Performance

Report

**1800 951 822**

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| Name of service: | Alexander Campbell House |
| Service address: | 51 Cook Street FORESTVILLE NSW 2087 |
| Commission ID: | 0067 |
| Approved provider: | The Churches of Christ Property Trust |
| Activity type: | Site Audit |
| Activity date: | 10 January 2023 to 12 January 2023 |
| Performance report date: | 14 February 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 Alexander Campbell House (**the service**) has been prepared by E Blance, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 01 February 2023.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Non-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 | **Non-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

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 1(3)(d)- Adequate risk mitigation strategies have been tailored to support the consumer to live the life they choose, and consumers have been supported to understand all the benefits and possible harms when they make decisions about taking risks where risks have been identified.

* **Requirement 5(3)(b)(i)-** Adequate environmental risk mitigation strategies have been implemented to ensure a safe service environment for consumers who choose to smoke.

# 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. | Non-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 decision maker finds this Standard non-compliant.

Consumers and their representatives confirmed consumers are treated with dignity and respect. Consumers said they could decorate their rooms with items that are significant to them and remind them of who they are and what is important to them. Consumers were supported to nominate who they would like involved in their care, communicate their decisions, make connections with others and maintain relationships of choice. Consumers and their representatives advised they received up to date information they needed to make informed choices. Consumers said they were confident their personal information was kept confidential and described various ways staff respected their privacy.

Staff demonstrated sound knowledge of consumers’ background and preferences which was consistent with consumers’ goals and well-being needs. Staff could describe consumers’ specific cultural and spiritual needs which influenced the consumers’ delivery of care and services. Staff explained how consumers were supported to maintain relationships of choice.

Consumer care documentation reflected consumers’ individual needs and preferences with tailored support strategies to deliver personalised care. Care planning documents included preferences for personal care, as well as religious and cultural preferences for consumers and demonstrated a knowledge of what mattered to consumers. Staff were observed to be respecting consumers’ personal space and privacy.

The organisation had documented policies and procedures regarding consumer choice and decision making which guided staff in consumers maintaining their independence and making informed decisions about their care and services. The service was guided by an organisational privacy and confidentiality policy that specified how information is collected, the purpose of collection, how the information is stored and who has the right to access the information.

However, the site audit report raised deficiencies in relation to consumer’s not being supported to take risks in particular for consumers who choose to smoke.

The site audit report confirms that consumers are supported to smoke while living at the service; however, not all smoking-related risks had been adequately assessed for one named consumer. The consumer was observed to have burn holes in their clothing and was smoking unsupervised in a garden area of the service. Following a review of this information alongside the approved provider's response, it is my decision that Requirement 1(3)(d) is non-compliant.

While the approved provider's response identified some risks for the named consumer, including the risk of harm and falling. The response did not evidence adequate risk mitigation strategies have been tailored to support the consumer to live the life they choose, nor that the named consumer has been supported to understand all the benefits and possible harms when they make decisions about taking risks, where risks have been identified. The approved provider asserts that consumers are consulted regarding smoking as evidenced by a signed care plan; the signed care plan refers to the risk of Emphysema as the only risk associated with choosing to smoke. The care plan provided as part of the approved providers' response did not reference other risk information identified within the smoking risk assessment as well as risks identified within the approved provider’s response, nor did the smoking risk assessment indicate that the consumer was explained and understood the benefits and harms.

In making this decision, the decision maker notes there have been no smoking incidents or near misses recorded for the consumer, and weight has been placed on the assessment team’s observations of the consumer and their clothing, the consumer’s feedback that they had not been consulted in relation to strategies to manage the risks associated with choosing to smoke, the consumer was not supervised while smoking as there was no staff available who smoke, the consumer is choosing to smoke outside the designated smoking area, the consumer is at risk of falls while smoking, and the absence of evidence that demonstrates consultation between the consumer and the service which identifies the risks, provides supporting mitigating actions to reduce the risk and where the consumer chooses to accept the risks, clear evidence to demonstrate the risks were explained, understood and accepted by the consumer. The decision maker notes that continuous improvement measures in relation to this were not evident within the provided continuous improvement plan, however other environmental measures are planned which is further considered under Standard 5 of the performance report.

