Performance

Report

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| Name: | Arcare Brighton |
| Commission ID: | 4131 |
| Address: | 58 Cochrane Street, BRIGHTON, Victoria, 3186 |
| Activity type: | Site Audit |
| Activity date: | 19 February 2024 to 21 February 2024 |
| Performance report date: | 27 March 2024 |
| Service included in this assessment: | Provider: 1706 Arcare Pty Ltd  Service: 2692 Arcare Brighton |

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 Arcare Brighton (**the service**) has been prepared by L Malone, 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 16 March 2024

# 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 they feel respected, and staff take the time to get to know consumers. Care documentation provided individualised preferences which are meaningful to the consumer such as preference of gender of staff attending to their care or how service delivery respects their goals or values. Staff described how they provide respectful care and learn about a consumer’s background and life story. The service has relevant policies which state commitment to providing and inclusive environment and how diversity is valued.

Consumers and representatives described how the care consumers receive is culturally safe and said consumers are supported to receive information in their preferred language, celebrate culturally significant days or participate in daily practices that are of cultural significance. Staff were able to describe individual consumer’s cultural background and what is important to them. The Assessment Team viewed information for consumers translated into the consumer’s preferred language.

Consumers and representatives provided feedback about the ways they are supported to make choices about their care and services and involve family and friends when they choose, and to maintain important relationships. The Assessment Team found the care documentation of these consumers to reflect the choices they described as being important to them. Staff described how they offered regular choices such as options for meals or activities. The Assessment Team observed consumers socialising with family or friends during the site audit.

Consumers and representatives described how they are supported in choices involving such as the right to refuse a texture modified diet, and care documentation demonstrated how the service assesses risks, approaches discussions with the consumer to seek informed consent and implements risk prevention strategies to enable the consumer to enact their decision in the way they choose. Staff described how they would enable and respect a consumer’s choice and the service has relevant policies and procedures to support this.

Consumers and representatives were satisfied the range of written and verbal information provided to them is clear, easy to understand and supports them to make choices about their care and services. Care documentation provided information about how a consumer communicates and how effective communication can be supported. Staff described how they ensure information is relevant and timely such as providing weekly menus or activities schedules at the start of the week so consumers can plan their choices, or how they adapt communication for consumers with visual or cognitive impairments.

Consumers and representative were satisfied consumer’s privacy is respected. One example presented in the Site Audit report of feedback from a representative that staff do not always knock before entering the consumer’s room describes improvement since the representative raising the complaint and actions undertaken by management in response. The Assessment Team observed staff knocking on doors and seeking permission to enter consumer’s rooms during the site audit. Staff provided examples of how they respect consumer privacy and keep information confidential. The service provides staff training in privacy, dignity and confidentiality and policies to guide staff practice.

I have considered the evidence, as summarised above, and I find Requirements 1(3)(a), 1(3)(b), 1(3)(c), 1(3)(d), 1(3)(e) and 1(3)(f) and Standard 1 Compliant.

# 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 representative described how they are involved in assessment and care planning. The Assessment Team reviewed care documentation which demonstrated risks to wellbeing are effectively identified through assessment, and care plans are informed by assessment findings and provide relevant strategies to manage risks for the individual consumer. While no impact on consumers was found, the Assessment Team identified some inconsistencies in the timing of blood sugar monitoring which were not in line with medical directives. In their response, the approved provider submitted evidence related to blood sugar monitoring and documentation training delivered to staff.

Consumers and representatives described regular involvement in assessment and care planning and provided examples of how care is planned to meet the current needs, goals or preferences of the consumer. Care documentation provided information about individual consumer’s needs, goals and preferences. Staff described how they approach discussions about end of life wishes and how this information remains current. The service has policies and procedures related to assessment and care planning, including planning for end of life.

Consumers and representatives said consumers are supported to involve the people they wish in their care and were satisfied with the level of involvement they have in assessment and care planning. Care documentation demonstrated the involvement of various care providers such as medical practitioner and allied health professionals and the service has policies and procedures which support partnership between the consumer and those they chose to involve.

The Assessment Team found outcomes of assessment and care planning to be effectively communicated and documented. Consumers and representatives said communication is effective and they are able to access their written care plan. The service uses an electronic care management systems and staff demonstrated knowledge of the systems and processes which support effective communication.

