Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Adelene Court Hostel |
| Service address: | 1 Birch Road Wyoming NSW 2250 |
| Commission ID: | 0195 |
| Approved provider: | Alino Living Limited |
| Activity type: | Site Audit |
| Activity date: | 9 August 2022 to 11 August 2022 |
| Performance report date: | 23 September 2022 |

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 **Adelene Court Hostel** (**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.

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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 advised they are treated with dignity and respect and that their identity, culture and diversity is valued. Staff spoke about consumers respectfully and were observed by the Assessment Team interacting with consumers respectfully.

The service provides culturally safe care and services. Information about consumers’ life history including their cultural and spiritual needs is captured in care planning documentation. Staff demonstrated their awareness and delivery of care and services in ways that consider consumers’ cultural preferences and needs.

The service demonstrated that each consumer is supported to exercise choice and independence. Consumers confirmed they are consulted by management and staff and can make decisions when others should be involved in their care.

Consumers explained they are supported to take risks to enable them to live the best life they can. The service demonstrated completion of effective risk assessments to support consumers who undertake activities of risk. Where appropriate, measures to mitigate the risk associated with lifestyle activities that consumers wish to pursue are supported.

The service demonstrated effective pathways for information delivery to consumers and representatives, including displaying relevant brochures and posters at reception and in common lounge/dining areas of the service. This information included the monthly activity schedule; dates and times of consumer and representative meetings; internal and external complaints mechanisms; information about advocacy services; the Aged care Quality and Safety Commission’s notice advising consumers and representatives of the site audit; the daily menu and meal options. Information is clear, easy to understand and enables consumers to exercise choice.

Consumers advised staff always knock on their door before entering and staff were observed by the Assessment Team to deliver care and services to consumers in a manner respectful of consumers’ privacy. Staff were observed talking quietly to individual consumers in communal areas.

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

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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 effective assessment and planning for consumers, including consideration of risks to consumers' health and well-being. Consumers and representatives advised they were confident a consumers’ current needs and preferences are considered in the care planning process and assessment of risk. Registered staff described how they assess consumers and use care planning to deliver safe and effective care. A consumer admission process guides registered staff in the assessment of new consumers on entry to the service.

Consumers and representatives confirmed they are provided the opportunity to discuss their current care needs, goals and preferences including advance care or end of life planning if they wished to talk about it. The Assessment Team observed that consumers’ care planning documents include what is important to them recorded in the *‘Who am I’* section of the care plan. Advance care plans are established for the consumers who have consented to provide the information. Management said information on advance care planning is included in the admission pack and consumers and their representatives can discuss this during ‘partnering in care conferences’ too. Staff demonstrated a comprehensive knowledge of what was important to individual consumers in relation to how their personal and clinical care is delivered.

Consumers and representatives advised they are actively involved in the assessment, planning and review of their care and services. Staff advised they identify who the consumer wants to be involved in their care to ensure effective communication and to respect consumer privacy. The Assessment Team observed that consumer care plans focused on consumer and representative involvement and communication and that the care plans are available and accessible to staff, consumers and representatives. Consumers’ assessment outcomes are communicated through ‘partnering in care conferences’ and documented in the consumers' care plan and progress notes. Care staff said they have access to consumers’ care plans and other care documents via the electronic care documentation system. The service demonstrated that the summary consumer care plans contain relevant detail of consumers’ needs, goals and preferences including changes in condition, identified risks and agreed management strategies. Management advised the service offers a ‘relatives’ gateway’ where authorised consumer representatives can access clinical care and service plans, other relevant input from external providers and a copy of the care plan is provided.

The service demonstrated that changes in a consumer’s clinical care needs, goals or preferences are reviewed in a timely manner to ensure changes in consumers’ needs are communicated to staff for the delivery of safe and effective care services. Consumers and representatives reported they are satisfied with the changes made by staff following incidents that require new directives for consumers’ care. Management said they monitor this requirement on an ongoing basis through progress notes, incident reports, observation of services provided, reviews with consumers, representatives, staff and consumer feedback/surveys. The care manager said any changes to a consumers’ care or any incidents are communicated to families as soon as possible and care plans are updated accordingly. Care documentation indicates change in consumer conditions such as deteriorating wound and pain trigger reassessment for consumers and appropriate changes to care and services.

