Performance

Report

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| Name of service: | Bindaree Retirement Centre |
| Service address: | 86-92 Highett Street MANSFIELD VIC 3722 |
| Commission ID: | 3282 |
| Approved provider: | Mansfield District Hospital |
| Activity type: | Site Audit |
| Activity date: | 14 February 2023 to 17 February 2023 |
| Performance report date: | 30 March 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Buckland House Nursing Home (**the service**) has been prepared by N Eastwood, 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.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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

Findings

Consumers and representatives confirmed they are treated with dignity and respect and their culture and diversity is valued and respected. The Assessment Team observed this in practise with staff demonstrating an awareness of consumers’ backgrounds and cultures, using preferred names, and engaging with consumers respectfully and kindly.

Consumers and representatives indicated the care provided by the service is culturally safe. Staff demonstrated a thorough understanding of the needs of consumers with diverse cultural and linguistic backgrounds. A review of care planning documentation demonstrated information regarding diverse backgrounds and cultural needs. Handover documentation also provided information related to respecting individual arrangements for worship and culture and gender diversity publications on were observed on display.

Consumers and representatives confirmed consumers are supported to make their own decisions, nominate those they wished to be involved in care decisions, make new friends, and maintain existing relationships. Staff described how they support consumer choice and independence and a review of care file documentation included information related to consumer preferences and important connections.

Consumers and representatives confirmed they were satisfied the service supports consumers to do the activities they want to do, including where the activities involve risk. The service has reviewed their privacy and dignity policy and developed a work instruction to guide staff in identifying, communicating, discussing, and documenting risks with consumers or their nominated representatives. A review of care files reflected risks are discussed and actions to mitigate risk are documented within care plans and progress notes. The Assessment Team observed designated smoking areas, noting the available smoking blanket had not been checked regularly. Following feedback from the Assessment Team the service replaced the blanket with a new one and arranged for a second blanket to be ordered for an alternate smoking area.

Consumers and representatives confirm they receive sufficient and accurate information to enable them to make choices. Staff explained how information is provided, and how they communicate information to consumers with cognitive, sensory or language challenges. A review of care files and Assessment Team observations demonstrated information is provided to consumers using a range of modalities.

Staff described how they provide care to maintain consumer privacy by knocking on consumer doors and waiting before entering. Where consumer information is displayed it is in areas accessed only by staff, computers are password protected and locked when not in use. This was supported by the Assessment Teams observations as well as consumer and representative confirmation they are satisfied their confidentiality is protected.

# 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

Consumers and representatives report being satisfied with the care and services they receive from staff. They also confirmed they are confident that staff can identify and minimise the risks associated with the consumers’ assessed risks. A review of care file documentation reflects the outcome of risk assessments undertaken in relation to falls, skin integrity, changed behaviours, and specialised care needs. Staff demonstrated knowledge of each consumer’s identified risks and described strategies to ensure their safe and effective care.

Consumers and representatives confirmed they were aware of assessment and planning information and were confident that the information was reflective of current care needs. Staff described the organisation’s process for developing advance care directives and resuscitation wishes which are also reflected on handover documentation. The Assessment Team observed assessments and care plans which were updated according to changing care needs.

Consumers and representatives confirm they are provided with the opportunity to be involved in care planning and assessment processes. A review of care files also reflects a consistent approach is in place to engage the consumers and others involved in care decision-making in the assessment, planning, and review of care. Referrals and reports indicated that specialist and allied health recommendations and directives are discussed with the consumer or their nominated decision maker, documented, and communicated to staff.

Consumers and representatives confirmed changes to care needs are communicated, as well as having access to care planning documentation. A review of care file documentation demonstrated allied health and specialist input as well as outcomes of assessments in consideration of care planning which are also discussed with the consumer and representative. The Assessment Team observed documents which support that a copy of the summary care plan is provided discussed with the consumer and representative during resident of the day review.

Where there are changes to care needs, consumers and representatives confirm they are satisfied with how the service reviews care and services. A review of care file documentation demonstrated that regular care reviews occur and where health needs or preferences change, incidents or deterioration is noted, updates to care plans occur. Staff discussed the review process, how reassessments are initiated, and changes communicated to the consumer and representative.

# Standard 3

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

Findings

Consumers and representatives report being satisfied with clinical and personal care. This was confirmed by a review of care file documentation which demonstrated the service identifies and manages consumer care needs. A review of care files identified some inconsistencies in wound care documentation and monitoring however there was evidence of adequate response to reports of pain and appropriate use of psychotropic medication. There is also evidence of completed restrictive practices consent forms and a psychotropic self-assessment tool. Clinical and care staff described non-pharmacological strategies and pharmacological strategies consistent with documented consumer care plans to manage pain and behaviours.

