Performance

Report

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| Name of service: | Bentleys Aged Care |
| Service address: | 47 Harpin Street EAST BENDIGO VIC 3550 |
| Commission ID: | 3987 |
| Approved provider: | Violet Town Bush Nursing Centre Inc |
| Activity type: | Site Audit |
| Activity date: | 7 August 2023 to 9 August 2023 |
| Performance report date: | 20 September 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 Bentleys Aged Care (**the service**) has been prepared by Jeannie Miaris, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives, and others.
* the provider’s response to the assessment team’s report received 13 September 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 | **Non-compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Standard 7, Requirement 7(3)(e): Regular assessment, monitoring and review of the performance of each member of the workforce.

# Standard 1

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

Findings

This Quality Standard is Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers and representatives said consumers were treated with dignity and respect, and staff valued their identity, culture, and diversity. Staff demonstrated an understanding of consumers’ personal circumstance and life experiences and explained how they incorporated this into the delivery of dignified and respectful care and services. Staff were observed interacting with consumers in a dignified and respectful manner.

Consumers and representatives advised consumers’ culture was considered in the delivery of care and services, and consumers advised they were supported by the service to observe religious and cultural practices. Staff identified consumers’ needs and preferences, and explained how they delivered culturally safe care and services for consumers consistent with care planning documentation.

Consumers and representatives said consumers were supported to make decisions about their care, how it should be delivered, and who should be involved. Consumers reflected how they were supported to communicate their decisions, make connections with others, and maintain relationships of choice. Management and staff described how they supported consumers to make connections and maintain relationships, such as encouraging consumers to attend activities and assisting consumers to contact those important to them. The service had procedures in place to support consumers in exercising choice and independence.

Consumers and representatives reflected consumers were supported to do things with an element of risk to live the life they chose. Staff explained how they supported consumers to understand benefits and possible harm associated with their choices, through consultation and risk assessment processes. Care planning documentation outlined risks to consumers and ways to support their safety, and reflected consumers and others were consulted about risks, with agreed risk mitigation strategies in place.

Consumers and representatives advised consumers were provided with up-to-date information which helped consumers make decisions about care and services, such as lifestyle activities and meal selections. Staff explained how they communicated information in a clear, easy to understand, and timely manner to support consumers in making informed decisions, including for consumers with communication barriers. Information was observed throughout the service environment to support consumers in making choices.

Consumers and representatives considered consumers privacy was respected by staff and personal information was kept confidential. Staff described how they respected consumers personal privacy and maintained the confidentiality of personal information, such as knocking on a consumer’s door before entering and securely storing personal records. Staff were observed following privacy protocols. The service had a privacy and confidentiality policy and procedures in place to guide staff practice.

# Standard 2

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

Findings

This Quality Standard is Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives considered assessment and planning processes identified risks to consumers’ health and well-being, such as self-administration of medications, with risk mitigation strategies agreed upon and reflected in care planning documentation. Staff explained how they completed clinical assessments to consider risks to consumers’ health and well-being, to inform the delivery of safe and effective care and services. An assessment checklist and care planning procedure guided staff in the consideration risks to consumers’ health and well-being.

Consumers and representatives advised assessment and planning processes identified and addressed consumers current needs, goals, and preferences, including advance care and end of life wishes. Management and staff said they discussed advance care planning with consumers during their admission to the service and during scheduled care plan reviews, or when there was a change to consumers health and well-being. Care planning documentation included tailored information about consumers’ needs, preferences, and end of life wishes.

Consumers and representatives advised they were involved in the ongoing assessment and planning of consumers care and services, including others they wished to have involved, such as external service providers. Staff explained how they partnered with consumers, representatives and others in the care planning processes. Care planning documentation reflected the collaboration between the service and consumers, and others involved in consumers’ care such as representatives and allied health professionals.

Overall, consumers and representatives advised the outcomes of assessment and planning were communicated with them and they had been provided a copy of the consumers care plan. However, some representatives reflected they would like increased communication from management and staff about assessment and planning. In response, management advised they would implement improvements to the communication of assessment and planning outcomes, through revision of policy and providing education to staff.