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

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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

Consumers and representatives advised they are satisfied that the personal and clinical care they receive is safe and right for them. The Assessment Team’s observation of consumer care documentation demonstrated individualised care delivery that is safe, effective and tailored to the specific needs and preferences of the consumer.

Staff demonstrated their knowledge of individual consumer needs and preferences and how these are managed in line with their care plan. The hostel manager advised they report concerns to the care manager and follow up with the consumer’s medical officer, the consumer and their representative. The care manager oversees the clinical process to ensure consumer care is meeting their needs.

The service demonstrated effective skin integrity and wound management policies and procedures. The Assessment team’s review of consumers’ care planning documents demonstrated that skin assessments are completed in a timely manner and include interventions to minimise the risk to consumers. In relation to pain management, the service demonstrated effective consultation with medical officers and other allied health professionals to assist with consumer pain management. The service includes non-pharmacological and pharmacological strategies to assist consumers with pain management and the service has pain assessment and management procedures including specialised tools for consumers who cannot verbalise pain. The service demonstrated an effective and up to date psychotropic register which identified individual consumers who are prescribed psychotropic medication for appropriate medical conditions.

The service demonstrated effective management of high impact or high prevalence risks associated with the care of each consumer. Care documentation reflects high impact or high prevalence risks are identified and interventions are implemented to effectively manage the risks. Consumers and representatives reinforced that their care is safe and right for them.

Consumers and representatives advised they had discussed end of life planning with staff and staff advised they respect a consumer’s choice whether they are comfortable to discuss end of life planning. Management advised the service intends to include advanced care planning directives as part of the admission process.

The service demonstrated effective identification and management of consumer deterioration or change of consumers’ mental health, cognitive or physical function, capacity or condition. The Assessment Team observed that care documents of consumers who experienced deterioration appropriately reflect the service’s identification and response to the deterioration or changes in condition. Consumers and their representatives were satisfied with the service’s effectiveness in responding to consumer deterioration.

Consumers and representatives advised that staff know them and their care needs well and the service effectively shares information about their care with other organisations where responsibility of care is shared. A review of care planning documentation demonstrated adequate information about the consumer’s condition, needs and preferences within and between organisations responsible for a consumer’s care.

Consumers advised they are supported to access to a medical officer and other allied health providers when required. The Assessment Team observed, via review of consumer care planning documentation, timely referrals and involvement of medical officers and allied health providers including physiotherapy, dietitian, speech pathology and other service providers. Importantly the consumer care planning documentation included directives and monitoring. Staff effectively demonstrated how the input of other health professionals informs care and services for consumers.

The service demonstrated processes are in place to minimise infection related risks and to support the appropriate use of antibiotics in order to reduce the risk of increasing resistance to antibiotics. There is an infection prevention and control lead with responsibilities for infection control practices at the service. Consumers and their representatives advised the service keep them informed about COVID-19 health updates and regularly provides them information on how to minimise their risk of contracting infections. Staff demonstrated their understanding of how they minimise the spread of infection and need for the use of antibiotics and ensure they are used appropriately.

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

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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 advised they receive safe and effective services and support for daily living and that the staff support their well-being and quality of life. The service demonstrated that staff are assessing and identifying consumers’ needs, goals and preferences and optimising their health and wellbeing.

Consumers advised they are satisfied with the services and supports available to promote their emotional, spiritual and psychological wellbeing. The service has a Catholic priest and an Anglican minister who conduct monthly church services and are available on request/referral to support consumers who request them. Consumer care plans highlight the supports that are important and available to consumers and staff displayed their knowledge about individual consumers’ needs and preferences. Management highlighted that the service can facilitate referrals to psycho-geriatricians, the mental health team or a religious minister if required.

Consumers spoke positively about the opportunities to participate in activities provided at the service. The service effectively demonstrated that consumer needs are identified in relation to their interests and staff demonstrated how they support consumers to participate in things of interest to them and how they appropriately support consumers to connect with others outside the service as much as possible.

The service demonstrated effective information systems to share information about consumers’ needs and preferences both within the organisation and with others when required. The Assessment Team observed that consumer information is up to date and accurate and staff were able to describe ways that the service effectively manages the communication of this information in relation to services and support for daily living.

