Performance

Report

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| Name of service: | Baptistcare Yallambee |
| Service address: | 1 Fenton Street MUNDARING WA 6073 |
| Commission ID: | 7160 |
| Approved provider: | Baptistcare WA Limited |
| Activity type: | Site Audit |
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| Performance report date: | 1 December 2022 |

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 Baptistcare Yallambie (**the service**) has been prepared by James Howard, 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 conducted from 11 October 2022 to 13 October 2022; 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.
* relevant information held in the Commission’s records.

# 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 said staff treated them with dignity and respect, recognised the diversity of their needs and choices, and described staff as pleasant, respectful, and genuinely caring. Care documentation detailed what was important to consumers to help them maintain their identity, independence, and culture. Staff said they spent time with consumers, gathered information to get to know them, to make them feel welcome, valued, and accepted. Staff were observed treating consumers with care, dignity, and respect. Staff were guided by policies and procedures which outlined consumers’ rights to privacy, respect, dignity, and confidentiality.

Consumers and representatives said the service provided care, services, and culturally safe support. Care planning documents described consumers’ life stories, identities, preferences, goals and how these influenced the way they wanted their care delivered. Staff described actions taken to make each consumer feel respected, valued, and safe. Staff described the service’s inclusive approach taken in caring and supporting each consumer. The Assessment Team observed a range of information on display for consumers and representatives which described how the service supported consumers’ cultural safety, including the Charter of Aged Care Rights. The service had policies, procedures, and staff training which promoted an inclusive, consumer-centred approach to care and service delivery.

Consumers and representatives said the service supported them to exercise their own choices, independence and decision making about how care and services were delivered to meet their needs and preferences. Care plans documented consumer preferences about maintaining relationships important to them. The plans detailed communication needs and the assistance they required from the service. Staff described the approach to consent, choice and decision making included in the Welcome Handbook and staff described how they supported consumers to make choices by providing relevant information and gaining consent before engaging others in their care. They tailored effective communication, which included appropriate speech and the use of white boards to suit consumers’ individual needs. Staff were observed offering consumers different meal choices, options for participation in activities and choices in relation to the activities of daily living.

Consumers and representatives described how the service and staff supported them to take risks to continue to do the things important to them. Care planning documentation detailed risk assessments and consumers’ acceptance of risk in relation to chosen activities. Staff described how they worked with consumers and their representatives to identify activities important to consumers and how they supported consumers. Staff described the support provided to consumers to understand the benefits and possible harm when making decisions about taking risks in day-to-day life. Consumers were observed participating in activities of their choice.

Consumers and representatives confirmed they received up-to-date information about activities, meals, COVID-19, and other events happening at the service as well as specific communication relating to their well-being, care, and medical updates. Consumers care plans reflected communication needs and preferences. Communication was tailored to suit consumers, including the use of whiteboards, large print text and visual aids. Staff described how they helped consumers to understand information so they could exercise choice and independence, including menu options, surveys, and activity schedules. Posters and noticeboards detailing items of interest and upcoming activities were observed throughout the service and in consumers’ rooms.

Consumers and representatives described how their privacy was respected. Staff were observed knocking on bedroom doors and awaiting a response before entering and the nurses’ office was locked during the site audit. Training records showed 100% of staff completed Code of Conduct training modules, which included topics on consumer privacy and confidentiality.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals, or preferences of the consumer. | Compliant |

Findings

The service demonstrated it considered individual risks to consumers’ health and wellbeing when undertaking care planning on admission and as changing needs arose, using validated risk assessment tools. Consumers and representatives agreed the service provided safe and effective care. Staff described knowledge of individual consumer risks and interventions and accessed the electronic care management system for further information. A review of consumer care files and documentation showed records of individual risks such as falls, pain, pressure injury development, challenging behaviours, altered blood glucose levels and weight loss. The service had care planning and assessment policies in place which guided staff care and staff acted in accordance with these.

Consumers and representatives stated they had input into the planning of their care including end of life care wishes and felt the service addressed their current needs, goals, and preferences. Staff demonstrated their understanding of consumers’ needs and preferences, in line with care documentation. The Assessment Team sighted advance health directives in place for consumers who wished to have one. The service utilised an assessment and care planning system which detailed expected assessments, and timeframes in which assessments and care plans should be completed.

