Performance

Report

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| Name of service: | Armadale Place Care Community |
| Service address: | 21 Angelo Street ARMADALE WA 6112 |
| Commission ID: | 7856 |
| Approved provider: | DPG Services Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 28 February 2023 to 2 March 2023 |
| Performance report date: | 19 April 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 Armadale Place Care Community (**the service**) has been prepared by R Beaman, 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.

# 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 approved provider’s response to the Assessment Team’s report received on 28 March 2023.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected, and personal information is kept confidential. | Compliant |

Findings

Consumers confirmed their dignity is maintained and their identity, culture, and diversity is respected and valued, and care is delivered in a culturally safe manner. Consumers and representatives confirmed consumers are supported to exercise choice and decision over the way care and services are delivered and who is involved in those decisions. Consumers were satisfied their personal information is kept confidential and confirmed their privacy is respected and maintained. Staff were observed interacting with consumers in a respectful manner and maintaining their privacy.

Consumers and representatives confirmed information is provided to them in a timely manner and they are supported to take risks to do the things they wished to do.

Staff demonstrated understanding of consumers’ cultural needs and diversities and described ways they are able to deliver care and services that meets those needs, goals, and preferences. Staff described ways they support consumers to take risks to do the things they want through discussion and developing ways to mitigate those risks to consumers’ safety.

Documentation reflected consumer choice and consultation of risks where appropriate, and information provided to consumers is done so in an appropriate, accurate and timely manner.

Accordingly, I find Standard 1 Consumer choice and dignity 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

This Quality Standard is Compliant as five of five Requirements have been assessed as Compliant. The Assessment Team recommended Requirement (3)(e) Not Met; however, I have come to a different view and outline my reasons below.

**Requirement 2(3)(e)**

The Assessment Team recommended Requirement (3)(e) in this Standard as Not Met. The Assessment Team were not satisfied the service had reviewed three consumers’ care for effectiveness when changes occurred. The Assessment Team provided the following information relevant to my finding:

**Consumer A**

* Staff did not review Consumer A’s risk of pressure injuries when a Stage 3 pressure injury was identified in December 2022 and a further 3 pressure injuries were identified (both heels and sacrum) in January 2023.
* An incident form completed on 6 December 2022 in relation to the identification of a Stage 3 pressure injury did not include any investigation or action taken.
* An incident form completed on 25 February 2023 in relation to pressure injuries identified recorded a corrective action of ‘reposition 2 hourly’ with no further investigation or actions recorded and no new interventions.
* Management confirmed they had not reviewed Consumer A’s pressure injury risk for effectiveness.

**Consumer B**

* Consumer B was observed by the Assessment Team on three occasions on day 1 and day 3 of the Site Audit and appeared to be asleep, whilst at the dining table sitting in a chair.
* Four staff advised when Consumer B first moved to the service, they displayed verbal and physically aggressive behaviours, which has now changed with 5 staff advising Consumer B sleeps most of the day.
* Consumer B’s last sleep chart was conducted in July 2022 and there has been no further charting or referral with the change in Consumer B’s sleeping patterns identified by staff.
* Consumer B experienced 3 falls in the six weeks prior to the Site Audit, however, investigations were not conducted.
* Consumer B is prescribed and administered a regular dose of an antipsychotic medication that has a side effect of drowsiness and falls since November 2021. The Assessment Team found that Consumer B’s medication and its administration has not been monitored or reviewed since their change in behaviours, including increased drowsiness and a reduction in aggressive behaviours.

**Consumer C**

* Documentation showed 9 incidents of verbal or physically aggressive behaviours recorded over a 3-week period from 2 February 2023 to 23 February 2023.
* Following an assessment of cognition showing severe cognitive impairment in November 2022, staff did not review Consumer C’s care needs.
* Care plan documentation recorded generalised behaviour management strategies including explain, redirect, reassure and monitor.
* Two consumers made complaints to the Assessment Team about Consumer C’s behaviour and how that impacts their quality of life, including being woken at early hours of the morning from Consumer C’s verbal aggression impacting on their quality of sleep.
* Four staff confirmed Consumer C is often verbally and physically aggressive, including refusal of personal care, and swearing at, and pushing staff whilst delivering care. Staff confirmed interventions documented on Consumer C’s care plan do not help them.
* Management advised the Assessment Team they were unaware of Consumer C’s behaviours and will seek a specialist review post the site audit visit.