Consumers and representatives considered consumers’ care and services were regularly reviewed for effectiveness, including when there was a change to consumers’ circumstance. Staff outlined the processes in place to regularly review consumers’ care and services on a 3-monthly basis, to determine if consumers’ needs, goals, and preferences were appropriately supported. Care planning documentation evidenced care and services were regularly reviewed, including following an incident or change in circumstance.

# Standard 3

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

Findings

This Quality Standard is Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives considered consumers received care that was safe and meets their needs and preferences. Staff described consumers’ needs and preferences, and how these were considered in the delivery of personal and clinical care. Care planning documentation contained strategies to deliver individualised care to consumers, which aligned with consumer, representative, and staff feedback. The service has policies and procedures in place to guide staff in the delivery of personal and clinical care, in line with best practice.

Consumers and representatives considered high impact or high prevalence risks associated with consumers’ care was effectively managed. Staff identified risks associated with consumers care, such as diabetic management, and described how they managed risks associated with consumers’ health and well-being, consistent with care planning documentation. Care planning documentation demonstrated risks were assessed and included risk mitigation strategies to guide staff.

Staff described how the delivery of care and services changed for consumers nearing end of life, and ways they supported consumers comfort and dignity, such as attending to personal care, pain management, and skin integrity. Management advised medical officers and other specialists provided guidance in the delivery of palliative care, as reflected in care planning documentation. Care planning documentation evidenced consumers clinical care needs were assessed, and included information about their needs, goals, and preferences to support consumers comfort and dignity during the end of life transition.

Consumers and representatives advised deterioration in consumers was identified and responded to in a timely manner, as evidenced in care planning documentation. Staff explained how they identified deterioration or changes in consumers, such as changes to appetite. Staff described the escalation processes in place to respond to changes or deterioration in a timely manner, such as referring matters to senior clinical staff and completing referrals for other providers of care and services. The service had policies and procedures in place to guide staff in clinical escalation processes.

Consumers and representatives advised information about consumers’ condition, needs, and preferences were appropriately communicated and shared with staff. Staff described how they shared information about consumers, such as through shift handover processes, and referring to care planning documentation available on the service’s electronic care management system. Staff were observed communicating information about consumers with others responsible for care, as appropriate.

Consumers and representatives said consumers received timely and appropriate referrals, and advised consumers had access to relevant health care providers and services. Staff described the process for referring consumers to other individuals, organisations, and providers of care and services, to inform the delivery of care and services. Care planning documentation evidenced timely and appropriate referrals were completed.

Consumers and representatives considered infection-related risks were managed well by the service, such as COVID-19. The service had an appointed infection prevention and control lead, responsible for the oversight and implementation of infection prevention and control processes. The service outlined the overarching strategies in place to minimise infections, such as staff training, competency checks, and audits. Staff demonstrated knowledge of how to prevent and control infection-related risks, and described ways to promote appropriate antibiotic prescribing.

# Standard 4

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

Findings

This Quality Standard is Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers advised they were engaged in various lifestyle activities, including independent activities of their choice. Staff said they consulted consumers about their preferences, and documentation reflected consumers were involved in the development of the lifestyle program. Care planning documentation included specific information about consumers’ needs and preferences and consumers were observed participating in a variety of group and independent activities.

Consumers said they were supported to maintain social, emotional, and spiritual connections important to them. Care planning documentation reflected consumers’ emotional and spiritual preferences, and ways to support their emotional and spiritual well-being. Staff described how they supported consumers’ well-being, such as connections to local religious services. The service had procedures in place to support consumers’ emotional and spiritual well-being.

Consumers advised they participate in activities within and outside the service, build and maintain relationships, and were supported to do things of interest to them. Staff said the service had connections within the local community, and supported consumers social and community participation through volunteers, partnerships with other providers, and bus outings. Staff explained how consumers were encouraged to participate in the activities of interest, consistent with care planning documentation. Care planning documentation identified relationships important to consumers and activities of interest.

Consumers and representatives considered information about consumers was effectively communicated. Staff said they referred to care plans and shift handover information, and communicated any changes through verbal and documented communication. Staff demonstrated knowledge of consumers condition and needs, consistent with information reflected in documentation.

