Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Barossa Park Lodge |
| Commission ID: | 8110 |
| Address: | 17a Clydesdale Avenue, GLENORCHY, Tasmania, 7010 |
| Activity type: | Site Audit |
| Activity date: | 20 February 2024 to 22 February 2024 |
| Performance report date: | 20 March 2024 |
| Service included in this assessment: | Provider: 2389 OneCare Limited  Service: 6488 Barossa Park Lodge |

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 Barossa Park Lodge (**the service**) has been prepared by Katherine Richards, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the Assessment Team’s report for the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, management, staff, and others; and
* the provider’s response to the Assessment Team’s report received 19 March 2024.

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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 assessed as compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers and representatives said consumers were treated with care, affection, and respect. Staff spoke respectfully with and about consumers, demonstrating an understanding of personal circumstances and life experiences. Care planning documentation detailed consumer identities through capturing life stories, relationships, cultural backgrounds, and personal preferences.

Consumers said they felt culturally safe, supported to meet cultural needs, and diversity was respected. Staff described how care and services were adapted to support consumers, and cultural celebrations were recognised. Policies and procedures were available to inform culturally safe care and services.

Consumers identified supports to make decisions about care, including who was involved, and maintain relationships. Staff said consumers are supported to make choices within assessment and care planning processes, and decisions were recorded and respected. Documentation demonstrated choices were reflected within preferences, with strategies to ensure staff awareness and support.

Consumers outlined how they were enabled to continue with preferred activities, even when there was associated risk. Care planning documentation included assessments to identify risks with preferred activities and demonstrated consultation with consumers and development of strategies to optimise safety. Staff demonstrated awareness of risks taken by consumers, along with supports and mitigating strategies.

Staff described differing ways used to provide information to consumers to make choices, including verbal explanations and provision of written documents, such as meeting minutes and activity calendars. Consumers explained how staff communicated clearly and ensured they understood what was said, enabling informed choice. Staff were observed assisting consumers to select menu choices and inviting participation in activities, and information such as meeting minutes, newsletters, and activity calendars, were readily available within the service environment.

Consumers and representatives said staff respect privacy through knocking and seeking consent before entering rooms and undertaking assessments in private spaces. Staff said no discussions about care take place in communal areas, and confidential information is discussed behind closed doors. Personal information was secured within password protected electronic systems, and nurses’ stations were locked when not attended.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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 assessed as compliant as 5 of the 5 Requirements have been assessed as compliant.

Staff described the assessment and planning process, identifying risks through validated assessment tools, used to develop interventions to inform care. Care planning documentation included outcomes of assessments, flagging risks, and identifying associated management strategies. A 30-day planner was used to ensure all domains of care were assessed and considered for risk, with assessments embedded within the electronic care management system.

Care planning documentation reflected consumers’ individual needs and preferences, with advance care directives where consented. Staff demonstrated awareness of consumer preferences, and explained processes to capture goals and preferences, including within discussion relating to end-of-life care. Consumers and representatives said staff offer opportunities to discuss end-of-life wishes if desired.

Consumers and representatives said they actively participated in the assessment, planning, and review of care and services and were aware of others involved. Staff outlined processes to ensure the service partnered with consumers to assess, plan, and review care and services. Care planning documentation integrated assessment outcomes from a range of providers involved in consumer care.

Consumers and representatives were aware they could access consumer care plans, although most said they did not feel a need to review it as consumer needs are discussed and changes clearly communicated. Staff explained regular conversations take place with consumers, representatives, and other care providers, and a copy of the care plan is offered following care conversations. Care planning documentation included summary of discussions with consumers and/or representatives within care consultations.

Staff outlined processes to review care and services plans through routine 6 monthly case conferences and following change of condition or incident. Policies and procedures ensure care and services plans were reviewed for effectiveness every 6 months or following incident or change of circumstance. Consumers and representatives said when things go wrong, they are consulted to determine strategies remain effective for the delivery of safe care.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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 assessed as compliant as 7 of the 7 Requirements have been assessed as compliant.

The Assessment Team has recommended Requirement 3(3)(f) Not Met, as despite staff demonstrating awareness of referral processes, timely referrals were not initiated in line with policies and procedures, particularly in relation to weight loss. Management advised the identified consumers should have been reviewed by the Medical officer and referred for Allied health input, and further training would be provided to clinical staff.