Consumers’ care planning documentation reflected the involvement of consumers, representatives, and other health professionals such as dietitians, allied health professionals, Medical Officers, and specialists. Staff said, and consumers and representatives confirmed, they were involved in care planning when they moved into the service and on an ongoing basis. A review of progress notes and care plans for each consumer demonstrated assessments on admission, 6 monthly reviews and with changes or incidents, as well as involvement by those people the consumer wishes to be a part of their care.

Consumers and representatives said they were kept informed of outcomes of assessment and planning; the service provided a copy of their care plan if they requested it. Care documentation of consumers contained entries which reflected communication with consumers and representatives. Staff kept representatives informed through telephone conversations, electronic correspondence, and consumer meetings, which were documented in progress notes for other care providers to see. Care documentation showed the outcomes of assessment and planning noted in care plans, progress notes and handover sheets. These records were accessible to all staff and allied health professionals from the service’s electronic care management system.

The Assessment Team viewed care planning documents, including care plans, progress notes and meeting minutes which showed care planning information was regularly reviewed and updated with changes and incidents. Consumers and representatives stated they were regularly informed of care changes and when incidents occurred. Staff said a consumer’s care plan was fully reviewed yearly, partially 6 monthly and when changes or incidences occurred. If any risks were identified, risk assessments were performed, care plans were updated, and referrals made to the relevant care provider.

# 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

The service demonstrated consumers received care that was safe, suited for them and which optimised their health and well-being, specifically in the management of behaviours and pain management. Consumers and representatives said they were happy with the care provided, had positive comments about staff including adequate skills to manage their care. Care planning documentation for consumers reflected individualised care safe, effective, and tailored to the specific needs and preferences of the consumers. Staff were observed delivering care in alignment with care plans. The service completed its own audits and, when it identified gaps in care such as wound documentation or signing of restrictive practice consent, it rectifies those issues.

The service demonstrated effective management of high impact and high prevalence risks associated with the care of each consumer including falls, psychotropic medications, behaviours, and complex needs management.

Consumers and representatives said they were happy with how the service managed their care. Care planning documentation for consumers showed high impact/high prevalence risks were identified and effectively managed by the service. Staff and management described sampled consumers’ risks and related interventions. Monthly clinical indicator reports included high impact/high prevalence risks which were trended, analysed, and taken to monthly meetings identifying areas for improvement.

The service demonstrated consumers who were nearing end of life had their dignity preserved and comfort care provided in accordance with their documented preferences. Staff explained end of life preferences and care plans were created on admission, placed on the electronic care management system, and reviewed in response to consumer deterioration. Staff described how consumers’ comfort was maximised and how care and goals for care changed. Consumers and representatives said they were happy with the end-of-life care given.

Consumers and representatives reported the service responded to changes in consumers’ health status in a timely manner. Staff described how they responded to a deterioration in a consumer’s health. The service had policies and procedures for a change or deterioration of a consumer’s health or wellbeing and utilised several avenues to identify changes including handovers, progress notes, scheduled reviews, incident reports, clinical charting, and feedback about consumer’s conditions.

Consumers and their representatives were satisfied with communication of information and changes to consumers’ condition. Staff described how information was shared through verbal handover, care plans and electronic notifications. The Assessment Team observed and reviewed verbal and written handovers, a daily diary, and weekly meetings with management to discuss wounds, falls, high care, complex health conditions, and health condition changes.

Consumers and representatives confirmed timely and appropriate referrals occurred and they had access to relevant health supports. Staff stated, and care documentation reviews confirmed, staff notified the consumer’s Medical Officer, other allied health professionals and representatives if they identified a change in a consumer’s condition, a clinical incident or if there was a change in care needs. The service had policies and procedures for staff to refer consumers to external health services.

# 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 said staff were helpful, dedicated and provided care in a respectful manner. Care planning documentation identified consumers’ needs and preferences, including information about the services and supports needed to help consumers live as they chose. Staff described how they learned about consumers, their traits and personalities when consumers first come to live at the service. The Assessment Team observed consumers receiving care according to their preferences.

