Performance

Report

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| Name of service: | Banawah |
| Service address: | 36-44 McDonell Street NATHALIA VIC 3638 |
| Commission ID: | 3411 |
| Approved provider: | NCN Health |
| Activity type: | Site Audit |
| Activity date: | 7 February 2023 to 9 February 2023 |
| Performance report date: | 22 March 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 Banawah (**the service**) has been prepared by K. Spurrell, 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 6 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 and representatives stated consumers were treated with dignity and respect and they maintain their identity by sharing stories of things important to them. Staff were observed greeting consumers and visitors with familiarity and interacting with consumers in a dignified and respectful manner.

Consumers and representatives said care and services were tailored to the consumers beliefs and customs. Staff had in-depth knowledge of each consumer’s identity and described how they meet the individual needs of consumers. Care documentation evidenced personalised information related to consumers’ religious, spiritual and cultural needs and preferences.

Consumers and representatives said consumers were supported to exercise choice and independence regarding care delivery and maintenance of connections and relationships. Care documentation evidenced individualised choices about care and services and supports for maintaining independence. Policies on dignity, choice and independence guided staff when providing choices for consumers and promoting their independence.

Consumers were supported to take risks, based on assessments and awareness of consequences, to promote independence and to live the best life they could. Staff said the assessment of risk-taking activity occurred in consultation with the consumer, representatives and health professionals. Dignity of risk forms documented consumer’s informed decision-making related to the consumer’s risk behaviour.

Consumers said they were involved in meetings and encouraged to ask questions. Staff described several ways in which information was delivered to consumers regarding their care and services, enabling consumers to practice their own choice. The service provides a monthly newsletter to consumers and their representatives, the Banawah News.

Consumers confirmed their privacy was respected. Staff discussed the practical ways they respected the personal privacy of consumers, and this information aligned with the feedback received from consumers. Handover occurred in private rooms and staff were observed knocking on doors before entering and closing doors when care was being provided.

# 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

Staff said assessment outcomes were documented in care plans and guided staff in the safe and effective care of consumers. Care documentation identified key high impact and high prevalence risks including falls, pressure injury, weight loss, and challenging behaviours. Entry policies and procedures guided staff in the assessment of consumers on entry to the service.

Consumers and representatives described how they were given the opportunity to discuss needs, goals and preferences, including advance care and end of life planning. Management said consumers and representatives were encouraged to complete advance care plans and end of life plans upon entry to the service, and these were reviewed annually. Care documentation contained end of life care choices including preferences with care.

Consumers and representatives said they were satisfied with the quality of care and services consumers received, and assessments and planning were based on partnership with them and others they choose to involve in their care. Care documentation reviewed identified consumers and representatives were consulted in care planning and plans included input from other team members, such as medical practitioners, physiotherapists, speech pathologists, wound consultants.

Care documents reflected frequent review and were aligned with consumer’s stated needs, goals, and preferences. Staff explained the process of communicating outcomes of assessments to consumers by talking to them and allowing time for them to ask questions. Consumers confirmed information was discussed with them and they were offered a copy of their care plan.

Staff detailed the care plans review process and provided examples of where care plans had been reviewed following an incident or change in care needs. Policies and procedures guided staff practice in regular and as-required care and service review processes. Care documentation evidenced timely reviews for effectiveness when goals and preferences change.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers and representatives said they were satisfied the care delivered was tailored to their needs and optimises their health and well-being. Staff demonstrated they understood the individualised personal and clinical needs of consumers. Care documentation for consumers reflected individualised care that was safe, effective, and tailored to the specific needs and preferences of the consumer.

Consumers and representatives were satisfied high impact or high prevalence risks were effectively managed. Documentation identified effective strategies to manage key risks and were recorded in care plans and progress notes. Assessment tools, including but not limited to fitness, pain, skin, and falls, were used by the service to identify high impact and high prevalence risks which were then transposed into care documentation.

Consumers and representatives confirmed staff had spoken to them about advance care planning and end of life preferences. Staff reported end of life care was tailored to the palliative consumer’s preferences and included skin care, mouth care, continence management, and comfort was prioritised during this time and position changes were attended to as required. Policies and procedures guided staff practice in relation to end-of-life care and the involvement of specialists for interventions and support.