The Approved Provider’s response offers further insight into the circumstances of each consumer. One consumer with identified weight loss was commenced on a palliative care pathway some months prior, with documentation demonstrating consultation with the family on this, and monitoring subsequently ceased which was in line with policies and procedures. The weight loss for the other identified consumer was an intentional and desired outcome, based on interventions to reduce excess fluid levels. The provider’s response demonstrates activities have been undertaken to strengthen monitoring of consumer weight by clinical staff to ensure timely Dietitian referral where required, with oversight and clinical trending conducted for review at the monthly Clinical Risk Review Forum.

I acknowledge the Approved Provider’s response and actions within the Plan for continuous improvement. I have reviewed all the evidence before me and am satisfied the service recognises and responds to consumer needs using timely referrals to appropriate providers. The supportive documentation for the named consumers demonstrates consideration of each consumer’s circumstances with actions in line with the organisation’s policies and procedures, which did not necessitate referral for further assessment and management. Evidence brought forward within the Site Audit report reflects appropriate and timely referrals for Allied health and specialist providers, including palliative care and dementia specialist services.

For these reasons, I find Requirement 3(3)(f) compliant.

I am satisfied the rest of the Requirements are compliant.

Consumers and representatives said consumers received personal and clinical care to meet needs and optimise health. Staff explained how care strategies were tailored to consumer needs and preferences, which were captured in care planning documentation. Care documentation reviewed demonstrated staff followed documented strategies and clinical management policies to provide individualised and best practice care to consumers, with monitoring for effectiveness.

Staff identified high impact or high prevalence risks for consumers along with management strategies, and demonstrated risks were communicated to all staff through the written handover process. Care planning documentation demonstrated staff followed management and monitoring strategies tailored to the risk and in line with policies and procedures.

Care planning documentation demonstrated involvement of palliative care providers to ensure needs of consumers nearing end-of-life were understood and symptoms managed. Staff explained how end-of-life care focused on comfort and emotional support, and honouring consumer and family wishes.

Staff outlined monitoring processes to identify decline in health and are guided through policies and procedures to manage changes or sudden deterioration. Care planning documentation demonstrated routine monitoring as well as assessment and escalation of deterioration following incident. Representatives said they received timely communication on changes to consumer health, demonstrating deterioration is identified and effectively managed.

Consumers and representatives said staff communication about consumers was effective, as staff knew consumer care preferences and needs. Staff said they accessed information on consumers needs and preferences through care planning documentation, progress notes, meetings, and written and verbal handovers processes, and the electronic care management system flagged scheduled tasks. Care planning documentation demonstrated information was captured and shared with representatives and other providers where changes were made.

Consumers and representatives outlined precautions taken by staff to prevent and control infections, including through outbreaks. Staff were knowledgeable about infection control precautions and methods to minimise requirement and use of antibiotics, ensuring preventative strategies and ensuring pathology testing was undertaken when consumers were symptomatic. The service had two Infection prevention and control leads, and established policies and procedures on infection control and antimicrobial stewardship with outbreak management plans to inform staff.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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 assessed as compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers said services and supports are in place to optimise independence, and available activities enhanced their well-being and quality of life. Staff explained how consumer needs and preferences were considered in provision of services and supports. Care planning documentation relating to services and supports for daily living was reflective of consumer and staff feedback.

Consumers described supports for their emotional, spiritual, and psychological well-being, and staff notice and respond to low mood and spend extra time with them. Care planning documentation outlined emotional and spiritual needs, including religious faith and preferences for interactions, with strategies for individual support. Staff outlined available religious services, chaplain visits, or one-to-one conversations to support well-being.

Consumers said services and supports aided them to maintain contact with family, participate in the local community, and enjoy activities of interest. Care planning documentation outlined likes, dislikes, and preferences, recording participation in scheduled activities. Staff described how they ensured all consumers could do things of interest to maintain their quality of life, developing activity schedules based on consumer preferences and feedback.

Staff outlined how information about consumers was shared, for example, lifestyle and kitchen staff said they were informed of changes through the daily morning leadership meeting. External visitors, such as support workers, received and shared information on consumers, confirmed through records within care planning documentation.