# 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 decision maker finds this Standard compliant.

Consumers and their representatives said they felt safe and were confident the workforce know what they are doing. Consumers were able to explain who was involved in their care and were confident their care needs were being met. Consumers and their representatives said staff had discussed their care needs, been provided a copy of their care plan, and were aware of how to access this information if they wished. Representatives interviewed said that clinical staff regularly discussed their loved one’s care needs with them, and any changes requested are addressed in a timely manner.

Care documentation demonstrated consideration of risks to the consumer’s health and well-being, and informed the delivery of safe and effective care and services. Documentation included the consumer’s current needs, goals and preferences, including advance care planning which was identified on entry to the service and reviewed regularly. Care documentation showed evidence of care conferences, and involvement of a diverse range of external providers and services. Care documentation evidenced review on a regular basis and when circumstances changed.

Staff demonstrated an awareness of assessment and care plan review processes, that identified risks to the consumer’s health, safety and well-being. Management advised end of life care planning was discussed with consumers and their representatives on entry to the service and at care plan reviews. Staff advised they had access to care plans for consumers they are providing care for, through the electronic care management system and through handover records. Staff described how and when consumer care plans are reviewed. Staff interviewed said they were aware of incident reporting processes and how incidents may trigger a reassessment or review.

The organisation had policies and procedures available to guide staff practice.

# 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 decision maker finds this Standard compliant.

Generally, consumes and their representatives were positive about the clinical care they received from the service. Consumers and their representatives said referrals were timely, appropriate and occurred when needed and that the consumer had access to relevant health professionals, such as allied health practitioners and medical specialists.

The service demonstrated timely identification, effective assessment, management and evaluation of consumers’ restrictive practices, skin integrity and pain. Where restrictive practices were used, assessments, authorisation, consent, and monitoring were demonstrated.

Care documents reflected consumer’s care needs including end of life needs and wishes. Care documents reflected consumers were regularly monitored by registered staff and if deterioration or change of a consumer’s mental, cognitive or physical function, capacity or condition occurred, this was recognised and responded to in a timely manner. Care documents contained adequate information to support effective and safe sharing of the consumer’s information in providing care. Care documents demonstrated staff notified the consumer’s medical officer and their representatives when the consumer experienced a change in condition, or a clinical incident.

Staff demonstrated an understanding of processes to support the needs, goals and preferences of consumers nearing the end of their life. Staff explained the assessment process following changes to a consumer’s condition. Staff confirmed they received up to date information about consumers. Staff described how information was shared when changes occurred. Staff described how the input of other health professional informed care and services. Staff provided examples of practices to prevent and control infections.

The organisation had policies and procedures available to guide staff practice.

However, although feedback from consumes and their representatives was generally positive, the site audit report identified the service was unable to demonstrate that each consumer receives safe and effective personal and clinical care in relation to diabetes management. The site audit report identified for 2 named consumers, the medical officer's directives for management and notification of blood glucose levels that fall outside of prescribed parameters were not followed. The approved provider’s response included a diabetic care directive for named consumers, which evidenced directives for the staff to contact the medical officer as required for readings outside of the directive’s parameters. The approved provider’s response also included a diabetic care plan for one consumer which evidenced actions to be implemented by staff when BGL readings fall outside of the directive’s parameters. The decision maker notes that there was no identified impact to the 2 consumers identified within the site audit report in relation to blood glucose monitoring.

The approved providers response included a continuous improvement initiative in reviewing processes for contacting the medical officer where blood glucose levels fall outside of the directive’s parameters. The approved provider asserts positive anecdotal feedback has been received with the changes implemented. In addition, the site audit report identifies management advised the service will implement a resident of the day process, increase oversight of blood glucose readings, review all directives and provide education to staff, however these initiatives were not evidenced within the plan for continuous improvement. The decision maker is satisfied the approved provider’s response evidenced effective management of diabetes for both consumers. Where blood glucose levels were identified outside of the directive’s parameters, directives were followed by staff including contacting the medical officer where required.

Further the site audit report identified the service was unable to demonstrate it effectively monitored and evaluated the risk related to the personal and clinical care in relation to incident management for one consumer.