Consumers and representatives described regular reviews of assessment and care planning, and reviews conducted in response to changes in a consumer’s condition or following an incident. Management described processes to ensure reviews occur as scheduled and that this is overseen by nurse unit managers. Care documentation demonstrated nursing and allied health staff are involved in regular reviews of care and that reviews are conducted in line with the service’s policies and whenever there is a change in the consumer’s condition or circumstances.

I have considered the evidence, as summarised above, and I find Requirements 2(3)(a), 2(3)(b), 2(3)(c), 2(3)(d) and 2(3)(e), and Standard 2 Compliant.

# 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

Personal and clinical care provided is tailored to the needs and preferences of consumers and optimises their health and well-being. Consumers receive safe care that meets their individual needs and preferences. Tailored care provided was reflected in management and staff knowledge of the needs and preferences of consumers’ and the care documentation reviewed.

The service demonstrated high-impact and high-prevalence risks are effectively managed through a range of strategies specific to individual consumers. Consumers and representatives confirmed the service is effectively managing risks to consumers' health. The most prevalent risks at the service are monitored and trends captured. Care planning documentation demonstrated individual risks to consumers are considered and effective risk mitigation strategies are documented. Identified gaps were addressed promptly, specifically gaps in monitoring consumer blood glucose levels.

The needs, goals and preferences of consumers nearing the end of life (EOL) are recognised and addressed, their comfort maximised, and their dignity preserved. Consumers and representatives expressed satisfaction about how the service provides care nearing EOL. Care planning documentation evidenced discussions with representatives regarding palliative care. Staff confirmed they provide palliative care and maximise the comfort of consumers towards the EOL. The service has an advance care planning and EOL care policy and procedure, as well as a EOL care guide.

Consumers and representatives were satisfied the service recognises and responds to changes in condition in a suitable and timely manner. For the consumers sampled, care planning documentation and progress notes record the identification of, and response to, deterioration or changes in their condition. Staff monitor signs, changes or deterioration from consumers and described a range of signs related to deterioration.

The service demonstrated information about a consumer’s condition, needs and preferences is documented and effectively communicated to those involved in the care of the consumer. Consumers and representatives confirmed staff work together to meet consumer care needs and preferences. Staff demonstrated information about consumer needs, conditions, and preferences is documented and communicated within the service and with others where clinical care is shared. Care planning and handover documentation provides information to support effective and appropriate sharing of the consumer’s information to support care.

The service demonstrated referrals to individuals, other organisations and providers of other care and services are timely and appropriate. For consumers sampled, care planning documentation and progress notes evidenced the involvement of medical officers, allied health professionals and specialists. Consumers and representatives confirmed referrals are timely and appropriate, and that the consumers have access to a range of health professionals. The service’s policy and procedures outline referrals required for various clinical management.

The service was able to demonstrate preparedness in the event of an infectious outbreak, including for a gastroenteritis outbreak, and best practice antibiotic practices. Consumers and representatives interviewed said they were satisfied with the service’s cleanliness, management of coronavirus (COVID-19) precautions and other infection control practices. The Assessment Team observed staff following all infection control procedures, the COVID-19 screening procedure in place at the service was strictly adhered to and the service has one appointed IPC staff who have completed the related competency training.

In their response to the Site Audit report dated 16 March 2024, the approved provider submitted further evidence related to clinical care delivery which satisfies me that care is best practice and tailored to consumers. The response demonstrated blood glucose levels are regularly monitored and staff have been trained to understand how to monitor and document consumer blood glucose levels.

I have considered the evidence, as summarised above, and I find Requirements 3(3)(a), 3(3)(b), 3(3)(c), 3(3)(d), 3(3)(e), 3(3)(f) and 3(3)(g) and Standard 3 Compliant.

# 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

Most consumers and representatives confirmed consumers are supported to participate in activities they like, and they are provided with appropriate support to optimise their independence and quality of life. Lifestyle staff partner with consumers to conduct a lifestyle assessment upon admission, collecting the consumer’s individual preferences, including likes, dislikes, interests, and social, emotional, cultural and spiritual needs. Staff knew a sample of consumers and what they like to do, and this aligned with information within the consumer’s care plan. The Assessment Team observed activities during the Site Audit to be conducted as per the schedule.