Consumers described referrals to services and supports as timely and appropriate. Staff explained how they work with external providers to develop referral networks.

Overall, consumers reported satisfaction with the variety, quality, and quantity of provided food within the seasonal rotating menu, and those unhappy with food being served acknowledged efforts made to meet consumer preferences. The menu is informed through consumer participation through feedback and food focus groups, and kitchen staff were aware of dietary requirements and preferences. Consumers were offered meal options, and last-minute changes were accommodated.

Staff said equipment was regularly cleaned and maintained and demonstrated awareness of reporting required repairs. Consumers said provided equipment was in good condition, safe, and suitable for their needs. Equipment was observed to be clean, suitable for use, and well-maintained.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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 assessed as compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers and representatives described the service environment as open, welcoming, with opportunity to personalise rooms and feel at home. The service environment was quiet, easy to navigate with available signage, and maintained at a comfortable temperature. Staff described how consumers were supported to move independently through communal areas.

Consumers said the service environment was clean and well-maintained, and they could access indoor and outdoor areas. Documented processes informed staff of cleaning schedules and how to report items requiring repair, with completed logs demonstrating work was undertaken in a timely manner. Consumers could exit the facility freely and independently and, along with visitors, were observed using indoor and outdoor communal areas.

Consumers and representatives said furniture, fittings, and equipment were safe and clean, and suitable for use. Staff explained maintenance processes, with documentation demonstrating preventative maintenance checks were undertaken, using external providers where required, and all activities up to date. Furniture and fittings were observed to be clean, with ongoing cleaning undertaken, and in good condition.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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 assessed as compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers and representatives said they felt safe, supported, and encouraged to share feedback or complaints, and were aware of a range of communication methods. Staff described processes followed when consumers raised concerns, and management outlined how they invited and encouraged feedback. Information on feedback avenues was displayed, feedback forms and secure boxes readily available, and meeting minutes and consumer handbooks encouraged and reminded consumers of opportunities for communicating concerns.

Whilst consumers were aware of external supports for feedback and complaints, most said they would not require them as they could approach staff or management with concerns. Staff described available services and were aware of access to translation and interpreting services, and information on advocates and complaints organisations were accessible, explained in newsletters, and brochures and posters displayed. Management said advocacy services regularly visit to liaise with consumers and provide information on their role, verified within consumer meeting minutes.

Consumers and representatives gave examples of responses to complaints or when things go wrong, identifying timely and appropriate actions reflective of open disclosure principles. Staff demonstrated awareness of the open disclosure process, and management said all staff receive training. Management said they tracked feedback responses and ensured responses were within documented timeframes. Documentation demonstrated feedback and complaints were reviewed and included steps reflective of open disclosure process.

Consumers, representatives, and staff confirmed improvements have been made in response to feedback and complaints, giving examples. Management said they analyse information for trends and develop improvement actions with discussion for evaluation within consumer meetings and focus groups, however, these were managed through meeting minutes rather than the Continuous improvement plan. Management acknowledged improvements to documentation and advised they would adapt practices. Meeting minutes, notices, surveys, memoranda and other documents captured consumer feedback and demonstrated these were used for improvements or new initiatives.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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 assessed as compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers, representatives, and staff said there were sufficient staff to meet consumer needs. Management described the focus on ensuring the right mix of staff, with processes to use agency staff familiar with consumers and the service, with strategies to replace staff on unplanned leave using existing staff. Feedback from staff and consumers were monitored, along with clinical indicators and rostering processes, to ensure the number and mix of staff were sufficient. Rostering documentation demonstrated shifts were filled, with consideration of consumer care minutes, and monitored to ensure appropriate to consumer needs.

Consumers and representatives said interactions with staff were kind and respectful. Staff said they took time to know consumers well and were supported through training and documented processes which promoted the respect of consumers in the delivery of care, including expectations within the Code of Conduct.

Consumers and representatives described staff as competent and skilled. Position descriptions were provided to staff outlining expectations and duties for their roles. Recruitment and monitoring processes ensure compliance with professional registration, security clearance, mandatory training, and vaccination requirements. Staff described mandatory training provided within induction processes.