High impact and high prevalence risks are identified through the services assessment processes. Clinical management and care staff were able to identify consumers at particularly high risk when discussing management of behaviours, falls, dysphagia, diabetes, and catheter care. A review of care files confirms risks associated with falls, behaviours, catheter care, dysphagia and diabetes are identified and managed. The Assessment Team noted inconsistencies in reporting of elevated Blood Glucose Levels for one consumer and provided feedback to the service who acknowledged the gap in documentation.

The service demonstrated initial care planning and regular consultation with consumers and representatives takes place to identify consumers’ end of life preferences. End of life care plans, and advance care plans according to consumer wishes were noted in consumer care files as well as observations of handover sheets including resuscitation preferences. Staff discussed end-of-life pathways and how they can provide care and comfort for consumers nearing the end of life.

Consumers and representatives confirmed their satisfaction with the service’s early identification and management of deterioration or changes in consumer condition. A review of care files demonstrated timely identification, assessment, monitoring, and management of the consumers’ general decline. Staff described how they managed consumers presenting with signs of deterioration and actioned timely referral to medical officers. The Assessment Team observed increased monitoring, assessment, and personal and clinical care for consumers who were unwell and had changes in their health and well-being.

The service demonstrated that information regarding consumers’ health, needs and preferences are documented and communicated both internally and with others involved with consumer care. A review of care files demonstrated that assessments, care plans, progress notes, and specialist and allied health reports are completed. The Assessment Team observed staff providing care in line with documented care interventions and processes which ensure consumer care needs are communicated as required.

Consumers and representatives confirm that referrals to medical officers, specialists and public health services occur. A review of care files demonstrate referral’s to allied health practitioners, general practitioners, and specialists. Staff discussed the routine visiting schedules for allied health practitioners and noted a lack of continuity with physiotherapy care. The Assessment Team provided feedback to the service regarding inconsistencies in physiotherapy attendance and reports from consumers regarding physiotherapy plans.

The service has infection control and outbreak management policies and procedures. There is a current outbreak management plan to manage and minimise the impact of a COVID-19 outbreak. The Assessment Team observed the service minimising infection-related risks during the site audit and that principles of antimicrobial stewardship are promoted by the organisation’s infection control consultant. Staff also described assessment and specific interventions when identifying changes to consumer condition which may indicate signs of infection. The Assessment Team observed appropriate use of Personal Protective Equipment and screening on entry to the service.

# 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 confirmed the care and services provided meet their needs and support their independence and well-being. Staff described how they support consumer independence. A review of care planning documentation identified inconsistent detail related to consumer independence, following feedback from the Assessment Team the service rectified this. The Assessment Team observed staff monitoring consumer well-being and providing care and support to optimise health and quality of life including individualised interventions to assist with meals and assistance with independent attendance of local church services.

Consumers and representatives were satisfied that staff do or would provide emotional support if needed. Staff described the provision of emotional support when consumers are distressed, and how they support specific spiritual needs. A review of care planning documents included spiritual and emotional needs where relevant, and staff were observed interacting in a supportive and calming manner.

The service supports consumers to engage in activities of interest to them, maintain contact with the local community, and keep in contact with their friends and families. This was confirmed by consumer and representative accounts. A review of lifestyle care plans reflects activities of interest to each consumer, support for consumers to participate in activities in the community and within the service. The Assessment Team observed friendly interactions between consumers, visitors attending the service, and consumers participating in activities.

Consumers and representatives were satisfied that information regarding consumer needs and preferences is communicated internally, and with family who are involved in care. Staff explained how they receive updates regarding consumer needs, which is supported by documentation including individualised dietary requirements and assistance with daily tasks. Staff described receiving information through handover meetings, printed handover sheets, verbal updates from the nurse in charge, and clinical documentation within the online care system. Catering staff explained changes to diet are communicated and meal lists are updated.

The Assessment Team reviewed consumer files which demonstrated the involvement of allied health providers in assessing safety to engage in independent outings and a volunteer was observed assisting at the service. Staff described how they had made previous referrals to external services, and they are able to request further individual volunteer support as required.

Consumers and representatives provided positive feedback regarding meals at the service. Consumers confirm they receive sufficient food, and that their needs and preferences are catered to. Staff described dietician oversight of the menu, the provision of texture-modified diets and how updates are provided to dietary needs and preferences.

The Assessment Team observed equipment in use to be well maintained and clean. Staff were observed wiping down shared equipment, games and lifting machines between use. Mobility aids and lifting equipment were clean with evidence of service checks attached to them. Staff outlined how issues with equipment are addressed, cleaning and servicing of equipment is conducted.