The site audit report and the approved provider’s response identifies the consumer ‘vaguely insisted’ to staff they experienced a fall (although could not recall the exact details) and was experiencing pain in the lower left rib region. The consumer was assessed by a physiotherapist, nil bruising was identified, and the consumer was provided analgesia. The consumer’s pain escalated, the consumer became increasingly agitated and was subsequently transferred to hospital for further investigation. The decision maker notes staff reported the consumer prefers to stay in their room, keep to themselves and on occasion has dizzy spells.

The approved provider’s response included that the consumer at the time of the incident, ‘vaguely insisted’ to staff they experienced a fall (although could not recall the exact details) and was experiencing pain in the lower left rib region. There was no evidence found by the physiotherapist that the consumer had experienced a fall and staff were unaware of such incident. The approved provider’s response included hospital discharge notes which state the consumer was diagnosed with acute urinary retention, agitation attributed to delirium, and a scan to rule out kidney stones identified right side posterior rib fractures to be managed with analgesia. The approved provider’s response included a clinical review which identifies the consumer was transported to hospital due to increased agitation and determined that given the consumer’s pervious minimal trauma for a fractured neck of femur and diagnosis of osteoporosis it is highly likely the consumer experienced pathological fractures of her ribs and therefore an incident form and/or other investigation would not have occurred.

On balance, feedback from consumes and their representatives was generally positive about the clinical care they received from the service, the service undertook steps to ensure the wellbeing of the consumer including review by a physiotherapist, provided pain relief and when the consumer’s pain and agitation increased, action was taken by transferring the consumer to hospital for further investigation. The approved provider has undertaken a clinical review and asserts an incident form was not required for agitation and the decision maker is satisfied the service managed and monitored the risk for this consumer.

# 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 decision maker finds this Standard compliant.

Consumers said the service provided lifestyle activities that met their needs and preferences including for emotional, spiritual, and psychological wellbeing. Consumers said there was a range of activities that supported consumers to participate in their community, maintain and develop relationships, and do things of interest to them. Consumers said they were confident appropriate referrals were made to ensure they receive the service and support for daily living and that meals were satisfying, varied, and of suitable quality and quantity. Consumers said they were satisfied with the equipment provided.

Care documentation listed consumers’ condition and preferences for activities, personal care, and things of interest to them to guide staff in providing appropriate support for daily living.

Staff described how they sought consumer feedback to customise activities to optimise their health and well-being. Staff provided examples of spiritual and psychological supports provided to consumers. Staff were able to describe how the service works in conjunction with external individuals and organisations to supplement the services and supports for daily living offered to consumers.

# 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. | Non-compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The decision maker finds this Standard non-compliant.

Consumers confirmed staff were competent in the use of equipment and said they felt safe when staff uses the equipment to provide care and services.

The environment was observed to be welcoming, easy to understand, and optimised each consumer’s sense of belonging. Consumers were observed playing games together in dining areas, spending time in outdoor gardens and those with different mobility levels were observed to be able to move freely around the service. Consumer’s rooms and common areas were clean and well maintained.

Maintenance and cleaning staff were able to demonstrate effective processes to ensure the environment was well maintained, and clean.

However, the site audit report identified the designated smoking environment did not allow for consumers to be supervised by the service or have firefighting equipment, such as a fire blanket or extinguisher accessible in the area. The designated smoking area was surrounded by trees and dry foliage. A cigarette receptacle was observed to have dried leaves surrounding and piled within the container and cigarette butts on the ground.

The approved provider’s response included continuous improvement initiatives including the construction of a shelter and implementation of a fire blanket, suitable receptacle for the extinguishment and disposal of cigarettes and a fire extinguisher to ensure consumers can smoke safely within the designated area. Following a review of this information alongside the approved provider's response, it is my decision that Requirement 5(3)(b)(i) is non-compliant.

The decision maker has placed weight on the evidence provided within the site audit report regarding appropriate safety equipment being unavailable in the event of any potential incident. While the approved provider’s response includes risk mitigation measures which are reflected within the continuous improvement plan, these improvements are pending completion and interim risk management measures have not been evidenced.