Staff outlined ongoing training processes, and said where shortfalls in knowledge were identified, education was coordinated. Management explained the online training system, with records monitored for compliance. Mandatory training modules included education on the Quality Standards, as well as infection control, incident reporting including the Serious Incident Response Scheme, and recognition of elder abuse.

Management advised, and staff interviews confirmed, the service had a probationary and ongoing performance review system in place. Staff explained the performance appraisal process offered opportunity to reflect on performance and receive feedback, including for development. Management described other processes used to monitor performance, such as feedback from consumers or other staff, audit reports, incidents, and clinical data. Management gave examples of actions taken in response to errors or poor performance, offering opportunity for education and counselling with monitoring for improvement.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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 assessed as compliant as 5 of the 5 Requirements have been assessed as compliant.

The Assessment Team has recommended Requirement 8(3)(e) Not Met, as processes for minimising the use of restrictive practice did not identify inaccuracies in documentation resulting in missed opportunities to cease use of restraint for consumers. Consumers no longer requiring chemical restraint did not have medications deprescribed, with management acknowledging opportunities to cease medication should be captured within the monthly review process, and commencing responsive actions including training for staff, and enhancing monitoring and oversight processes.

The Approved Provider’s response offers further insight into the circumstances of each named consumer. Medication for two of the consumers was prescribed when the palliative care pathway was commenced, rather than as chemical restraint, although it had not been required. The service had identified potential to cease psychotropic medication for another consumer prior to the Site Audit, although this was actioned during the visit. The provider’s response demonstrates activities have been undertaken to strengthen clinical oversight of psychotropic medication management, commencing fortnightly review to identify medications suitable for review and possible cessation, and clinical trending conducted for review at the monthly Clinical Risk Review Forum. Governance practices include monitoring data within the clinical indicator reports, including use of restrictive practices.

I acknowledge the Approved Provider’s response, and continuous improvement actions. I have reviewed all the evidence before me and am satisfied the organisation has a clinical governance framework that actively minimises the use of restraint. Consumers who were named had been identified because the medications were not being used. Whilst cessation of these medications could be considered best practice, I consider the service’s efforts to minimise use of chemical restraint through application of tailored non-pharmacological strategies, evidenced through findings of compliance within all Requirements in Standard 3 Personal care and clinical care. I also recognise the register will record psychotropic medications prescribed for purposes other than chemical restraint, including in preparation for management of end-of-life symptom management, and this was not clearly reflected within the Site Audit report findings.

For these reasons, I find Requirement 8(3)(e) compliant.

I am satisfied the rest of the Requirements are compliant.

Consumers and representatives said the service was well run, and they had input through feedback, meetings, and surveys, with the Consumer advisory body developed to provide a direct voice to the Board. Staff gave examples of how consumer and representative input was used to drive improvements, including the decision to remove a secured memory support unit and integrate consumers into existing wings with positive outcomes. Management explained that executive management and the Board spend time at events on site, ensuring consumer engagement, with the Chief executive officer visiting and interviewing consumers to contribute feedback to a monthly report which contributes to overall improvement of the service and organisation.

Management described how clinical indicators and incidents were discussed at organisational level and escalated to the Board. Committee meeting minutes and Board reports demonstrated reports, audit results, feedback, and reported risks were analysed to ensure the provision of safe, inclusive, and quality care and services. Management explained initiatives and actions driven by the Board, such as a staffing restructure to ensured clinical staffs were sufficiently skilled for improved consumer outcomes.

The organisation’s governance systems included a framework containing policies and procedures, with monitoring, analysis, and reporting of information to satisfy the Board the systems and processes were sufficient. Regulatory compliance obligations were understood, with monitoring of communication from a range of official bodies, with timely changes initiated and communicated through the organisation.

Risks were identified, managed, reviewed, and escalated through management, relevant committees, executive management, and the Board. Incidents were recorded within the incident management system, with review by management to identify issues and trends, with pathway for escalation to the governing body dependent upon the risk impact. Staff demonstrated awareness of what constituted elder abuse, and outlined their reporting responsibilities where there is suspicion or concern. Frameworks enabled consumers to live their best life, enabling them to take risks if they chose.

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)