The approved provider in their response asserts the Assessment Team did not consider all information in their recommendation of Not Met in relation to this Requirement and has provided the following additional information in relation to Consumers A, B and C:

**Consumer A:**

* Three skin integrity assessments completed for Consumer A dated 06 December 2022, 02 February 2023, and 25 February 2023, outlining the changes in interventions to prevent pressure injuries including an air mattress and repositioning every 2 hours whilst in the bed or chair.
* A copy of Consumer A’s summary care plan showing interventions in place including repositioning, air mattress and moisturizer to sacral area.
* Email dated 20 December 2022 from an external wound care specialist providing care directives for Consumer A’s pressure injury.

**Consumer B:**

* Three incident forms for falls occurring in January 2023 and February 2023 with information documented showing for each incident a review of falls prevention strategies including a review of mobility assistance required for ambulation and transfers.
* A falls risk assessment tool completed on 1 February 2023 showing Consumer B’s falls risk rating had been changed from medium to high.
* The approved provider asserts they have completed a review of Consumer B’s documentation which showed staff identified and completed behaviour charting prior to the implementation of their new charting system. The approved provider has included copies of verbal, physical and wandering behaviour charting completed by staff from November 2021 to December 2022 which shows staff document when Consumer B displays behaviours, the triggers, interventions and on multiple occasions whether the intervention was effective.
* The approved provider asserts the clinical care team reported a reduction in Consumer B’s behaviours in recent weeks evidenced by behaviour charting entries which show a decline in behaviours recorded from December 2022 and acknowledge that staff require further training and how to record using the newly implemented system of which they are undertaking during specific education sessions in April 2023.
* Further to this the response includes additional information to show over the past 12 months there have been 4 reviews of medications the most recent being 16 February 2023. The approved provider in their response also asserts the observations recorded in the Assessment Teams report of Consumer B appearing asleep may not be accurate as it is Consumer B’s preference due to vision impairment to sit with eyes closed often in the communal areas and staff are able to easily rouse and Consumer B joins activities or meals.

In relation to Consumer C the approved provider acknowledges their recently escalated behaviours as identified in the Assessment Team’s report and asserts this has provided the service with an opportunity to review Consumer C’s documentation and identify areas of improvement which has included the following actions:

* Contacting Consumer C’s Medical Officer to discuss recent escalation of behaviours and request a review, which the approved provider states has now been completed with a progress note dated 22 March 2023 included as evidence this has been actioned.
* Evidence provided of a referral to Dementia Support Australia for review, with recommendations received on 20 March 2023, and evidence provided in the response to show these have been included in Consumer C’s behavioural support plan including progress notes dated 20 March 2023 and Consumer C’s behaviour recording chart and support plan updated 06 March 2023.

The approved provider also included evidence an action of behaviour support management plan has been added to the service’s continuous improvement plan which includes a review of all consumer behaviour support plans to improve monitoring of consumer behaviours and ensure consistency across all staff documenting within, an initiative of Take 5 to be implemented to identify and discuss any consumers with changed behaviours and staff training occurring in April 2023 with an external Dementia specialist.

In coming to my decision, I have considered the information presented in the Assessment Team’s report and the approved provider’s response. I have placed weight on evidence in the approved provider’s response, which shows for both consumers (A and B), review of assessments and care planning was undertaken following changes in condition or incidents. In relation to Consumer C, while evidence in the Assessment Team’s report demonstrates there was a gap in the review of care and services following a change in Consumer C’s condition and/or incidents, I acknowledge the approved provider has now undertaken this review and made changes based on resultant outcomes. I have also considered the information presented in Standard 3, Requirement (3)(b) that shows the service demonstrates it is effectively managing high impact and high prevalence risks associated with consumer care including behaviour management.

Accordingly, I find Requirement (3)(e) in this Standard Compliant.

