Performance

Report

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| Name: | Anglican Care Kilpatrick Court |
| Commission ID: | 1026 |
| Address: | 152-156 Brighton Avenue, TORONTO, New South Wales, 2283 |
| Activity type: | Site Audit |
| Activity date: | 18 September 2024 to 20 September 2024 |
| Performance report date: | 23 October 2024 |
| Service included in this assessment: | Provider: 3186 Anglican Care  Service: 6568 Anglican Care Kilpatrick Court |

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 Anglican Care Kilpatrick Court (**the service**) has been prepared by P. Sherin, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit report was informed by a site assessment, observations at the service, review of documents, and interviews with staff, consumers/representatives, and others.
* the provider’s response to the assessment team’s report received 14 October 2024 acknowledging the assessment team’s findings and providing additional information.

# 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 said consumers are treated with dignity and respect, with their identity, culture, and diversity valued. Care planning documentation outlined information about consumers’ background, interests, and personal preferences, and staff demonstrated knowledge of this. Staff and management were observed interacting with consumers in a kind and respectful manner. The service has a diversity and inclusion policy to guide staff practice.

Consumers and representatives said staff recognise and respect consumers’ cultural background and preferences and deliver care and services in a culturally safe manner. Information about the consumer is gathered under a lifestyle assessment and care plan, tailored to each consumer’s cultural needs and preferences. Staff provided examples of how they cater to the diverse cultural needs of consumers in line with information captured under care planning documentation. The service provides staff training on the delivery of culturally safe care and services. Various activities and events are conducted at the service catering to the diverse cultural needs of consumers.

Consumers and representatives said consumers are supported to exercise choice and independence. Management and staff described how consumers are supported to make informed choices about care and services they receive, involve others in decisions about their care, and to maintain relationships of importance to them. Care planning documentation identified consumers’ individual choices and important relationships. Policies and procedures on supporting consumer choice and independence are available to guide staff.

The service demonstrated consumers are supported to take risks that enable them to live the life they choose. Management and staff demonstrated knowledge of risks taken by individual consumers and described how they support the consumer’s wishes whilst also ensuring strategies in place to manage risks. The service implements a dignity of risk policy. Review of care documentation identified risk assessments are completed and a discussion with the consumer and/or representative on the risk and risk mitigation strategies occurs.

Consumers and representatives described various ways the service provides information to enable informed choice such as through printed material and verbal reminders. Staff described different ways information is provided to consumers, including consumers with cognitive and sensory impairments, in line with their documented needs and preferences. A range of information was observed displayed throughout the service including but not limited to menus, activities calendars, and newsletters to inform and support consumers to exercise choice.

Consumers said staff respect their privacy and maintain confidentiality of their information. Staff and management described the practical ways used to respect consumer privacy and keep information confidential. The service implements a privacy policy to guide staff practice, and staff undertake annual mandatory training on consumer privacy and confidentiality.

# 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

Consumers and representatives said the service involves them in initial and ongoing assessment and planning processes. Management and staff described the service’s assessment and care planning processes which include consideration of individual risks to consumers’ health and wellbeing. Care planning documentation evidenced information on individual risks to consumers and mitigation strategies to guide staff practice.

Consumers and representatives said assessment and planning processes are effective in identifying the consumer’s needs and preferences, including end-of-life planning. Management and staff described how the service ensures assessment and planning reflects each consumer’s current preferences and needs, and how they approach conversations around end-of-life planning. Care planning documentation evidenced information to guide staff practice regarding consumers’ needs and preferences in relation to care and service delivery.

Consumers and representatives described how they are kept involved and can provide input in the assessment and planning of care. Management and staff explained how assessment and planning is undertaken in partnership with consumers and others they wish to involve in their care. Care planning documentation evidenced the inclusion of consumers and representatives, and input from a range of external health professionals such as medical officers, physiotherapists, dietitians, and speech pathologists based on consumers’ needs.

Consumers and representatives said the service regularly communicates changes relating to care and services and staff explain things to them as needed. Management, clinical staff, and allied health staff described how they effectively communicate outcomes of assessment and planning to consumers and their representatives. Review of the service’s electronic care management system identified outcomes of assessment and planning are documented under care plans, and via progress notes and alerts in the system.