The service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services to enhance the lifestyle of consumers. Lifestyle staff explained that referrals are made to the hairdresser within the service and the care manager said referrals are made to the National Disability Insurance Agency, to Dementia Support Australia and to the visiting religious ministers to assist with lifestyle services and supports.

The service demonstrated delivery of meals that are varied and of suitable quality and quantity. Consumers provided positive feedback saying the food was tasty, hot, good variety and plenty of it. Consumers’ assessment documents show that nutrition and hydration information, including dietary requirements and preferences are consistent with the information recorded by kitchen staff and this aligned with consumer and staff feedback.

Consumers advised that the equipment available at the service to support consumer lifestyle is safe, suitable and clean. Staff advised they have access to the equipment and resources they need to support consumers and advised that if there are issues with the equipment they report this to maintenance or they report this to management and discuss opportunities for replacement or replenishment.

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

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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 advised that the service environment is welcoming to them, their friends and family, they feel supported and have developed quality relationships with staff and other consumers. The Assessment Team observed a clean, open, engaging and welcoming environment and observed consumers moving around their units using mobility assistive equipment, including wheeled walkers.

The service demonstrated that appropriate and effective processes are in place to ensure that the service environment is safe, clean, well-maintained and comfortable. In addition, the service demonstrated a service environment that enables consumers to move freely, both indoors and outdoors and consumers were observed by the Assessment Team sitting in the garden areas.

The service demonstrated effective systems to ensure furniture, fittings and equipment are safe, clean and well maintained. This includes cleaning and maintenance schedules. Consumers said the equipment available was suitable for their needs and the furniture, fittings and equipment was observed by the Assessment Team to be clean, well maintained and used safely.

Staff explained when they need the maintenance officer to attend to a maintenance issue they enter it into the electronic maintenance log. The staff said the maintenance officer attends to issues quickly and if there is a delay they keep staff and consumers informed as to what is happening.

The service has a preventative and reactive maintenance schedule. The schedules are monitored by the service maintenance officer and the facility manager. All equipment servicing is in line with manufacturer’s instructions and serviced by qualified contractors/service providers to ensure equipment is regularly maintained, in good working order, safe and fit for purpose.

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

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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 advised they are encouraged and supported to provide feedback and make complaints. Consumers said they were aware of how to provide feedback or make a complaint and they prefer to speak directly to the hostel manager or the facility manager. The service and staff demonstrated how they encourage and respond to consumer feedback. Care staff said they support consumers to raise issues or make a complaint by speaking directly to the hostel manager or the facility manager on their behalf and consumer meetings are held regularly and meeting minutes show that these meetings provide a forum for consumers to raise and discuss issues or concerns and record the appropriate actions taken by management in response.

Consumers advised they are satisfied they can raise any concerns and make complaints if they choose and any matters raised will be dealt with appropriately. The service demonstrated appropriate processes to support consumers to access advocacy and language services if required.

A new feedback form was recently introduced and communicated to consumers and representatives. This feedback form includes information regarding external feedback mechanisms.

Consumers confirmed they were satisfied that management is responsive to any matter they raise and the service demonstrated it takes appropriate action in response to complaints and uses a process of open disclosure when things go wrong. Care staff demonstrated their understanding of the complaints process, in particular the service’s open disclosure process to manage and resolve complaints.

Consumers reinforced that management is responsive to their feedback and complaints and explained that they are satisfied with the improvements made in response. The service has a continuous improvement process and the Assessment Team observed that feedback and complaints provide a key area of input for identifying areas for improvement.

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

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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

Consumers and representatives advised that they are satisfied with the care and services provided at the service and said staff are very responsive to their needs. They confirmed there was sufficient staff and that call bells are responded to in a reasonable timeframe.

Consumers and representatives advised that staff treat consumers care and respect and the Assessment Team observed staff interacting with consumers in a kind, caring, and respectful manner. Staff and management were observed engaging with consumers in a kind and respectful manner, addressing consumers by their preferred name and exercising patience when delivering care and services.