**Requirements (3)(a), (3)(b), (3)(c) and (3)(d)**

Consumers and representatives confirmed they are included in the planning of consumers’ care and services and were confident risks in relation to their care are considered and included in their assessments and plans and the information is current and up to date. Consumers and representatives confirmed any outcomes of assessment or care planning are communicated appropriately and in a timely manner and where required, consumers were satisfied with the referral system.

Documentation showed assessment and planning for consumers are competed with the consideration of risks, including falls, skin integrity, behaviour, pain, and weight management, with outcomes of those assessments recorded in consumer care plans with individual strategies to manage those. Sampled consumer care files showed assessments had been undertaken and a care plan completed to inform the delivery of care and services, with consumer involvement evident. Documentation confirmed consumers and their representatives, where appropriate, are consulted in the assessment and planning process through regular scheduled reviews and case conferencing.

Staff demonstrated understanding of the assessment and planning process and described ways they engaged and involved consumers in this process.

Accordingly, I find Standard 2 Ongoing assessment and planning with consumers is 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

Consumers and representatives confirmed consumers receive personal and clinical care that is safe and right for them. Consumers and representatives confirmed risks to consumers’ care, including risk of falls, weight loss, pain and diabetes is discussed, and care delivered in a safe and timely manner recognising risks and managing those with appropriate strategies in place.

Consumers and representatives were satisfied the information about consumers’ care is communicated effectively, confirming staff know consumers well and they don’t have to repeat their needs, goals and preferences for care and services to other providers of care.

Documentation showed where deterioration is detected, there are processes in place to manage consumers safely and effectively. Documentation showed there are effective processes in place for timely referrals for consumers to other providers of care including medical officers and allied health professionals. End of life needs, goals and preferences are respected, recorded, and communicated and the consumers comfort and dignity maximised.

Staff demonstrated knowledge of consumers’ needs, goals, and preferences in relation to personal and clinical care, how they manage risks and communicate any changes in condition to other providers of care. Staff confirmed they receive information about consumers’ personal and clinical care needs, including any changes through the handover process which occurs at the commencement of every shift. Staff confirmed they receive regular infection control training and updates and demonstrated knowledge of the processes in place to minimise the spread of infection.

Observations showed staff adhering to infection control principles, with appropriate personal protective equipment worn throughout the duration of Site Audit.

Accordingly, I find Standard 3 Personal care and clinical care 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

Consumers and representatives confirmed consumers are supported to engage in the lifestyle program and those supports enable consumers to maintain their independence and optimise their health, well-being and reported staff provided support when additional emotional and spiritual support was required. Consumers and representatives were satisfied consumers’ information is communicated effectively and confirmed consumers don’t need to repeat information when care is delivered by other service providers, and consumers have access to additional services including religious, volunteer network and other providers to deliver lifestyle services.

Consumers and representatives reported satisfaction with the quality and quantity of meals and although some consumers reported issues with food in the past, confirmed there has been improvements in the quality of meals in recent times. Documentation confirmed food satisfaction surveys are completed, and resident relative meetings include food discussions with feedback used to improve the quality of food.

Staff were able to describe the specific interests of consumers and the ways in which they support consumers to engage with the activity program and maintain important connections. Staff demonstrated knowledge of consumers’ likes, dislikes and preferences for meals and activities, and described ways they ensure they have the correct and up to date consumer information in relation to lifestyle supports and services.

Documentation sampled reflected consumers likes, dislikes and requirements for meals and activities and recorded strategies to support their emotional, spiritual, and psychological needs.

Equipment used as part of consumers engagement with lifestyle and maintaining their independence was observed to be clean, safe, and well-maintained.

Accordingly, I find Standard 4 Services and supports for daily living 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 reported satisfaction with the cleanliness of the service environment confirming it is easy to navigate and consumers are supported to access indoor and outdoor spaces freely and receive visitors. Observations confirmed the service environment was clean and well-maintained and consumers were observed utilising communal spaces for visiting with other consumers or external guests and the outdoor garden spaces.

Documentation confirmed any issues requiring maintenance are recorded by staff in a register and resolved in a timely manner to consumer satisfaction. The service maintains a routine and preventative maintenance schedule which shows items including the fire warning system and call bells are checked regularly and any repairs are completed as required.

