Performance

Report

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| Name of service: | Ashwood Residential Care Service |
| Service address: | 230-290 Dunmore Street PENDLE HILL NSW 2145 |
| Commission ID: | 2028 |
| Approved provider: | The Churches of Christ Property Trust |
| Activity type: | Site Audit |
| Activity date: | 21 March 2023 to 24 March 2023 |
| Performance report date: | 20 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 Ashwood Residential Care Service (**the service**) has been prepared by G Cherry, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives, and others
* the provider’s response to the assessment team’s report received 13 April 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

This Quality Standard is compliant as all requirements have been assessed as compliant.

Interviewed consumers consider they are treated with respect and dignity, expressing satisfaction of staff care and support. Staff demonstrate knowledge of consumers’ individual needs/preferences, referring to each in a respectful manner. Documentation details information relating to individual consumer’s life story and cultural/spiritual needs to inform care and service delivery.

The service demonstrate an effective system of culturally safe care provision. Consumers consider staff provide culturally safe care and services, expressing satisfaction of staff support relating to cultural and dietary preferences. The assessment team observed staff referring to consumers in a respectful manner and care documentation captures relevant cultural details including diet and spiritual needs/preferences. Staff demonstrate awareness of consumer’s cultural/religious backgrounds, describing how care delivery is influenced by consumers cultural preferences. They were observed delivering culturally appropriate/person centred care.

Interviewed consumers and representative’s express satisfaction of support consumers receive to exercise choice/maintain independence and assistance received to maintain relationships of importance. Examples include supporting a married couple to maintain their relationship. Staff demonstrate processes of gathering information to enable support of individual choice and independence. Documentation details information to ensure individuality in care and service delivery.

Effective methods of supporting consumers in taking risks is evident. Processes include conducting risk assessments, discussion/agreement of risk mitigation strategies with consumers and their representatives. Documentation reflects information to guide staff in care provision, detailing examples of how consumers are supported to achieve positive outcomes.

The service demonstrate multiple systems to provide consumers with current, accurate and timely information to enable choice. Staff gave examples of supporting consumers to exercise choice in care/service delivery, including staff communicating with some consumers in their native language, observed by the assessment team. Information (in several languages) is displayed in multiple locations throughout the service. Details include information relating to menu choices, activity calendar, external service providers, complaint processes and translation services. The assessment team observed staff consistently providing care and services demonstrating respect and protecting consumers privacy, discussions relating to consumer’s individual needs are conducted with discretion.

# 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 all requirements have been assessed as compliant.

The service demonstrates assessment/care planning completion includes consideration of risks to consumer’s health and well-being. Via documentation review the assessment team noted risk assessment and care planning documentation to guide staff in care delivery, examples include strategies to mitigate risks and support required by staff. Interviewed staff demonstrate knowledge of risk mitigation strategies to ensure consumer’s safety.

Sampled consumers express satisfaction of staff responsiveness to their needs. Documentation review detail preferences and current needs are included in assessment and care planning discussed with consumers/representatives during admission processes. Interviewed staff gave examples of supporting consumers in exercising choice and accommodating individual requests. Management explained the process relating to advance care planning discussions and sampled consumer documents note most have an advanced care directive to guide staff in supporting wishes.

The service demonstrate assessment and care planning decisions are based on ongoing partnerships, including with other providers of care. Interviewed representative’s express satisfaction discussions about consumers care and services regularly occur with both consumers and representatives. Care documentation includes evidence of partnership with other care providers/organisations for example, dietician, geriatrician, wound specialist, and physiotherapists. Management and staff describe assessment and planning discussions occur during admission processes and ongoing case conferences.

Sampled consumers and representatives consider they are involved in discussions and receive information regarding outcomes of assessment and planning; plus acknowledge receipt of documentation. Representatives’ express satisfaction of involvement when changes to consumer’s care occurs, and effective methods of communicating outcomes of clinical assessment is evident.

The service demonstrates a system of regular care/services review, including when circumstances change and/or incidents occur. Representative express satisfaction of receiving regular communication relating to consumer’s care review. Care documentation includes evidence of referral to medical officer/specialists and communication with consumer/representatives relating to changes in care.

# 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

This Quality Standard is compliant as all requirements have been assessed as compliant.