Consumers and representatives said they were satisfied with the recognition of deterioration or changes in consumers’ conditions. Care documentation demonstrated deterioration in a consumer’s health, capacity and function were recognised and actioned. Staff described steps undertaken if consumer deterioration was identified, such as referring to the registered nurse, medical officer and representative.

Consumers and representatives said the service effectively communicated changes to consumers’ conditions. Staff described communicating through written and verbal handover, meetings and accessing care plans to support effective sharing of the consumer’s care. A shift handover was observed where consumers’ care and condition status had been typed onto the handover sheet and verbally reported to the next shift.

Consumers and representatives said they were satisfied with the delivery of care, including referral processes. Organisational procedures reviewed guided the referral processes to health professionals within and outside of the service. Care documentation included input from other services such as medical officers, podiatry services, physiotherapists, and dieticians.

Consumers and representatives said they were satisfied with the service’s management of COVID-19 precautions and infection control practices. Staff demonstrated an understanding of how to minimise the need for antibiotics and ensured they were used appropriately. The Assessment Team observed robust COVID-19 screening measures in place for visitors, contractors and staff.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

The Assessment Team recommended Requirement 4(3)(a) as not met:

I have considered the Assessment Team’s findings; the evidence documented in the Site Audit Report and the Approved Provider’s response and find the service compliant with this requirement.

The Site Audit Report bought forward evidence of deficits in the activities program offered by the service. Feedback from consumers and representatives ranged from activities not being tailored to the preferences and needs of the consumers, to not having the opportunity to participate in activities of interest to the consumers. Staff raised concerns that activities were only available when the part time lifestyle coordinator was rostered and had concerns over how activities would operate when the lifestyle coordinator was on leave.

Feedback was offered to management during the Site Audit, and they made an undertaking to train one of the care staff to conduct the lifestyle activities in the absence of the coordinator, but stated the long-term goal was to hire a suitably qualified staff member. Management further acknowledged the gaps in the lifestyle calendar conceding it lacked variety and possibly did not meet the needs and preferences but assured the assessment team the recruitment drive will alleviate the gaps and result in a robust lifestyle schedule.

In their response dated 6 March 2023 the Provider stated they had not received any complaints from residents or their representatives about the current lifestyle program. In a recent consumer and relative survey 92% of respondents were happy with activities and entertainment.

Regarding the named consumers who said they did not receive activities aligned with their preferences, the Provider acknowledge the documented lifestyle calendar produced each month required enhancement to provide more meaningful and interesting activities for consumers. The Provider stated staff would be working to enhance the lifestyle calendar, using the detail collected about residents’ interests to identify common activities to appeal to the broader resident group and provide greater variety and meaningful activity to enhance quality of life and enjoyment, the Provider undertook to enhance the current offerings to provide greater variety.

Regarding external activities, including bus trips, management stated residents were always offered the choice of bus route if there is nothing specific planned, but they received limited feedback from residents. There were a number of bus outings recorded, some around town, some to other destinations, and some indicating that the destination was the consumer’s choice.

The Provider submitted evidence of consumer/ representative meetings where requests to reinstate activities such as happy hour were requested by consumers and further evidence that these occurred throughout February in response to this feedback.

I have considered the evidence brought forward by the Assessment Team and the Approved Provider’s response, I have considered the actions taken by the Provider to engage with consumers and respond to feedback to introduce activities of interest to consumers and the planned actions, such as revising the activity offerings. I have also placed weight on the positive feedback from consumers throughout the Site Audit report in relation to the lifestyle offerings provided by the service. Overall, I am satisfied that the Provider has implemented actions to address the deficiencies identified by the Assessment Team. Therefore, I find requirement 4(3)(a) is compliant.

I am satisfied the remaining 6 requirements in Quality Standard 4 are compliant.

Consumers said services and supports for daily living provided within the service promoted their emotional and spiritual well-being. Staff describe the services and supports, such as spending one-on-one time with consumers who don’t wish to participate in group activities. Care documentation contained information detailing individual supports required in relation to religious or cultural background, including the consideration in activities or food.