Consumers and representatives said the service supported their emotional, spiritual, and psychological well-being. Care planning documentation included information on consumers’ individual emotional, spiritual, and psychological needs. Staff described specific consumer needs relating to their faith and emotional well-being. Staff confirmed consumers were monitored and offered a one-on-one program if consumers moods were low, in addition to the regular schedule of activities. The Assessment Team observed consumers joining in with activities and services provided by the chaplain and lifestyle team.

Consumers and representatives said the service offered services and supports which enabled them to participate, have relationships and do things of interest to them. Staff acknowledged COVID-19 restrictions limited the service’s participation with outside organisations but described instances of how the service adapted. Care planning documentation detailed, and staff described, activities based on consumers’ input. Staff described how they supported consumers to do things of interest to them, participate in and outside the service environment and have social relationships. The Assessment Team observed consumers engaging in a range of activities and staff encouraging consumers to attend scheduled activities, but also offering alternatives to those who did not want to attend.

Consumers and representatives confirmed staff understood their conditions, needs and preferences and advised if changes in conditions and preferences occurred. The Assessment Team observed the handover process and reviewed documentation. The service had processes and systems in place which identified and recorded each consumer's condition, needs and preferences, including when they changed. Care plan documentation described consumers’ needs and preferences and any changes in the way the service accommodated them.

Consumers and representatives said the service arranged appropriate referrals to other services. Consumer care planning documentation showed the service collaborated with external providers such as allied health services, specialist organisations and other service providers. Staff explained circumstances where other services provided care and supports to consumers. The Assessment team reviewed the ‘Referral to Other Providers’ process and referral documentation to a number of external services.

Consumers and representatives said there was both choice and availability of good quality meals. Care planning documentation noted consumers’ dietary needs, likes/dislikes, allergies, and preferences. The service has a process to gather consumer and representative feedback on meals and consumers can have input into the design of the seasonal menus, including a ‘residents’ choice’ day each week.

Consumers and representatives said equipment was safe, suitable, clean, and well maintained. Consumers’ equipment needs were detailed in care planning documentation. Staff confirmed equipment used to provide or support lifestyle preferences was readily available and they were comfortable raising issues if equipment needed cleaning or repair. Equipment used for activities of daily consumer living was observed by the Assessment Team to be safe, suitable, clean, 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

Consumers said they felt comfortable and safe in the service and had a sense of belonging and independence. The service environment was welcoming and homely, set amongst trees which were visible from all windows. There were handrails, personal furniture, pictures, and personalised name signs outside consumers’ rooms. The service encouraged representatives to bring family pets when visiting consumers. Consumers were given the opportunity to contribute to the service environment through feedback forms and at consumer meetings.

Consumers said their rooms were well cleaned. All service areas were regularly cleaned in line with a schedule. The service environment was free of hazards and obstructions, with any unsafe outdoor environments closed for repairs. Consumers were observed moving freely around the service. Outdoor areas were kept unlocked during the day. Only equipment and storage areas were kept locked. Handrails were placed along corridors and walkways, both inside and outside.

Furniture, fittings, and equipment were safe, clean, and suitable for consumer use. Consumers said the equipment was suitable, and furniture is clean and comfortable. Staff described how they cleaned shared equipment and reported maintenance needs. The service had reactive and planned maintenance schedules.

# 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 interviewed said they were supported by the service to provide feedback and make complaints. Consumers advised the service manager had an ‘open door policy’ and was available and accessible. Staff described multiple ways consumers and representatives were encouraged and supported to express concerns or have input into the care and service provided. The service had processes and systems in place for consumers to raise concerns about their care and services. The Assessment Team noted the availability of feedback forms and collection boxes for easy access by consumers and representatives.

Consumers and representatives indicated they were aware of avenues for raising complaints such as through the Commission, advocacy services or with the help of a family member. Staff confirmed they were aware of internal and external mechanisms for consumers to provide feedback and complaints. Advocacy information, instructions on how to access language services, Aged Care Quality and Safety Commission information and options for escalating concerns is available to consumers at the service and was included in the Welcome Handbook provided on entry to the service.

Consumers and representatives stated the service was responsive and transparent when things went wrong and said management worked quickly to resolve issues. The service demonstrated appropriate and timely actions taken in response to complaints or incidents and an open disclosure process was applied when things went wrong. Complaints documents outlined the use of open disclosure and timely management of complaints and included evidence of multiple actions taken in response. The service had policies relating to the feedback and complaints process, incidents, and application of open disclosure.