Consumers and representatives described how outcomes of assessment and planning are communicated to them, and how they are offered a copy of the consumer’s care plan following scheduled reviews. Clinical staff described their roles and responsibilities in communicating outcomes of care planning with consumers and their representatives, including how they convey information following reviews and assessments by visiting health professionals.

Consumers and representatives confirmed care and services are reviewed regularly. Care planning documentation evidenced regular care plan reviews are undertaken, including when a consumer’s circumstances change, or when an incident occurs. Scheduled review of care plans occurs 3-monthly in line with the service’s assessment and planning policy and procedure.

# 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

Consumers and representatives said the service provides safe and effective personal and clinical care. Comprehensive care plans are implemented which include assessments, progress notes, and relevant charting reflecting the provision of individualised care that is safe, effective, and tailored to the needs and preferences of each consumer. Policies and procedures are available to guide staff practice in relation to the provision of best practice clinical and personal care. Staff demonstrated an understanding of these procedures and described their application as relevant to their roles.

The service demonstrated effective management of high impact and high prevalence risks to consumers. Consumers and representatives expressed their satisfaction with how risks to consumers are managed by the service. Staff demonstrated knowledge of risks to individual consumers and risk mitigation strategies to manage and mitigate these risks, in line with information captured under care planning documentation. Management described how the service conducts regular monitoring, trending, and reporting of clinical data to identify high risk areas and implement safeguarding and improvement measures.

Management and staff described how the service recognises and addresses the needs and preferences of consumers nearing end of life and how staff ensure measures to maximise comfort and dignity. The service has end-of-life and palliative care policies and procedures to guide staff practice. Review of care documentation and interviews with the representative of one palliative consumer at the time of the Site Audit identified palliative care is being effectively managed at the service.

Consumers and representatives said the service is responsive to consumers’ care needs and keeps them informed them of any changes to the consumer’s health and condition, and planned management strategies in this regard. Staff described how they recognise and respond to any changes or deterioration in consumers and described how this is managed in consultation with medical officers, allied health professionals, and other specialists. Review of care planning documentation and progress notes evidenced timely identification and response to deterioration. Clinical deterioration policies are available to guide staff practice.

Consumers and representatives said information on consumers’ care needs and preferences are effectively communicated at the service. Staff described how information regarding consumers is documented and communicated within the organisation and with others where responsibility for care is shared, such as via staff huddles, handover, and through the service’s electronic care management system. Review of care planning documentation and observation of staff handover demonstrated adequate information to facilitate delivery of care.

Consumers and representatives described how the service facilitates access to a range of health professionals and providers. Management and clinical staff described the service’s referral process and how referrals are made based on each consumer’s needs, to supplement the care delivered at the service and ensure quality outcomes. Care planning documentation and progress notes evidenced the involvement of various medical officers, allied health professionals, and other providers of care.

Consumers and representatives expressed confidence in the measures taken by staff to minimise and control infection-related risks. Management and staff demonstrated an understanding of precautions to prevent and control infection risk and how to minimise the need for antibiotics. Policies and procedures related to antimicrobial stewardship and infection control management are available to guide staff practice. The service implements a documented outbreak management procedure and has the support of an infection prevention and control lead. Screening processes are in place for all staff, visitors, and contractors prior to entry to the service. Staff were observed practising hand hygiene and wearing appropriate personal protective equipment, where required.

# 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 described how the service supports consumers to engage in activities that meet their individual needs, goals, and preferences. Lifestyle staff described how the service partners with consumers to conduct a lifestyle assessment upon entry to the service. Staff demonstrated knowledge of the interests and preferences of individual consumers and described how they support them in line with information captured under care planning documentation. The service implements a diverse lifestyle program based on consumer input and interest.

Consumers and representatives said staff support consumers when they are feeling low, and described how the service promotes consumers’ emotional, spiritual, and psychological well-being. Care planning documentation evidenced information on consumers' wellbeing needs and preferences to guide staff practice. Staff described how they recognise if a consumer is feeling low, and how they support consumers by engaging in one-on-one conversation, facilitating connections with people important to them, and encouraging their attendance in lifestyle activities and religious services as per their interests.

Consumers and representatives confirmed consumers are supported to participate in activities within and outside the service environment, to do things of interest to them, and to keep in touch with people important to them. Care planning documentation aligned with the information provided by consumers, representatives, and staff regarding consumers’ continued involvement in their community and maintaining social and personal relationships. Consumers were observed participating in group activities and spending time with consumers and other visitors.