Sampled consumers and representative’s express satisfaction with clinical and personal care. Consumer feedback includes receiving appropriate pain medications and wound management being well-managed. Representatives note positive consumer outcomes achieved. Review of documentation detail provision of clinical and personal care tailored to consumer’s individual needs and mostly effective monitoring methods to ensure clinical needs are met. Comprehensive assessment and care planning processes are evident. Some documentation gaps relating to blood glucose level (BGL) monitoring and lack of behavioural support strategies for two consumers were immediately rectified. Interviewed staff demonstrate knowledge of consumers personal needs explaining how they provide care to optimise consumers’ health and well-being. Clinical staff demonstrate knowledge of consumers’ individual needs, including complex clinical care.

Via document review the assessment team note effective processes to ensure consumers receive safe, effective personal and clinical care. Positive consumer outcomes are demonstrated relating to management/minimisation of restrictive practices, pain and wound management, and supporting consumer’s unmet behavioural needs. The assessment team note consumers residing in the memory support unit do not have access to their rooms during the day, as a mechanism to prevent consumer’s accessing other’s personal belongings. Management committed to reviewing this practice.

Effective processes for managing high impact/prevalence risks include data collection of clinical indicators. Incidents are reported, investigated, and analysed for the effective management of high-impact or high-prevalence risks. Reports are provided to overarching management teams for analysis and responsive actions. Clinical risks are discussed at the clinical governance subcommittee. Documentation demonstrate identification and mitigating strategies to manage individual risks and management/staff demonstrate knowledge of both individual and service-related risks. Consumers and representatives consider incidents are appropriately managed.

Staff describe comfort and dignity care they would provide during end-of-life care. Via documentation review the assessment team note consumer needs, goals and preferences are recognised and appropriately addressed during palliation, with comfort measure (such as pain relief) maximised and consumer’s dignity maintained. Consumer’s wishes are observed. Policy documentation guides staff in relation to organisational expectations.

Via documentation review the assessment team note care documentation demonstrates timely identification and response to changes and/or deterioration in consumer’s condition. Examples include engagement of medical officer/allied health professionals/specialists for review/management and/or hospitalisation when required. Staff escalate issues of concern to clinicians who conduct for example, neurovascular observations, head to toe assessments, pathology tests. Representatives’ express satisfaction consumers’ needs are met in a timely manner.

Interviewed consumers/representatives consider they are informed of changes and express satisfaction staff are aware of consumers individual needs. Interviewed staff demonstrate knowledge of multiple methods to obtain current information. Via documentation review the assessment team note care plans and handover reports include shared information about consumer mobility needs, dietary preferences and recommendations from others involved in care provision.

Consumers and most representative’s express satisfaction consumers have access to relevant health professionals, such as allied health, medical officers, local hospital/emergency services and specialist services when required. Interviewed staff describe regular referrals to psycho-geriatricians, physiotherapists, dieticians, speech pathologists, Dementia Support Australia, and other community services; consistent with care documentation reviewed by the assessment team.

Interviewed consumers and representatives note satisfaction with infection control practices and confidence in management/staff ability to manage infection related risks. Clinical staff and managers describe pathology processes and antibiotic use. Interviewed staff demonstrate understanding of infection control protocols, hand hygiene, personal protective equipment, and monitoring consumers for signs of infection. Appropriate use of personal protection equipment was observed and documentation detail staff training relating to infection control/prevention. Guidance documentation assists staff in responding to/managing outbreaks as per legislative requirements.

# 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

This Quality Standard is compliant as all requirements have been assessed as compliant.

Interviewed consumers and representatives consider consumers receive effective services/supports for daily living and gave examples of how this occurs. Documentation details consumer individual needs/preferences and staff demonstrate knowledge consistent with consumer feedback and documentation.

Staff demonstrate knowledge of individualised care needs to support consumers’ emotional and spiritual well-being. Chaplains facilitate spiritual services as well as individual consumer visits. Staff interactions were observed to be supportive and demonstrate knowledge of individual cultural, emotional, spiritual, and psychological needs.

Sampled consumers consider they receive support to participate in community activities, do things of interest and be involved in relationships of choice. Staff detail several activities provided including group settings and/or on an individual basis and adjustments made to the program when consumer’s condition/needs change.

