Performance

Report

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| Name of service: | Bupa Templestowe |
| Service address: | 222-228 Serpells Road TEMPLESTOWE VIC 3106 |
| Commission ID: | 3974 |
| Approved provider: | Bupa Aged Care Australia Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 24 July 2023 to 26 July 2023 |
| Performance report date: | 20 September 2023 |

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

**This performance report**

This performance report for Bupa Templestowe (**the service**) has been prepared by N Wapling, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 16 August 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 were satisfied that consumers are treated with respect and dignity, know their preferences and their culture and diversity are valued. Staff described individual consumer preferences and individual consumer are more responsive to particular staff. Care planning documentation informed individual consumer and how the staff can support the consumer. Staff were observed treating consumers with respect and demonstrated an understanding of individual choices and preferences.

Consumers and representatives were satisfied the care provided to them is culturally safe. Staff described, and provided examples, of how they support individual consumer needs in a culturally safe manner. Care planning documentation reflected consumers cultural requirements and guided staff on the care the consumer requires in line with their culture. The service has policies and procedures relating to diversity and culturally appropriate care that inform the delivery of care and services.

Consumers and representatives were satisfied the service supports consumers to exercise choice, independence, decision making and involve others who they choose to enable care and services to meet consumer needs. Staff members described and provided examples of how they support consumers to make decisions, connections and relationships of their choice.

Consumers and representatives felt confident that consumer risks are identified, strategies are offered to manage risks and discussed with consumers and representatives. Management and staff described consumer risks and individualised risk minimisation strategies. Care planning documents identified consumer risk and planned mitigation strategies in the care planning process.

Consumers and representatives were satisfied information provided by the service is current, easy to understand, and enables consumers to exercise choice. Staff described how they use different methods to communicate with consumers. The Assessment Team observed various information displayed in the service such as activities calendars, meeting minutes, newsletters, upcoming events, and a menu.

Consumers and representatives were satisfied their privacy is respected and their information is kept confidential. Staff described how they maintain consumers privacy and are guided by policies and procedures in place regarding confidentiality of personal information. The Assessment Teams observed staff practices to ensure confidentiality and privacy of information is maintained.

Consumers and representatives were satisfied in their involvement in planning care. Other providers of care that are involved in the care of the consumer can effectively contribute to the planning and review of care and services. Staff were able to describe how consumers, and/or their representatives are always involved in assessment and planning, which was supported by documentation viewed by the Assessment Team.

# 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 was previously found non-compliant with requirement 2(3)(e) following a Site Audit performed between 8 March and 11 March 2022 and an Assessment Contact between 12 December and 15 December 2022. At the time of the Site Audit and subsequent Assessment Contact the service did not demonstrate consistent care reviews were conducted following a change to the consumer condition or care needs.

The service implemented actions in response to the non-compliance including education for clinical staff in care assessment and planning. Oversight by clinical managers to ensure staff review and update assessments and care planning post incidents and hospitalisations with spot check findings to be analysed at clinical review meetings.

Consumers and representatives were satisfied that care is now reviewed as needed and care documentation accurately reflects consumer’s needs, goals, and preferences. Clinical staff described the monthly ‘spotlight’ reviews of consumers care and services the service conducts. Care documentation demonstrated regular review of care and assessments for consumers including when consumers have a change in circumstances.

As a result, and with consideration to the implemented actions and available information I find this requirement is now compliant.

I am satisfied the remaining requirements 2(3)(a), 2(3)(b), 2(3)(c), 2(3)(d) are also compliant.

Consumers and representatives were confident that assessment and planning considers risks to the health and well-being of consumers. Clinical staff demonstrated knowledge of individual consumer risks and specialised care needs. Care planning documentation demonstrated outcomes of risk assessments undertaken including, pain, skin integrity, falls and fluid management.

Consumers and representatives were confident assessment and planning information was reflective of current care needs. Clinical staff described the organisation process in assessment and planning, including developing advance care directives. Care planning documentation were updated responsively with changing care needs and either had an advanced care plan (ACP) or completed ACP discussions.

Consumers and representatives were satisfied with their involvement in their care planning, and the involvement of other providers of care to effectively contribute to the planning and review of care and services. Staff described how consumers, and representatives are always involved in assessment and planning. Care documentation demonstrated consumers, representatives and other provider of care are consulted in consumer care planning.