Care staff explained that vacant shifts are filled most of the time and explained that the service has an effective phone application that allows staff to access their roster from any device. Real-time shift relief requests are sent via the application and they usually find a staff member who can cover the shift.

The service demonstrated that staff are competent and have the qualifications and knowledge to perform their roles effectively. The key responsibilities for each role are set out and consumers and representatives confirmed staff effectively perform their roles. The Assessment Team reviewed position descriptions and competency documentation and identified staff had completed the mandatory competency assessments required for their position. A review of staff training records identified the service has an orientation program for new staff and a system for monitoring that staff have completed annual mandatory training and competencies to ensure the service workforce has the skills to perform their roles effectively.

The service demonstrated that staff are recruited, trained, equipped and supported to deliver care and services in line with the Quality Standards. Staff confirmed they receive training, equipment and support to provide the care and services consumers require. An organisational learning and development program was implemented in November 2021 and this program includes annual mandatory training and competencies, orientation program and a continuous professional education program.

Management regularly monitor and review the performance of staff. There is a formal process for performance review and management also informally review performance through ongoing observation and supervision of staff practice and monitoring feedback and complaints records. The facility manager explained that they oversee that staff performance appraisals are completed annually and explained that the organisation recently implemented a new human resource program and is in the process of introducing new policies and new documentation procedures to ensure consistency.

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

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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

Consumers and representatives said they have ongoing input in how consumers’ care and services are delivered and advised that the service encourages their participation in their care via consumer meetings, surveys, feedback and care conferences. The organisation has effective systems to engage and support consumers in the development, delivery and evaluation of care and services.

The newly formed organisation of Alino Living has a board of directors responsible for the governance of the service. To improve consumer engagement the board of directors will hold one of the quarterly meetings at the service in order to actively engage directly with consumers and obtain feedback regarding the services they receive. The information obtained from consumers because of this engagement will be reviewed and used as part of organisational governance to improve care and services for consumers. Any improvements is fed back to the service for communication to consumers and representatives.

Consumers and representatives advised they feel safe and included at the service and have access to quality care and services. Management explained the organisation communicates with consumers, representatives and staff via meetings, emails, newsletters and training. The organisation has a diversity action plan which includes a supporting plan for Aboriginal and Torres Strait Islander people and lesbian, gay, transgender, and gender diverse and intersex elders.

The service demonstrated effective governance systems that focus on the best outcomes for consumers. The board monitors and reviews routine reporting and analysis of data related to the consumer experience. The service demonstrated effective information management systems including an electronic care planning and risk management system, continuous improvement system and financial governance systems.

The Assessment Team reviewed the policies and procedures relating to open disclosure, the Serious Incident Response Scheme, restrictive practice, complaints management, clinical risk management and clinical governance policy. All reflected the relevant legislative requirements.

The quality manager completes monthly reviews/audits for continuous improvement and collects evidence on the effectiveness and sustainability of implemented actions. When issues are identified, they are raised with the relevant continuous improvement owners for resolution. Results from surveys and audits, incident reporting, data and trend analysis and feedback from consumers and representatives are reflected in the clinical risk and governance reports. These reports are discussed at the board level.

The service demonstrated effective risk management systems used to monitor and assess the high impact or high prevalence risks associated with the care of consumers. Risks are reported, escalated and reviewed by the executive management team and the board. Feedback is communicated via meetings leading to improvements to care and services for consumers.

The organisation has a clinical governance framework that includes policies and procedures that cover antimicrobial stewardship, minimising the use of restraint and open disclosure. The core elements of clinical governance include leadership and culture, consumer partnership, organisational systems, monitoring and reporting, effective workforce and communication and relationship.

The service demonstrated effective organisational policy and procedures relating to antimicrobial stewardship which includes staff accountabilities and responsibilities, staff education, procedures to minimise infections and monitoring and analysis of the use of antibiotics. The organisation utilises a formal open disclosure template to allow clear directions for management and staff to manage complaints or issues. The organisation has a restrictive practice policy to guide staff in restraint minimisation.

Staff demonstrated their understanding on how the use of restraint was minimised at the service and this aligned with the policies and procedures reviewed by the Assessment Team. When restraint is used at the service, it is recorded, monitored and evaluated for effectiveness and discussed with the consumer, their representative and medical officer.

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 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)