Consumers said the service supported them to participate in their community within and outside the service environment as they choose. Staff described the supports in place for individual consumers to enable them to participate in the wider community and maintain personal relationships. Care planning documentation identifies activities of interest for the consumers, and how they are supported to participate in these activities and in the wider community.

Staff described ways in which they shared information and were kept informed of the changing condition, needs and preferences for each consumer. Care documentation for consumers provided adequate information to support safe and effective care as it related to services and supports for daily living. Policies and procedures were in place to support information sharing within the service.

Policies and procedures were in place for making referrals to individuals and other providers outside of the service to support consumers. Management described how the service worked in conjunction with external individuals and organisations to supplement services and supports for daily living. Connections to lifestyle supports, such as music therapists and local kindergartens had been made, and staff reported consumers enjoy these interactions very much.

Consumers and representatives provided feedback stating they were satisfied with the meal varieties, quality and quantity at the service. Staff described how they met individual consumers’ dietary needs and preferences and how any changes were communicated. The Assessment Team observed the dining room experience to be calm, well organised, clean and orderly with consumers being offered choice.

Consumers and representatives reported having access to equipment to assist them with their daily living activities as well as providing resources and equipment for leisure and lifestyle activities. Consumer equipment, including wheelchairs, four-wheeled walkers and lifting machines was observed to be clean and well maintained. Staff advised the cleaning log sheet was prepared on a weekly basis and reviewed regularly.

**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 said the service encourages them to personalise their own space to ensure a sense of belonging, independence, interaction and function. Staff described how consumers were supported to make the facility feel like home, and maintain their independence. The Assessment Team observed wayfinding signage and handrails assisting consumers to navigate and mobilise around the service without any difficulties.

Consumers and representatives provided feedback stating the facility was cleaned very well, and maintenance work was attended to promptly. Consumers were observed moving freely around the facility in the communal spaces and external courtyards, which featured with garden beds and outdoor furniture. Reactive and preventative maintenance logs demonstrated issues were addressed proactively.

Consumers and representatives said equipment and furniture at the service was safe, well-maintained, and suitable for their needs. Staff described how shared equipment used for moving and the manual handling of consumers was cleaned and maintained. Call bells and mobility aids, dining and lounge chairs, and equipment used for leisure and lifestyle activities, were observed to be functional, clean and appropriate for consumers.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

The Assessment Team recommended Requirement 6(3)(c) as not met:

I have considered the Assessment Team’s findings; the evidence documented in the Site Audit Report and the Approved Provider’s response and find the service compliant with this requirement.

The Site Audit Report reflected staff could verbalise the process of open disclosure, but this was not reflected in care documentation. Care delivery relating to clinical care was overall safe and effective, however, the report brought forward deficits related to the way the service documented and notified the consumers representatives when incidents occurred.

The Approved Provider responded on 6 March 2023 and included clarifying information and clinical record extracts.

The site audit brought forward deficits in open disclosure when incidents occurred. The Assessment Team identified incidents in the incident register where they felt there had been insufficient disclosure with the representatives. The Approved Provider responded advising a number of these incidents were still open as further investigation or action was required. For one incident the service identified that it never occurred. Regarding a named consumer who was identified as having a fall which went undocumented, the Provider advised there was no consumer by the name reported at the service and they believe it was a case of mistaken identity and the Assessment Team was looking for information under the wrong name.

Regarding feedback advising a medication was stopped by an external specialist during a visit to a clinic external to the service. The Provider advised this medication was not ceased and the service continued to administer the medication to a consumer for a further 26 days, the Provider asserted the instructions were unclear from the external specialist and reflected their staff, and the organisations, had the responsibility to follow up and clarify if a medication order was unclear. It should be noted a new medication ordered by the external specialist were commenced on the day they were prescribed. The Provider has advised they will work with staff to ensure representatives will be notified if a similar incident was to occur in the future.

Regarding a named consumer who was identified to have been administered a medication despite the absence of a medical officer’s signature, the service stated this medication was administered six monthly and was due when it was administered, and the consumer suffered no adverse consequences due to receiving the medication. The medical officer subsequently provided their signature. The Approved Provider’s response advised the incident remained open.