Consumers said information about the consumer's condition, needs, and preferences is communicated within the organisation and with others where responsibility for care is shared. Staff described how they document and communicate changes regarding consumers via the service’s electronic care management system and during shift handovers. Care planning documentation identified adequate information to support safe and effective delivery of services and supports for daily living.

Consumers and representatives said the services facilitates their access to other organisations, support services, and providers of care and services. Care planning documentation identified referrals to other organisations and services based on consumers’ individual needs. Lifestyle staff and management described how a range of external services such as community services, visiting musicians and performers, religious services, and volunteers are engaged to broaden the lifestyle services and supports delivered to consumers.

Most consumers and representatives sampled expressed satisfaction with the quality, quantity and variety of meals provided at the service. Care documentation evidenced information on each consumer’s dietary needs and preferences and staff demonstrated knowledge of this. Meal service was observed to be timely and well-coordinated with staff providing supervision and assistance as needed. Where some consumers and representatives expressed dissatisfaction with meals provided, management demonstrated a range of improvement actions implemented, planned, and underway to address feedback. Improvement actions include but are not limited to increasing the volume of food cooked fresh on site, hiring of a new hospitality manager in June 2024, and developing new menus incorporating consumer feedback. Food focus meetings and food surveys are conducted, and feedback is actively sought from consumers to inform improvements.

The service demonstrated equipment provided to consumers is safe, suitable, clean, and well maintained. Consumers reported having access to equipment, including mobility aids to assist them with their daily living activities. Staff described the processes in place to ensure the cleanliness and maintenance of equipment. A range of equipment, such as walkers, wheelchairs, and leisure and lifestyle equipment were observed available to consumers and kept in a clean condition, suitable for consumer use.

# 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 and representatives said the service’s environment is welcoming, easy to understand, and makes consumers feel at home. Management described various aspects of the environment which promote a sense of belonging, independence, interaction and function. Mobility assessments are completed upon entry to the service and environmental audits are conducted to ensure the service environment promotes safety and independent movement. The service environment was observed to be welcoming, with personalised consumer rooms, dementia friendly principles of design, adequate lighting, handrails, and clear signage for navigation.

Consumers and representatives said, and observations confirmed, the service environment is kept safe, clean, and well-maintained. Consumers can move freely indoors and outdoors. Staff described cleaning processes in accordance with the service’s cleaning schedule. Staff demonstrated knowledge of the service’s processes for reporting any hazards and maintenance requests. Interviews with maintenance staff, and review of documentation identified, a preventative maintenance schedule is in place and maintenance requests are actioned in a timely manner.

Consumers and representatives said, and observations confirmed, furniture, fittings, and equipment at the service are safe, well-maintained, and suitable for consumer use. Staff described the cleaning and maintenance processes for furniture and equipment. Furniture in communal areas appeared clean and comfortable and equipment in various areas was observed to be in good working condition.

# 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 said they are aware of how to provide feedback or make a complaint and feel comfortable to do so. Management and staff described how consumers and representatives are encouraged and supported to submit feedback and complaints in various ways. This includes by speaking to staff or management directly, using paper-based feedback forms, using locked feedback boxes, and via consumer meetings. Feedback forms and locked boxes were observed available at the service.

Consumers and representatives said they are aware of advocates, language services, and other methods for raising and resolving complaints, however they prefer to raise concerns with the service directly. Management described how the service informs consumers and representatives about external advocacy services and complaints mechanisms, including during the admission process, at consumer meetings, via information sessions from external providers, and through notices and pamphlets which were observed displayed at the service. Staff demonstrated knowledge of external advocacy and complaints services and how to access resources for interpreter and translation services, if required.

Consumers and representatives provided positive feedback regarding the service responding to and resolving any feedback and complaints. Management and staff described the complaints handling process and demonstrated an understanding of open disclosure. Review of the service’s feedback and complaints register and complaints documentation identified timely and appropriate action in response to complaints. Policies and procedures on feedback and complaints and open disclosure are available to guide staff practice.

Consumers and representatives expressed satisfaction with the service’s feedback and complaints process leading to improvements in the quality of care and services. Management and staff provided examples of various improvements implemented in response to feedback and complaints. Review of documentation, including the service’s continuous improvement plan, identified feedback and complaints trending occurs at the service and improvements are implemented.