Consumers and representatives felt they were well-informed and aware of the consumer care plans and care plan documentation could be provided on request. The service demonstrated that all outcomes of assessment and planning were effectively communicated to consumers and representatives in a timely manner. Care documentation confirmed consumers and representatives were informed of care planning changes and outcomes.

# Standard 3

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

Findings

The service was previously found non-compliant with requirement 3(3)(b) following a Site Audit performed between 8 March and 11 March 2022 and Assessment Contact between 12 December and 15 December 2022. At the time of the Site Audit and subsequent Assessment Contact the service did not demonstrate consistent management of consumers requiring fluid balance and oedema management.

The service implemented actions in response to the non-compliance including staff education related to documentation and charting, and for clinical staff evaluatation of documented information to ensure adequate actions are implemented to manage the high impact and prevalence risks.

Consumers and representatives felt the service managed well high impact and high prevalence risks to care needs. Staff described individual consumer care identified as high risk such as challenging behaviours, falls, and specialised clinical care needs including the management of oedema, diabetes and catheters. Care documentation demonstrated effective strategies, with the recording of assessments and observations, evaluations, the reviews of strategies and consultations with others such as medical specialists and medical practitioners.

As a result, and with consideration to the implemented actions and available information I find this requirement is now compliant.

I am satisfied the remaining requirements 3(3)(a), 3(3)(c), 3(3)(d), 3(3)(e), 3(3)(f), 3(3)(g) are also compliant.

Consumers and representatives were satisfied that personal and clinical care is effective in meeting consumer preferences and needs including the management of pain, wounds, and restrictive practices. Clinical staff described individual consumer care needs in relation to pain management and non-pharamacolocial strategies trialled when managing restrictive practices. Care documentation demonstrated ongoing individualised assessments and monitoring of daily needs, consultations from others such as a wound specialist, and completed behaviour support plans and informed consent in line with the legislative requirements for restrictive practices as required.

Consumers and representatives confirmed staff discuss consumer end-of-life wishes with them. Clinical staff described specific end of life consumer comfort measures provided when required. Care documentation demonstrated there are advanced care plans with individual wishes and the end-of-life care they would like to receive. The organisation has policies and procedures in relation to palliative approach and care.

Consumers and representatives described how staff identify and respond to consumer deterioration. Clinical staff provided examples of how they identify, respond and communicate deterioration or changes in consumer conditions such as behaviours, swallowing, acute change in care needs and wounds. Care documentation demonstrated appropriate actions taken in response to consumer deterioration or change.

Consumers and representatives were satisfied that consumer needs and preferences were communicated effectively. Staff described the modes of communication used and individual consumer needs and preferences. Care documentation demonstrated consumer needs and preferences are communicated, and information exchange occurs with others who share responsibility for care. The Assessment Team observed staff communication occurring that related to changes in consumer needs and preferences, and clinical staff educating care staff on non-pharmacological interventions for consumer needs.

Consumers and representatives were satisfied that referrals to individuals, other providers and organisations enable appropriate care and services as needed. Clinical staff described the referral processes to other individuals and providers including, medical practitioners, medical specialists, and allied health providers such as speech pathologist and physiotherapists. Care documentation demonstrated reviews and recommendations from providers such as medical and allied health.

Consumers and representatives were satisfied the service assesses and minimises the spread of infection. Staff demonstrated an understanding of infection control practices and to promote antimicrobial stewardship. The service has an Infection Prevention and Control (IPC) Lead, and policies and practices including a COVID-19 outbreak management plan that guide staff on how to minimise the risks of infection for consumers, staff, and visitors. The Assessment Team observed staff performing hand hygiene in between attending to consumers and wearing appropriate Personal Protective Equipment (PPE).

# 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 confirmed they were encouraged to pursue activities that support their needs, goals, and preferences. Staff members described how they support consumers, including those with sensory or cognitive impairment, to engage in activities that optimise independence and well-being in a safe manner.

Consumers and representatives confirmed the service provides support for emotional, spiritual, and psychological well-being. Staff described individual consumer needs and preferences, and the support and services they provide to consumers such as religious services in-house or online if unable to attend outside the service. Care planning documentation included information related to the consumers emotional, spiritual, and psychological well-being.

Consumers and representatives were satisfied the service supports consumers to maintain social and personal relationships, participate in the community and do things that interest them. Staff described how they support consumers to participate in the community, engage in activities of interest to them how consumers maintain contact with family or friends when they are unable to visit the service. Care documentation demonstrated support for consumer personal relationships, their continued involvement in the community and with things of interest to them.