For a named consumer who was identified as being given an incorrect dose of cough suppressant, The Provider advised it was not an incident but a query as to the type of cough suppressant required. The query identified the correct medication was being administered and the service would not notify the representative of a near miss or when the consumer was given the correct medication.

Having considered the evidence brought forward by the Assessment Team and the Approved Provider in its response, I accept the Approved Provider’s explanation of each issue raised by the Assessment Team. Overall, I am satisfied consumers and representative receive appropriate information when incidents occur. Therefore, I find requirement 6(3)(c) is compliant.

I am satisfied the remaining 3 Requirements of Quality Standard 6 are compliant.

Consumers and representatives said they were encouraged and supported to provide feedback regarding care and services and would feel comfortable in raising concerns should the need arise. Documented processes evidenced the service welcomed feedback and complaints. Flyers and brochures displayed at the service detailed internal and external complaint avenues along with advocacy support.

Consumers and representatives were aware of how to access advocacy services and other methods for raising and resolving complaints. Staff described providing information to consumers and representatives about advocacy services, language services and external complaints services.

Consumers and representatives said they felt the feedback and complaints provided at resident meetings and through other mechanisms were used to improve the quality of care and services. Management advised, and review of consumer meeting minutes demonstrated, changes and improvements made at the service were discussed at consumer meetings.

# 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 said call bells were answered promptly and observations made by the Assessment Team indicated staff were available when consumers needed them. Staff stated there were sufficient staff to care for consumers. Management described processes to mitigate the impact of staffing challenges on consumer care, acknowledging it has been difficult to attract staff in rural areas and the service has looked at strategies, including sponsoring overseas nurses.

Consumers and representatives said, and observations confirmed, staff were kind, caring and gentle when delivering care and services and were respectful of their identity and diversity and understood their background and cultural preferences. Staff employed by the service were kind and caring and the service had documented behaviours expected of staff.

Consumers and representatives felt staff were adequately skilled to meet their care needs. Documented processes ensured staff had the requisite skills, qualifications, and knowledge to perform their roles through verifying qualifications and reference checks at the staff onboarding stage. Mandatory training records evidenced 98% of all staff had completed all training, including infection prevention and control, elder abuse and manual handling safety.

Consumers and representatives said staff knew what was expected of them and showed expertise and professionalism in all their duties and responsibilities. Documentation evidenced how staff were trained, equipped and supported to deliver care to meet consumers' needs and preferences through training and development within the service. Staff provided feedback stating the service provided them with adequate resources and training to perform their roles.

The service had a workforce governance and management framework including policies, procedures, and guidelines for staff practice in relation to expected behaviours or conduct, including an employee appraisal procedure. Management detailed ways in which workforce performance was monitored, including observations of staff practice and resident feedback.

# 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 said they were involved in the development and delivery of care provided. Management advised consumers were directly engaged in the development, evaluation, and delivery of care within the service, which included the admission process, care consultations, consumer and representative meetings, consumer committee meetings and consumer satisfaction surveys.

Policies and procedures, and quality reports, evidenced how the governing body promoted a culture of safe, inclusive, and quality care and services. The Board advised they satisfy themselves the Standards were being met through quality and clinical reports, adding they communicated with staff, consumers and representatives via a monthly bulletin, emails, and newsletters.

Documentation and feedback from staff and senior management demonstrated effective organisation-wide governance systems in relation to areas including, but not limited to, continuous improvement, workforce governance, regulatory compliance and feedback and complaints. Staff described key principles of these organisation-wide governance systems and policies and procedures guided staff practice.

Risks were reported, escalated, and reviewed at the service level, by the senior management team, and the Board through the use of an incident management system. Feedback was communicated through service and organisation meetings leading to improvements to care and services for consumers. Staff explained the processes of risk management at the service, including key areas of risk identified and being mitigated.

The service had a robust clinical governance framework in place, including a clinical governance committee, to effectively monitor, evaluate, and improve clinical performance. Staff described processes in relation to the clinical governance framework such as antimicrobial stewardship, minimising the use of restraint and open disclosure, and could describe their application to their practice.

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)