Consumers and representative’s express satisfaction information is communicated within the service, and external care providers relating to spiritual, emotional, lifestyle needs and meals choice. Staff handover documentation/discussions ensure accessibility to accurate information.

The service demonstrates links with external organisations effectively meet consumer’s needs. Consumers consider appropriate referrals to individuals and other care providers occurs when required. Staff demonstrate knowledge of referrals to organisations, allied health professionals and Community Visitors Program.

Overall sampled consumers express satisfaction meals are varied and of appropriate quality and quantity; however, 2 representative’s express discontent. Management committed to communicating with named representatives to achieve positive outcomes. Senior staff demonstrate processes to ensure consideration and inclusion of consumer/representative feedback in meal servery and choice. Meal planning processes consider dietary needs/preferences including cultural options.

Consumers consider appropriate availability of safe, suitable, clean, well-maintained equipment and feel comfortable in providing feedback relating to repair work. Staff demonstrate knowledge of processes to report equipment repair. Lifestyle staff have access to equipment and supplies to support the activities calendar including a bus for community outings. Staff were observed to be competently using equipment, which was generally clean, fit for purpose and well-maintained.

# 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

This Quality Standard is compliant as all requirements have been assessed as compliant.

Requirement 5(3)(b)

Interviewed consumers and representatives consider the service environment to be clean and well-maintained. Management and maintenance staff demonstrate preventative and responsive maintenance. There are a variety of common areas for consumers to enjoy, private areas are available, and most areas free of obstructions. Consumers are able to freely access most outdoor areas and move throughout the service. The assessment team note some fire doors to be locked; management advising fire alarms activate the release/opening of doors. In their response, the approved provider supported evidence this is a feature of the fire assessment plan.

The assessment team observed some garden areas contained items of debris, and a broken down-pipe. Management immediately actioned cleaning/repair work. I am persuaded by positive feedback received from consumers and representatives, plus management’s immediate response to issues bought forward. For these reasons I find requirement 5(3)(b) is compliant.

I find the remaining requirements are complaint.

The assessment team observed the service environment to be well presented with various indoor and outdoor areas for consumers and visitors enjoyment. Signage and navigational aids guide consumers and visitors throughout the service and the décor appears welcoming, comfortable, and functional. Consumers have access to outdoor garden areas with multiple seating options. Consumers consider they feel at home and representatives consider they are welcomed plus sufficient indoor/outdoor seating areas to utilise when visiting consumers.

Dementia support principles such as coloured grabrails, place mats and sensory boards are utilised to assist consumers mobility. Most consumer rooms are personalised with photographs and door signage.

The service demonstrates effective systems to ensure furniture, fittings and equipment are safe, clean, and well maintained. A preventative maintenance program is completed by internal staff and external service providers; regular testing of equipment occurs to ensure suitability. Interviewed staff consider they have sufficient, safe, and well-maintained noting cleaning of shared equipment before and after use. The assessment team observed furnishings and equipment to be clean and well maintained.

# 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

This Quality Standard is compliant as all requirements have been assessed as compliant.

The service demonstrates consumers and representatives are supported to provide feedback and make complaints via multiple mechanisms. Interviewed consumers and representatives consider they are encouraged and supported to provide feedback/make complaints. They express feeling safe in raising matters as they consider management to be approachable/responsive when issues of concern are raised. Interviewed staff demonstrate knowledge of supporting consumers in raising issues including encouraging them to raise issues directly with management team members and/or utilise new processes. Staff confirm they receive training in principles of complaint handling.

Consumers who have language and/or cognitive deficits are supported to provide feedback and make complaints utilising advocacy and/or language services. Resources such as Older Persons Advocacy Network (OPAN), Seniors Rights Service and Telephone Interpreting Service (TIS) are utilised as are communication cards, staff or family members who speak the same language as consumers. Consumers from various nationalities reside at the service and staff are available to communication in all languages spoken by the current cohort.

The assessment team observed written materials for advocacy and language services (in various languages) on display. Documentation review demonstrate strategies utilised to support consumers. Appropriate action is demonstrated in response to complaints including use of open disclosure principles when things go wrong. Documentation details recording and monitoring processes to ensure issues are responded to and satisfactory outcomes achieved. Evidence includes acknowledgement/investigation/response and analysis conducted to prevent future occurrences. Recent trends include issues with laundry services, consumers/representatives who had expressed dissatisfaction now acknowledge satisfactory resolution.