Consumers and representatives were satisfied with how consumer information is shared within the organisation, and with others where responsibility of care is shared. Staff described the different ways changes to consumer needs are communicated. The organisation has processes to document and share information about consumer needs and preferences both within the service and with others when required. This was demonstrated when the service recently received consumers from another service within the organisation. Care documentation demonstrated consumer needs were current and clearly documented through the various platforms of communication.

Consumers confirmed that referrals appropriate to individuals, other organisations and providers occur promptly when required. Staff described the referral processes that occur and provided examples of staff identifying a consumer need and reporting to senior staff to refer. Care planning documentation demonstrated referral to available providers and services to meet the needs of consumers.

Consumers and representatives were satisfied that meals provided are varied and of suitable quality and quality. Staff described individual consumer preferences and dietary requirements and consumer feedback on meals that is collected and incorporated into the menu. Care and kitchen documentation demonstrated consumer needs, dislikes, allergies, and preferences with oversight from a dietitian. The Assessment Team observed consumer needs information displayed in kitchenettes and serving trolleys, and a rotating menu with a variety of meals provided.

Consumers felt safe using the services equipment and described it as easily accessible and suitable for their needs. Staff described shared equipment is cleaned between consumer use, and how they assist consumers with equipment repairs or outsource repairs where required. The Assessment Team observed shared equipment to be clean and well maintained.

# 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

Consumers felt welcome and comfortable within the service environment and described how they are encouraged and supported to personalise their rooms. The Assessment Team observed consumers and visitors using communal areas and personalised single rooms.

Most consumers and representatives were satisfied that the service environment is clean and well maintained. Staff described how to report maintenance and cleaning needs. Cleaning and maintenance staff demonstrated the services preventative and reactive schedules through documentation that ensures the service is clean and well maintained. The Assessment Team observed consumers moving independently around the service.

Consumers and representatives were satisfied furniture and equipment used was regularly cleaned and well maintained. Staff described their access to cleaning equipment and reporting processes to assist with the cleanliness, maintenance and safety of furnishings and equipment. Staff described how they would log equipment that is faulty or required cleaning, maintenance staff described and demonstrated the scheduled preventative maintenance schedule for furniture and equipment.

# 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 confirmed that they are aware of the feedback process and expressed they prefer to raise issues directly with staff or management. Staff described how they support and facilitate consumers and representatives to provide feedback and inform management. Management described initiatives to encourage feedback the records of feedback such as consumers meetings. Consumers and representatives confirmed management addresses and resolves concerns raised directly or after ledging a complaint.

The Assessment Team received positive feedback from staff who are encouraged and supported to provide and record feedback and complaints. Management provided evidence of actions they have initiated and taken to personally encourage and support staff to provide their feedback, complaints, and suggestions to drive improvement at the service. Feedback forms and lodgement boxes were observed at various locations within the service and there is an electronic complaints and suggestions database reflecting consumers and workforce feedback.

Staff were familiar and demonstrated an understanding of open disclosure, staff described how they apologise to a consumer when incidents happen, or when something goes wrong. Management explained how staff are guided by policies on open disclosure and complaints management. The Assessment Teams review of the service’s complaint register demonstrated staff’s response being consistent with the service’s open disclosure policies and procedures, and appropriate action is taken.

Management described the processes in place to escalate complaints, and how they are used to improve care and services to consumers. Long-term actions commenced from a complaint are tracked through the plan for continuous improvement (PCI) and management confirmed they continue to trend, analyse, and action feedback and complaints to improve their services.

# 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 was previously found non-compliant with requirement 7(3)(c) following a Site Audit performed between 8 March and 11 March 2022 and Assessment Contact between 12 December and 15 December 2022. At the time of the Site Audit and subsequent Assessment Contact the service did not demonstrate that staff understood their roles, responsibilities, and documentation requirements around the provision of clinical care.

The service has implemented several effective actions to address this non-compliance including development of a training calendar based on a review of staff competencies, review of position descriptions and review of duty lists for care staff. Staff described that they have position descriptions, checks regarding professional registration, complete annual performance reviews, and are provided with a range of learning opportunities. Management confirmed that new staff undertake an orientation program, competencies are managed by peer reviews and audits. Ongoing support of staff through mandatory training and qualifications occurs within the service.

As a result, and with consideration to the implemented actions and available information I find this requirement is now compliant.

I am satisfied the remaining requirements 7(3)(a), 7(3)(b), 7(3)(d), 7(3)(e) are also compliant.