Consumers and representatives advised, and care planning documentation demonstrated timely and appropriate referrals were completed to supplement services and supports available at the service. Staff demonstrated they understood which organisations, services and supports were available in the community to meet consumers needs, and described the purpose and referrals process.

Consumers and representatives reflected meals were of varied, suitable quality and quantity. Care planning documentation detailed consumers’ preferences and dietary requirements. Staff explained how consumers were supported to provide feedback about the quality and quantity of food through meetings, feedback books, and directly to staff. Staff explained the processes in place to ensure they had access to up-to-date information about consumers’ dietary needs and preferences, and advised consumers were able to request alternative meals if the menu selections were not to their preference.

Consumers and representatives said equipment was safe, clean, and well-maintained. Management and staff described the processes for identifying equipment that requires maintenance and cleaning, with reactive and preventative maintenance in place. Equipment to support daily living and lifestyle activities was observed 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

This Quality Standard is Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers and representatives said the service environment was welcoming, and consumers felt at home. Management and staff explained how they supported consumers to feel at home and steps taken to improve their experience, such as encouraging consumers to decorate their rooms with their personal belongings, which was observed. The service environment was observed to be welcoming, with consumers utilising various areas of the service environment to socialise and participate in activities, corridors were sufficiently lit and easy to navigate.

Consumers and representatives advised the service environment was clean, well maintained, and comfortable, and supported consumers free movement both indoors and outdoors. Staff described the process for reporting maintenance issues, with documentation confirming maintenance was completed and up to date, with a preventative and reactive maintenance program in place. Staff provided examples of cleaning undertaken on a regular basis, which aligned with information in cleaning schedules. The service environment was observed to be clean and well maintained.

The service had processes and systems in place to maintain the safety and cleanliness of furniture, fittings, and equipment, and documentation evidenced maintenance was actioned in a timely manner. Equipment, furniture, and fittings were observed to be safe, clean, and well-maintained.

# Standard 6

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

Findings

This Quality Standard is Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives said they were supported to provide feedback and complaints, and knew how to do so. Staff described the feedback and complaints avenues available for consumers and representatives. Documentation demonstrated consumers and representatives were encouraged and supported to provide feedback and make complaints in various ways such as through meetings and a consumer committee. Feedback forms and collection boxes were observed throughout the service environment to support and encourage feedback and complaints.

Consumers and representatives said they were aware of advocates, language services, and other methods for raising and resolving complaints. Management and staff described advocacy and language services and explained how they supported consumers to access these services. Information was displayed throughout the service to inform consumers of external complaints resolution pathways.

Consumers and representatives reflected how the service responded in a timely and appropriate manner when things went wrong or in response to complaints. Consumers and representatives said the service communicated well, acted promptly to resolve issues, and provided an apology, which was evidenced in the service’s incident and complaints register. Staff explained how they responded to complaints and demonstrated knowledge of open disclosure principles.

Management explained how improvements were made to the quality of care and services following consumer feedback, such as through consultation processes and implementing changes. Documentation reflected consumers feedback was reviewed and used to improve the quality of care and services, such as improvements to the external security of the service environment. The service had policies and procedures in place to guide staff in the response and review of feedback and complaints.

# 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. | Non-compliant |

Findings

This Quality Standard is Non-compliant as 1 of the 5 Requirements have been assessed as Non-compliant.

The Assessment Team recommended Requirement 7(3)(e) not met. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report, and the provider’s response and my findings are:

Regarding Requirement 7(3)(e), the Assessment Team report found the service was unable to demonstrate regular assessment, monitoring, and review of staff performance was undertaken, and that appropriate systems were in place to maintain oversight of the staff performance appraisal cycle.

The service had policies and procedures which support the management of staff performance through a 3-month appraisal after employment, and performance appraisals that could be initiated by staff or management. While the organisation’s policy and procedures do not require annual appraisals to be completed, the service could not provide evidence of other means of regular or systematic performance evaluation being conducted for all staff. Staff said they had not completed a performance appraisal for some time with some staff saying they had never had one completed at all, which was reflected in documentation. Management confirmed performance appraisals were required at 3 months for new staff, however, advised performance appraisals had not been completed in recent years.