The service demonstrated services and supports are available to support consumers' emotional, spiritual and psychological well-being. Consumers and representatives were satisfied with the support received when they are feeling low, and described how the service promotes their well-being. Care planning documentation included information about consumers' well-being needs, goals, and preferences. Staff could explain how consumers’ emotional, spiritual, and psychological needs are supported.

Consumers are supported to participate in activities within and outside the service, stay connected to people who are important to them and do things of interest. Staff described how consumers are participating in their community within and outside the organisation’s service environment. Care planning documents of sampled consumers aligned with the information provided by consumers, representatives and staff regarding their continued involvement in their community and maintaining personal and social relationships. The Assessment Team observed consumers maintaining social and personal relationships within and outside the service.

Consumers and representatives were satisfied information about consumers’ condition, needs, and preferences is communicated within the service, and with others where responsibility for care is shared. Staff described ways in which information is shared between individuals involved in a consumer’s care and how timely updates are given following changes to a consumer’s condition, needs or preferences. Care planning documentation for consumers sampled noted sufficient information to support effective and safe care for consumers, as it related to services and supports for daily living.

Consumers are supported by providers of other care and services and when necessary, are also referred to other individuals and organisations. Care planning documentation identified referrals to other organisations and services such as volunteers and specialist health services. Staff engage other organisations and services such as religious ministers, volunteers, and hairdressers to enhance consumers' experience at the service.

Most consumers and representatives sampled were satisfied with the quality and quantity of food provided however two consumers were not satisfied. Consumers can request alternative meals if they do not like the meal choices on offer. Consumers with dietary requirements said their needs are accommodated and all staff were knowledgeable about consumer’s dietary needs. The service has feedback mechanisms which allow consumers to provide feedback on the performance of the kitchen staff. Management responded to the feedback about the quality and quantity of food and addressed the concerns immediately by increasing the quantity of food available and continuing to engage with the consumers and representatives and the staff about meal preferences.

The service demonstrated the 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 confirmed equipment is kept safe, clean and well maintained. The Assessment Team observed clean and well-maintained equipment throughout the service.

I have considered the evidence, as summarised above, and I find Requirements 4(3)(a), 4(3)(b), 4(3)(c), 4(3)(d), 4(3)(e), 4(3)(f) and 4(3)(g) and Standard 4 Compliant.

# 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 they find the service environment welcoming and described how they can personalise their rooms or enjoy garden and communal areas. The Assessment Team observed several lounge and dining areas, outdoor courtyards and the service is well lit with wide accessible corridors. Management and staff said consumers are encouraged to personalise their space and how they support a sense of belonging and described the features to support consumers and visitors to navigate the service such as signage, maps and accessibility features.

The Assessment Team reviewed cleaning and maintenance schedules and found the service is cleaned daily and has a schedule of preventative maintenance. Staff were able to describe how they would raise an issue with maintenance and documentation demonstrated maintenance works are completed in a timely manner. The Assessment Team observed the service environment to be clean and consumers to be able to move freely indoors and outdoors. Consumers and representatives provided positive feedback about the cleanliness of the environment and attendance to maintenance.

The Assessment Team observed furniture and equipment to be safe, clean and suitable for consumers to use, and a range of furniture to support consumers of varied mobility was available. Fittings to support effective care delivery such as the call bell system were found to be regularly checked and consumers said their required equipment such as the call bell were kept within their reach.

I have considered the evidence, as summarised above, and find Requirements 5(3)(a), 5(3)(b) and 5(c) and Standard 5 Compliant.

# 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 described how they could provide feedback via feedback forms, consumer meetings or directly to staff, and said they felt safe or encouraged to do so. Management and staff described how they would support consumers and representatives to provide feedback and the Assessment Team found evidence consumers are informed of these processes through pamphlets and other written resources and processes which allow consumers and representatives to provide anonymous feedback if they wish.

Consumers and representatives were aware of language and advocacy services available, and some recalled using these services. Management and staff described how they ensure consumers are aware of these services and some described when they have used services to support communication with the consumer. The Assessment Team observed information about language and advocacy services to be displayed throughout the service.