# 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

Most consumers and representatives felt the service has sufficient staff to meet consumers’ care and service needs. Management described how they ensure the workforce is planned to enable delivery of safe and effective care. The service is meeting care minute targets, and a registered nurse is on duty 24 hours a day, 7 days a week in line with regulatory requirements. Staff said they have adequate time to complete their duties. In cases of unplanned leave, management advertise shifts to available staff, extend shifts, or access agency staff. Recruitment of additional care and clinical staff is underway to reduce the need to access agency staff. Call bell response times are monitored regularly. Staff were observed providing care and services in an unrushed manner and responding to call bells promptly.

Consumers and representatives said staff are kind, caring, and respectful. Staff demonstrated knowledge of consumers’ individual background, needs, and preferences. Staff were observed interacting with consumers in a caring and respectful manner. The service implements various policies and procedures to guide staff conduct and provides staff training to ensure workforce interactions with consumers are respectful.

Most consumers and representatives said staff are competent and perform their roles effectively. Where some consumers and representatives expressed concerns regarding the competency of agency staff, management acknowledged the feedback and described strategies in place to address this feedback and prevent any deficits in care. Staff expressed confidence in their knowledge and skills to effectively deliver against the requirements of their role. Position descriptions are available clearly outlining the knowledge, skills, and related requirements for each role. Management described how the service ensures staff are competent and capable to perform their functions through the recruitment and onboarding process, assessments, orientation, buddy shifts, and access to mandatory and ongoing training. Management said, and review of documentation identified, management track and maintain oversight of workforce competency and compliance with role requirements including qualifications, registrations, criminal record checks, and vaccination records.

Consumers and representatives expressed satisfaction with the knowledge of staff and felt they are well trained. Staff said the service provides mandatory and supplementary training to equip them to effectively undertake the duties of their role. Management described the systems and processes in place to track and monitor staff completion of mandatory training. Staff demonstrated knowledge of topics such as serious incident reporting, open disclosure, and restrictive practices as relevant to their roles. Review of documentation such as training registers and attendance sheets identified staff have undertaken training on a range of topics including but not limited to the quality standards, serious incident reporting, code of conduct, fire safety, and manual handling.

Management described the service’s performance management processes including probationary and annual performance appraisals. Ongoing monitoring and review of staff performance occurs using observations and feedback from consumers, representatives, and staff. Staff confirmed they have participated in performance appraisals which included a discussion on opportunities for improvement and further training and development. Review of documentation identified staff appraisals occur regularly and there are systems in place to ensure regular tracking, monitoring, and record-keeping of staff appraisals.

# 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

Consumers and representatives felt the service is run well and expressed satisfaction with their level of ongoing engagement in the service. Management and staff described various ways feedback is sought from consumers and representatives and how they are regularly involved in decisions about the service, such as through monthly consumer meetings, food focus meetings, and regular surveys. An organisation-wide consumer advisory body is in the process of being implemented and consumers and representatives have been invited to attend the first meeting. Review of documentation such as continuous improvement plans and meeting minutes demonstrated consumers and representatives are involved in the development, delivery and evaluation of care and services.

Management described a robust governance structure to ensure the delivery of quality care and services. Various committees are established, and appropriate systems and processes are in place to support oversight from the governing body such as through regular compliance reporting, audits, and review of clinical trends, incidents, and feedback and complaints data. Management provided examples of recent initiatives driven by the governing body to improve the delivery of safe, inclusive, and quality care and services.

The service demonstrated effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

The service demonstrated effective risk management policies, processes, and systems to manage high impact and high prevalence risks; identify abuse and neglect of consumers; support consumers to live the best life they can; and to manage and prevent incidents. Staff demonstrated knowledge of individual consumers with high impact or high prevalence risks and how these are managed. Clinical indicator data is trended, reviewed, and reported within the organisation. A robust incident management system is implemented, and staff undertake training on incident reporting, escalation, and management processes. Management described how the service supports consumers to live their best life through direct consultation with consumers/representatives and implementing dignity of risk management processes.

The service implements a clinical governance framework supported by a range of policies and procedures, including but not limited to antimicrobial stewardship, minimising the use of restrictive practices, and open disclosure. Staff receive training on these topics and demonstrated an understanding of the application of these policies as relevant to their roles.

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)