Consumers and representatives expressed their satisfaction with staffing. Management explained that rosters are reviewed by a clinical risk committee to ensure care needs of all consumers are met. The service has implemented strategies including daily review of consumer care needs to ensure rostering needs meet care need delivery. There is a bi-monthly staff meeting which staff can provide feedback on staffing and ongoing recruitment of clinical and care staff.

Policies and procedures refer to respect, dignity, and diversity. Staff were trained in the organisations ‘person first approach’ and an organisational framework where experiences, wellbeing, needs, and feelings are at the centre of consumers care and support. Consumers confirmed the staff have knowledge of individuals and are kind and caring in their approach.

Staff confirmed attendance at a range of educational topics related to legislative and regulatory change such as hot water requirements for aged care, skin integrity, fire training and wound education. Management described recruitment and education processes as well as staff skill mix which is predominantly clinical. Training opportunities are established through ongoing discussion, annual assessments and oversight by the quality education manager who facilitates training. There are formal and informal processes for staff performance monitoring and review. The quality team reviews position descriptions to ensure they align with required competencies and annual performance reviews are completed and recorded on an electronic register. Feedback, complaints, and compliance data was contributing to the annual performance review process to facilitate areas for development and improvement. The service also utilises probation meetings, mentoring and internal audit results as a basis for developing staff and enhancing individual skills.

# 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 service demonstrated effective systems to involve consumers and representatives in the planning, delivery, and evaluation of care, lifestyle, and services. This was confirmed by consumers and representatives who said they are engaged in care planning and invited to attend consumer engagement meetings. Management demonstrated consumers were actively participating in consumer and representative meetings and involved in suggestions related to activities and the living environment. A review of meeting minutes demonstrated consumers and representatives actively contribute ideas towards service improvements, the electronic continuous improvement register reflects action ideas for improvements to consumer care and the service environment.

Management and staff were able to describe how the organisation’s governing body promotes a culture of well-being, choice, and empowerment for consumers. Clinical indicators are monitored to identify trends and risks and analysis of compliance indicators, complaints and clinical risk assessments are reported at the Board level to identify and address wider trends and to inform training requirements. Organisational supports are provided through the Board, committee, and sub-committee structures and the Board communicates with consumers and representatives through newsletters and other communication outlining outcomes from meetings.

Consumers and representatives indicated that the service was well run, and management both approachable and open to discussing their concerns. Staff confirmed they have access to information to inform accurate delivery of consumer care and electronic to report incidents as they occur. The Assessment Team observed effective communication between staff and access to electronic and paper-based forms of communication. The service maintains a continuous improvement plan that reflects a range of local and organisational improvements and management demonstrated how financial approval for expenditure occurs with a hierarchy of approval. Regulatory compliance is managed at an organisational level, updates or changes to legislation, policies and procedures are communicated to staff through staff meetings, emails, and audits. Management and clinical staff confirmed knowledge of their legislative obligations relating to reportable and non-reportable incidents. The Assessment Team confirmed that a regularly updated incident register was maintained by the service and there is an effective feedback and complaints process that defines and describes open disclosure principles.

There is a risk management system in place to monitor and assess high-impact or high-prevalence risks associated with consumer care. Risks are reported, escalated, and reviewed by management at the service level and organisation level. Management outlined the ‘resident of the day process’ (ROD) and clinical care reviews which ensure that risk is quickly identified, and procedures implemented. The service supported staff in relation to challenging behaviours though continued training and debriefing with external mental health professionals. Serious Incident Response Scheme (SIRS) training has been provided, with recent SIRS reports demonstrating actions in response to a consumer with changed behaviour. Management and staff described how to identify and respond to allegations of consumer abuse or neglect and how to document and report incidents which are monitored through the organisation’s risk management system.

There was a clinical governance framework in place which provided an overarching monitoring system for clinical care and access to policies and procedures in relation to antimicrobial stewardship, minimising the use of restraint, and open disclosure. Staff described the identification of infections and the importance of minimising antibiotic use and completing clinical assessments. Management and clinical staff discussed the use of restrictive practices as a last resort and how they identify the use of mechanical, environmental, and chemical restrictive practices. Incident reporting and complaints include documentation of explanation and apology in line with the organisation’s policy and open disclosure. There is a reporting structure in place from the general manager, through to the clinical governance committee and to the Board in relation to monitoring systems for clinical care.

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-2)