# 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

The decision maker finds this Standard compliant.

Consumers and their representatives said they were encouraged and supported to provide feedback and they were aware of the mechanisms for making a complaint. Consumers and their representatives were able to describe the external avenues available to them for raising a complaint and said management acknowledged complaints and seek resolution to achieve an outcome which satisfied the consumer and their representative.

Staff described how the service promoted advocacy and language services. Staff described the organisation’s open disclosure policy and the service’s process when complaints are received. Staff advised the service trended and analysed complaints and used this information to inform continuous improvement activities across which were documented under the plan for continuous improvement.

The organisation had policies and procedures available to guide staff practice.

# 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 decision maker finds this Standard compliant.

Consumers and their representatives said staff were available when needed and provided positive feedback in relation to workforce interactions confirming that staff were kind, caring and treat consumers well. Consumers and their representatives said the service had qualified staff with the knowledge and skills to provide safe and quality care and services that met consumers’ needs and preferences.

Staff said there were adequate staff to provide care and services in accordance with consumers’ needs and preferences and that staff generally had sufficient time to undertake their allocated tasks and responsibilities. Feedback received through complaints and surveys monitored staff behaviour to ensure interactions between staff and consumers meet the organisation’s expectations. Staff competency was monitored through feedback, audits, surveys and reviews of clinical records and care delivery. Staff were able to describe the training, support and supervision they received on an ongoing basis. Familiar agency staff was requested to ensure continuity of care for consumers. Staff confirmed they had undergone regular performance appraisals with opportunity to identify areas for further improvement.

Staff were observed interacting with consumers respectfully in a kind and caring manner.

# 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 decision maker finds this Standard compliant.

Consumers and their representatives advised they considered the service was well run and they could provide feedback and suggestions to management. The service’s governing body consisted of a Board of Directors who are also actively involved in day to day running of the service via their responsibility for specific operational functions. Staff described the various ways in which the organisation communicated with consumers, their representatives and staff regarding updates on policies, procedures or changes to legislation. Staff confirmed they had access to information within the organisation’s information management system to enable them to perform their roles and consumers and their representatives sampled were satisfied with the way information about care and services was managed and how the information was provided to them. Opportunities for improvement were identified through a range of sources and documented within a continuous improvement plan. Financial governance systems enabled appropriate financial delegation for the approval and purchase of commodities required to provide care and services for consumers. Workforce governance systems enabled the effective delivery of care and services. Feedback and complaints governance systems enabled consumer’s to raise complaints and direct staff in the management of complaints and where clinical care was provided a clinical governance framework supported staff.

The site audit report raised deficiencies in relation to regulatory compliance with fire safety regulations for staff smoking at the service, including observation of a scooter blocking access to a fire extinguisher.

The approved provider’s response evidenced the service immediately addressed the issue with staff, issued a memorandum to alert and remind staff to refrain from smoking outside of designated smoking areas and from parking in front of externally located fire extinguishers, and painted a ‘keep clear’ to alert persons parking in the area. The approved provider also added the initiatives to the plan for continuous improvement which demonstrated these actions as closed. In addition, fire safety inspection documents evidenced ongoing compliance with respect to egress to fire equipment. The decision maker is satisfied the service has taken action and implemented measures to prevent re-occurrence and the risk has been mitigated.

The site audit report evidences the organisation had implemented risk management systems to monitor and assess high impact or high prevalence risks associated with care of consumers. The site audit report raised that the service was not following the diabetes management plan or reviewing incidents when they occur.

The decision maker has considered information within Standard 2 that care planning documentation identified evidence of review on both a regular basis and when circumstances changed; such as consumer deterioration or incidents such as infections, falls and wounds. Clinical staff could describe how and when consumer care plans were reviewed. Staff interviewed said they were aware of incident reporting processes and how these incidents may trigger a reassessment or review. The service monitors clinical indicators, including pressure injuries, medication incidents, restraint and falls and the organisation had a clinical governance framework in which management and staff said they had been trained in and understood how to apply these policies to their work. The decision maker has also considered information in Standard 3 in relation to the clinical management of the named consumers, and is satisfied on balance the service has effective risk management systems and practices.

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