Consumers and representatives provided examples of improvements made at the service following feedback, suggestions, and complaints. Management described how feedback, suggestions and complaints made by consumers, representatives and staff were used to improve the service. Improvements made in response to feedback and complaints were evaluated in consultation with consumers and representatives. The Assessment Team reviewed the feedback and complaints register and the service’s Continuous Improvement Plan which showed examples of the service using feedback and suggestions from consumers to make improvements to the service and service environment.

# 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

Staff said the service had enough staff, though they were always busy, and the level of care given to consumers was not affected. Consumers and representatives reported there were issues with a shortage of staff at times, due to unplanned leave; however, consumers and representatives did not report any negative effects on the level of care provided.

Consumers and representatives provided feedback of staff engaging with consumers in a respectful, kind, and caring manner, and were gentle when providing care. Staff demonstrated an in-depth understanding of consumers, including their needs and preferences aligning with planning documentation and the information from consumers. Staff were observed engaging with consumers and their family members in a respectful and personable manner.

Consumers and representatives reported they felt staff were skilled in their roles and competent to meet their care needs. Staff said they were well supported, with training provided to them upon commencement and ongoing thereafter. Staff advised the induction process included a suite of competencies they were required to complete. Position descriptions specified the core competencies and capabilities for each role. Standard operating policies and procedures guided staff when undertaking specific tasks.

Staff described how they had regular mandatory training sessions, were confident they could access additional training as needed and were well supported by management and the educators. All recruited staff must meet the minimum qualification and registration requirements for their respective role, such as a Certificate 3 in Aged Care, and must ensure they have current criminal history checks completed. The service had an online training system and training records management system, which ensured the service was aware of training completion details for all staff members. The service demonstrated how the outcomes required by the Quality Standards were delivered by a workforce that was adequately recruited, trained, and supported.

Staff said their performance was monitored through educational competencies, training, and general observations. The service regularly assessed staff competency and the service reviewed and analysed internal audit results and clinical data to monitor staff practice and competencies. A review of the performance appraisal report showed most staff members had a formal performance appraisal in the last 12 months. The service had a suite of documented policies and procedures which guided the monitoring of staff performance and the performance management of staff when issues were identified.

# 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 said the service was well run, they had ongoing input into how consumers’ care and services were delivered, and they felt the service kept them informed. The organisation had effective systems to engage and support consumers in the development, delivery and evaluation of care and services. Consumers and representatives were encouraged to be involved in the meetings which were scheduled monthly. Quality improvements from these meetings were consistently logged in the services’ Continuous Improvement Plan.

Staff described how monthly clinical indicators, consumer surveys, quality initiatives and incidents were discussed at relevant meetings. The management team discussed a range of strategies when describing how the governing body promoted a culture of safe, inclusive, and quality care and services.

The organisation had a clinical governance committee, which held monthly meetings to discuss incident trends, serious incidents, COVID-19 outbreaks, and quality improvements at the service level. Any issues arising from these meetings were tabled at the ‘Service review committee’ meetings and were escalated to the service’s governing body. A member from the service’s board visited the service fortnightly and reviewed complaints and trends information. Major complaints and incidents were immediately reported to the Chief Operations Officer and board.

The service had processes in place which ensured effective systems relating to information management. The Assessment Team noted information regarding consumers’ needs and preferences were communicated between staff through handovers. Staff confirmed they had access to the information they needed to perform their roles through care planning documentation. Staff had access to an incident reporting system and nursing staff were supported by senior clinicians on site. Opportunities for continuous improvement were identified through audits, complaints, and consumer/representative surveys.

The service had effective governance systems in place for information management, financial and workforce governance. Continuous improvement occurred through using information derived from feedback and complaints. The service had regulatory compliance systems in place.

The service’s risk management framework included practices in relation to high impact and high prevalence risks, addressing abuse and neglect, supporting consumers to live their best lives, and managing incidents. The service’s incident management system showed incident reporting occurred in a timely manner and follow up action was taken.

The service had a clinical governance framework and staff described their responsibilities under the framework regarding antimicrobial stewardship, minimising the use of restrictive practices and applying open disclosure.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)