Consumers and representatives were satisfied actions are taken in response to their feedback. Management and staff could describe their role in managing complaints and understood open disclosure as being honest, acknowledging and apologising when things go wrong. The service has policies which reference open disclosure and documentation of complaints and feedback demonstrate open disclosure occurs in practice.

The Assessment Team found evidence complaints and feedback information is analysed to identify trends and improvement opportunities. Management provided examples of trends identified, how this leads to identification of continuous improvement activities and the process of seeking feedback from consumers on the effectiveness of actions taken. Consumers and representatives were satisfied with the complaints and feedback process and how the service reviews their feedback to improve care and services.

I have considered the evidence, as summarised above, and I find Requirements 6(3)(a), 6(3)(b), 6(3)(c) and 6(3)(d) and Standard 6 Compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers and representatives were satisfied the workforce deployed is adequate and said staff attend to them promptly when they use their call bell and provide the care consumers need. Observations made by the Assessment Team aligned with consumer feedback. Management described how the workforce is planned to meet the needs of consumers, including the management of unplanned leave, and how they monitor the effectiveness of the workforce deployed. Staff provided feedback to the Assessment Team that there is an adequate number and mix of staff to meet consumers’ needs.

Consumers and representatives said staff are caring, kind or gentle and the Assessment Team observed respectful interactions between staff and consumers. The service provides training to staff to support positive interactions and adherence to the Code of Conduct and the service has systems to ensure consumers are cared for by regular and familiar staff members.

Consumers and representatives were satisfied staff are competent in their roles. The service has documentation which outlines expected competencies and skills for specific roles and management described how they monitor the competence of the workforce and ensure requirements such as police checks are up to date.

Consumers and representatives said staff perform their roles effectively and expressed confidence in their skills. The service has a schedule of mandatory and additional training which is relevant to delivery of outcomes required by the Quality Standards such as the Serious Incident Response Scheme (SIRS), open disclosure, the minimisation of restrictive practices and manual handling. The service has effective processes to monitor staff participation and documentation demonstrated a high rate of staff participation.

The service has effective systems to monitor the performance of the workforce and undertakes regular performance reviews. The Assessment Team reviewed the services performance appraisal register which demonstrated all reviews were up to date. Staff described performance reviews as an opportunity to discuss progress, goals and development.

I have considered the evidence, as summarised above, and I find Requirements 7(3)(a), 7(3)(b), 7(3)(c), 7(3)(d) and 7(3)(e) and Standard 7 Compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers and representative were satisfied the service is well run and some describe their contribution to the development and design of care and service delivery through feedback or participation on the consumer committee. Management described how consumers are engaged through the complaints and feedback processes, consumer meetings, and regular engagement and verbal communication. The service seeks consumer representation through the consumer advisory committee, have defined roles and responsibilities of this role and have a policy which provides a framework for consumer engagement.

Management described how the governing body is accountable for safe, inclusive and quality care through regular reporting from the service to the governing body, and how the governing body self-monitors performance against the Quality Standards. The service implements regular audits of care and services, surveys of consumer satisfaction and monthly reporting of quality indicators. Through these processes, priority areas are identified; management described the identification of benefit of a specialist falls prevention role which is in development.

The Site Audit report presents evidence of effective organisation wide governance systems related to financial, workforce, information management, continuous improvement and regulatory compliance and feedback and complaints.

The service has an effective risk management system; high-impact, high-prevalence risks are identified and managed, staff understood their role in identifying, reporting and taken actions to manage risk, and management escribed the range of information used to identify risks and opportunities to improve the safety of care and services delivery. The service has policies and procedures related to incident management, preventing abuse and neglect and SIRS which guide staff practice. The service demonstrated how they support consumers to live the best life they can and make choices involving risk. Consumers who provided feedback in relation to this requirement said they were satisfied with the way the service investigated and managed risks in response to a clinical incident. The Assessment Team viewed incident documentation and found incidents are recorded, reported and responded to appropriately.

The service has a documented clinical framework, policies and procedures to support best practice clinical care, including antimicrobial stewardship, the minimisation of the use of restrictive practices and open disclosure. Staff interviewed by the Assessment Team demonstrated understanding of these policies and could describe how they apply in practice.

I have considered the evidence, as summarised above, and I find Requirements 8(3)(a), 8(3)(b), 8(3)(c), 8(3)(d) and 8(3)(e) and Standard 8 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)