The service reviews and analyses complaint and feedback data, using this to inform improvement activities. Information from multiple sources are analysed by management to identify trends and risks leading to development of a continuous improvement plan. Management note examples of recent improvements to laundry services, staffing levels, and options for consumers to be actively engaged in improvements. A representative acknowledge improvement in care delivery after provision of staff education as a result of feedback.

# 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

This Quality Standard is compliant as all requirements have been assessed as compliant.

Most sampled consumers and representatives consider enough suitably skilled staff to meet consumer needs, some noting lack of staffing numbers on weekends and/or when unplanned leave occurs. Interviewed staff note when unplanned leave occurs consumer care may be delayed however most receive personal care/services in a timely manner. Management team monitor consumer care needs to determine number and skill mix of staff to deliver care and make adjustments to shift times when unplanned leave occurs.

Sampled consumers and representatives consider staff to be kind and respectful and this was observed by the assessment team. Interviewed staff demonstrate knowledge of how to report incidents of staff not treating consumers with respect. Documentation detail staff training relating to person centred care. Monitoring of staff interactions occurs via complaints/feedback analysis, audits/surveys, and observations by management team.

Processes ensure staff have appropriate qualifications and knowledge to effectively perform their role. Sampled consumers/representatives consider staff perform their roles effectively and professionally. Competencies are required for varying roles via recruitment, interview and throughout probation/performance review processes. An educator ensures completion of mandatory training and monitors staff practices to assess ongoing knowledge and understanding.

All managers monitor staff performance and provide additional guidance/corrective feedback when required. Analysis of incident data and feedback informs training and education. Sampled consumers/representatives consider staff perform their roles well and do not require additional training. Documentation review detail staff training relating to topics within the Quality Standards, for example Serious Incident Response Scheme (SIRS) and legislative requirements relating to restrictive practices. Staff demonstrate practical understanding of policies/processes and application when providing consumer care.

A system ensures staff receive regular assessment, monitoring and review of their performance. Interviewed staff acknowledge they receive regular annual performance reviews plus assessments throughout the year. Management provide staff feedback when incidents and concerns occur to ensure performance issues are immediately addressed. There is a process to ensure suitability of external providers at an organisational level.

# 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

This Quality Standard is compliant as all requirements have been assessed as compliant.

Evidence of board member engagement and support of consumer involvement was demonstrated. Multiple methods are available for consumer/representatives to make suggestions and engage in running of the service including general improvements in care and service delivery. Overall, consumers and representatives consider the service is well run.

The Chief Executive Officer (CEO) noted an example of organisational engagement, development, delivery, and evaluation of care includes development of a new feedback system CARE page. Staff are encouraged to guide consumers/representatives in accessing via a QR code. Board members have direct access to the CARE page to monitor and ensure actions. Management regularly provides board members with reports detailing activities and data relating to the running of the service.

The organisation’s governing body promotes a culture of safe, inclusive care/services and is accountable for their delivery. Board accountability is achieved via regular reporting and sub-committee meetings analysing and actioning data such as falls, infections, wounds, SIRS, compliments/complaints. Management note members of the board regularly visit the service to meet with consumers.

Effective organisation wide governance systems relate to information systems, financial governance, regulatory compliance, comments/complaints, and workforce governance. Information systems are generally effective and fit for purpose. Staff consider they have access to information needed to effectively perform their roles. Policies and procedures guide staff in organisational expectations. Effective continuous improvement and budgetary programs are evident. The organisation’s regional team identify/monitor compliance with regulatory requirements. Management describe processes used to ensure compliance with recently introduced requirements relating to aged care reforms. Documentation demonstrate improvement initiatives raised, policies and procedures developed/reviewed, to ensure organisational compliance.

The organisation has developed a range of risk management systems and practices. A review of care and services demonstrate systems for monitoring implementation include audits/ development of risk profiles are effective. A comprehensive clinical governance framework relating to antimicrobial stewardship, minimising restrictive practice use and open disclosure practices is evident. Organisational policies/procedures guide staff in expectations.

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)