management for appropriate response, and feedback and complaints raised through other methods were not consistently documented.

The provider’s response identifies that since the Site Audit, the service has sent communication to consumers and representatives to outline the complaint resolution process and reiterated with staff their role in escalation of complaints and feedback. The service has commenced weekly updates to consumers and representatives on feedback received and action taken, and improved complaint documentation and review processes.

While the provider’s response identifies action implemented to improve the service’s response to complaints and feedback, this has not yet been demonstrated to be effective in ensuring consumers and representatives are satisfied with the response to their complaints, including use of open disclosure in response to incidents.

I find Requirement 6(3)(c) is not 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. | Not Compliant |

Findings

The Quality Standard is assessed as not compliant as one of the five specific Requirements has been assessed as not compliant.

The service demonstrated the workforce is planned to enable the delivery and management of safe and quality care and services. Most consumers and representatives interviewed by the Assessment Team felt consumer needs are met in a timely manner. The service demonstrated a planned roster, using agency staff to fill any vacant shifts while the service continues to recruit additional staff. Most consumers and representatives interviewed felt that staff were kind and caring, and staff interviewed demonstrated a strong knowledge of consumer’s identify, culture and diversity.

The service demonstrated effective processes for recruitment, training and orientation of staff, including to ensure they have the required qualifications to effectively perform their role. The service demonstrated processes to monitor staff training completion, and demonstrated staff are up to date with required competency assessments and mandatory training.

I find the following Requirements are compliant:

* Requirement 7(3)(a)
* Requirement 7(3)(b)
* Requirement 7(3)(c)
* Requirement 7(3)(d)

However, the Assessment Team found the service did not have effective systems and processes to monitor and review the performance of each staff member. Reviewed documentation indicated that staff performance appraisals were not completed in 2022, and staff interviewed did not recall having a performance appraisal in 2022 or 2023. Management had developed a schedule to complete staff performance appraisals by the end of 2023.

The provider’s response to the Site Audit report confirms that the service plans to have all staff performance appraisals completed by the end of 2023. While the service is on track to complete required performance appraisals for all staff, the service has not yet demonstrated this has occurred for all staff and that implemented processes are effective to ensure the regular assessment, monitoring and review of each member of the workforce.

I find Requirement 7(3)(e) is not 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 Quality Standard is assessed as compliant as the five specific Requirements have been assessed as compliant.

The Assessment Team found the organisation and the service supports consumers and their representatives to be involved in the development, delivery and evaluation of care and services. The service provided examples where consumer feedback had driven changes to care and services at the organisational level and provided evidence of consumer involvement in various meetings and committees.

The Assessment Team found the governing body promotes a culture of safe, inclusive, and quality care and services. The organisation demonstrated monitoring and accountability for the delivery of quality care and services through various reporting structures to the executive and upwards to the board. The executive management ensures that the board is provided with current information and is well informed, so the board have oversight of what is happening at the service and can contribute to making improvements.

The organisation demonstrated it has effective governance systems in place to monitor and govern information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints at the service. The service has a range of meetings, reports and other information that is reported from the service to the executive team, addressed and analysed at relevant subcommittees, and escalated to the board when required. The organisation has a chief financial officer to ensure expenditures are within budget and there are processes in place to purchase out of budget items when required to support consumer’s health and well-being. The organisation demonstrated oversight of workforce regulations and recruitment, including assisting the service with the recruitment of new staff. The organisation monitors changes to legislative requirements, and changes to policies and procedures are filtered down to the service through the organisation’s management system. The organisation has a plan for continuous improvement which looks at high risk within the organisation. The organisation identifies opportunities for organisational continuous improvement from service-level feedback, complaints, incidents, audits, surveys, and findings of non-compliance against the Quality Standards.

The organisation demonstrated the risk management systems and practices implemented at the service are effective to manage high impact and high prevalence risks, identify abuse and neglect of consumers, and support consumers to live the best quality of life they can. Risks are recorded and assessed on the service’s electronic risk management system, and the organisation’s risk committee reviews the service’s high impact and high prevalence risks. The service has an incident management system to record incidents, and to inform education and prevent further incidents.

The organisation has a clinical governance framework in place that is underpinned by policies and procedures to guide staff in minimising the use of restrictive practices, antimicrobial stewardship, and open disclosure.

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