The Approved Provider’s response acknowledged the deficits identified above and provided an action plan of proposed improvements and improvements that have been implemented in relation to performance appraisal processes. Continuous improvement activities included a review and update to the staff performance appraisal policy and processes which reflected new staff were required to have a performance appraisal after 3 months of employment, and all staff required to complete an annual appraisal, staff appraisal schedule for all staff, updated documentation and reporting requirements to maintain oversight of appraisal completion dates.

I acknowledge the improvement actions undertaken by the service to address the identified deficiencies. However, I have determined there has not been sufficient time for the service to demonstrate the full implementation of these improvements and the effectiveness of the changes. Therefore, based on the balance of evidence before me, I find Requirement 7(3)(e) non-complaint.

I am satisfied the remaining 4 Requirements in Quality Standard 7 are compliant.

Consumers, representatives, and staff reflected the service had the right number and combination of staff to deliver quality care to meet consumers’ needs. Management said to ensure there was an adequate number and mix of staff available, workforce planning and management was informed by consumer experience surveys, care planning processes, feedback and complaints mechanisms. Staff rosters demonstrated most shifts were filled, and management explained the vacant shifts were covered by staff working in different areas.

Consumers said staff interacted with them in a kind and respectful manner. Staff described consumers’ needs and preferences and were observed to be attentive and respectful in their interactions with consumers. Care planning documentation reflected consumers’ cultural and religious preferences were accommodated. Organisational documentation reflected a culture of kind and respectful care was promoted and monitored by the service.

Management and staff explained processes in place to ensure staff were suitably qualified and knowledgeable for their role. Staff described how on boarding and orientation processes suitably prepared them for their role. Documentation demonstrated staff had the appropriate qualifications, checks, and knowledge required to effectively perform their role.

Documentation and processes in place demonstrated how the workforce is adequately recruited, trained, and supported. Management described the processes and systems in place to identify staff training needs, and monitor the completion of training. Documentation demonstrated staff were provided training covering topics relevant to these standards, with reminders to complete training and monitoring mechanisms in place.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

This Quality Standard is Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives reflected that management was approachable and supported and explained how they provided feedback, such as through meetings, a consumer committee, feedback and complaints mechanisms, and care planning processes. Management described changes made in response to consumer feedback, and documentation reflected consumers were actively engaged in providing feedback for various topics relevant to care and services, such as food and lifestyle activities.

Management explained how a culture of safe, inclusive, and quality care was fostered and supported at an organisational level, through regular meetings with executive and senior management, including structured reporting requirements. Management advised operational and clinical matters, and other key areas of service delivery were discussed at meetings and the board was provided quality reports covering areas relating to service delivery and performance, such as clinical information, reportable incidents, and consumer feedback. The organisation had implemented systems and processes to monitor the performance of the service and documentation demonstrated that the service had a policy framework to ensure a culture of safe and inclusive care is maintained.

Effective organisation wide governance systems were supported by structured reporting processes, meetings, policies and procedures, training, and audits mechanisms which guided information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. For example, in relation to continuous improvement governance, the service had policies, internal audit schedules were in place, and a continuous improvement plan register monitored improvements.

The service had an established risk management framework which was supported by policies, procedures, training, and reporting processes. The board received and reviewed consolidated reports on a regular basis covering areas associated with risk from a clinical and operational perspective, such as infections, falls, wounds, pressure injuries, restrictive practises, incidents, and complaints. Staff demonstrated knowledge of incident reporting requirements, and the service’s incident register reflected incidents were reported appropriately. Documentation supported the identification and response to abuse and neglect of consumers, incident management and reporting.

Staff reflected that the clinical governance framework functioned effectively, and advised they were trained in the systems supporting clinical governance. Management advised the clinical governance framework was overseen by meetings, dedicated personnel, and reporting structures to support best practice and safe clinical care. The service had policies and procedures in place to support effective clinical governance, relating to antimicrobial stewardship, minimising the use of restraint, and 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)