The service and equipment used by consumers including mobility aids was observed to be clean and well maintained. Consumers confirmed they felt safe living at the service and safe using any equipment and although bedrooms are mostly shared, consumers reported being able to personalise them with their own items of significance.

Staff confirmed equipment used by consumers is cleaned after each use. Staff were observed regularly cleaning high touch point areas throughout the Site Audit.

Accordingly, I find Standard 5 Organisation’s service environment 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 confirmed consumers are supported to provide feedback and make complaints in a variety of ways including, via written feedback forms that are readily available throughout the service, directly to staff and management, through satisfaction surveys and at regular resident and relative meetings. Consumers confirmed where they make a complaint, their issue is promptly dealt with, and staff or management apologise if something has gone wrong.

Information about how to make complaints, accessing advocacy and other language services to raise complaints was observed throughout the service environment for consumers and representatives to access. Documentation confirmed consumers are encouraged to provide feedback during resident and relative meetings.

Staff demonstrated understanding of the service’s feedback system and described ways they support and assist consumers to provide feedback and raise complaints, including escalating concerns verbally given to them to their supervisor, assisting consumers to complete feedback forms and documenting when consumers raise concerns with them.

Management described the ways they use feedback and complaints provided by consumers to drive the service’s continuous improvement giving specific examples of projects that have been implemented directly from consumer feedback.

Accordingly, I find Standard 6 Feedback and complaints 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 confirmed staff treat them with dignity, are respectful, kind and caring. Consumers are confident staff are knowledgeable and well trained to undertake the role they are designated. Staff were observed throughout the Site Audit treating consumers in a respectful, kind, and caring manner.

Consumers confirmed the service has enough staff to deliver care and services in a way that meets their needs and staff assist in a timely manner. Documentation confirmed staff respond to calls for assistance in a timely manner and call bell data is regularly reviewed.

Staff confirmed they are well supported, with enough staff to undertake their roles in a calm manner and deliver care in a way that aligns to consumers’ needs, goals and preferences. Staff demonstrated knowledge of consumers, confirmed they have access to training and are able to provide feedback on additional support or training they feel they need.

Management confirmed recruitment is undertaken with skills, qualification, and experience of candidates as the priority to fill specific roles. Management confirmed rostering and allocations are completed using feedback from consumers, staff, and acuity of consumers. Management confirmed staff performance is monitored through observation, feedback from consumers, representatives and staff, incident, and clinical data. Documentation confirmed where performance of staff is a concern, performance management discussions commence and where appropriate further action, including termination, is taken.

Accordingly, I find Standard 7 Human resources 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 representatives confirmed they are engaged in the development, delivery and evaluation of care and services through consumers’ care planning, feedback about food, care, and services and via resident and relative meetings. Consumers advised input is sought into the menus and lifestyle program activities.

Documentation showed there are a range of ways the organisation’s governing body is accountable for the delivery of safe, inclusive, and quality care, including regular governance committee meetings, internal audits, and advisory committees. The organisation has up to date policies and procedures in place to guide staff practice in relation to risk management, organisational and clinical governance. Management confirmed senior leaders of the organisation visit the service at regular intervals.

Documentation confirmed the service has organisational governance systems in place to ensure information is managed appropriately to enable staff to deliver care and services in a way that meets consumers’ needs and preferences. Systems and processes are in place to ensure changes to legislation are monitored and communicated when required, continuous improvement is consumer focused, and the workforce is monitored at an organisational level to ensure right numbers, skills, and training.

Staff demonstrated understanding of how the risk management system operates and their part in monitoring high impact or high prevalence risks. Documentation confirmed consumers are supported to live their best life and where risks are taken, those are mitigated with strategies to ensure safety through a risk assessment process. Staff described how they use the incident management system to manage and prevent incidents including those that require reporting to external services.

Staff demonstrated knowledge of the clinical governance framework including antimicrobial stewardship and the use of open disclosure. Documentation confirmed restrictive practices are monitored and where applied they are used as a last resort.

Accordingly, I find Standard 8 Organisational governance Compliant.

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)