# 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 and representatives report feeling comfortable at the service. Staff explained the doors leading to outdoor courtyards are automatic and the garden area is frequently accessed by consumers. The Assessment Team observed consumers spending time in both their rooms and communal areas. The outdoor courtyard was observed to be furnished and accessible, the corridors were wide and unobstructed with directional signage to communal areas and consumer rooms.

Consumers and representatives confirmed they are satisfied with the cleanliness and maintenance of the service. Staff outlined regular cleaning and maintenance schedules and how they can request repairs through maintenance. The service environment was observed to be clean and well-maintained. The Assessment Team reviewed routine maintenance records which showed testing and tagging of electrical items at the service was overdue for completion, however arrangements were made to address this. Cleaning schedules demonstrated daily and regular deep clean of consumer rooms and completion of all daily and monthly tasks.

Maintenance staff confirmed there is a daily check of the call bell system, and a full audit was conducted in November 2022. The Assessment Team observed equipment to be clean and well maintained, consumers and representatives confirmed that furniture, fittings, and equipment are safe, clean, and suitable for their needs.

# 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

Most consumers and representatives confirmed they are encouraged and supported to provide feedback and make complaints. The Assessment Team observed the availability of internal and external feedback mechanisms throughout the service. The service provided evidence of regular ‘residents and relative meetings’ for consumers and representatives to provide feedback about the quality of care and services. Management described consumer feedback as a valuable indicator of current performance and informs its process of continuous improvement. A review of the service’s complaints/feedback register confirmed that the service has a robust mechanism for reporting complaints.

The service has advocacy and language service information available for consumers and representatives to access. Consumers and representatives confirmed they are aware of how to access external advocacy services. Staff described how they provide information on advocacy and complaints services to consumers when required. The newsletter also contains advocacy and complaint information. Following feedback provided by the Assessment Team, the service undertook to add additional language information to its noticeboards in the reception and communal areas.

Consumers and representatives confirmed that actions had been taken to resolve issues that were raised. Staff and management were able to describe utilising open disclosure principles in their handling of feedback and complaints. Most consumers and representatives reported that staff communicate with them in a timely manner and actively participate in the process of resolving issues. The Assessment Team reviewed meeting minutes, training records and policies and procedures which reflect a consistent approach to feedback and complaints including use of open disclosure principals. The service has a post fall process involving immediate contact with the consumer representative as well as a multidisciplinary ‘post-fall huddle’.

Feedback from consumers and representatives indicate the service reviews their feedback and complaints to improve the quality of care and services. Management described how concerns are acknowledged and the service’s complaints process is used to inform its plan for continuous improvement. The Assessment Team reviewed feedback and complaints documentation which supported appropriate action has been taken to resolve complaints and contribute to systemic improvements.

# 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

The service demonstrated how it effectively plans its workforce to enable the delivery of safe and quality care and services using suitably qualified staff to perform clinical and care functions at the service. Consumers and representatives expressed satisfaction with the level of training demonstrated by staff. Staff indicated sometimes shifts are not fully covered, however they are able to work together to ensure there is no adverse impact to consumers. The Assessment Team reviewed rosters which confirmed clinical staff availability across all shifts in addition to lifestyle staff who operate an activity program 7 days a week.

Consumers and representatives confirmed staff are kind and caring and have an awareness of what is important to each consumer. The Assessment Team observed staff engaging with consumers and representatives in a kind and respectful manner. A review of care planning documentation reflected records of individualised needs and interests as well as cultural and personal preferences including specific dietary considerations related to cultural requirements. A review of the services policies, procedures and staff training records include reference to respect, dignity, diversity, and the staff code of conduct.

Consumers and representatives confirmed their satisfaction that staff have adequate knowledge and skills to meet their clinical and care needs. Management described the recruitment screening process which ensures staff are appropriately qualified to perform their role. Pre-employment checks, clinical and allied health registration status, and aged care-specific qualifications are confirmed. Compulsory training modules are available to all staff, including serious incident reporting, restrictive practices requirements, open disclosure, food safety, and infection control.

Consumers and representatives indicated they believe staff are provided with adequate training to ensure the safe provision of care and services. The Assessment Team reviewed training records confirming staff completion of education related to legislative/regulatory changes including the Serious Incident Response Scheme (SIRS), restrictive practices, infection control and specialised care topics. Staff confirmed their attendance at training in a range of role-specific education modules, including SIRS reporting procedures, infection prevention and control, personal protective equipment use, restrictive practices, and manual handling. Management explained how knowledge or training gaps are identified during incident report investigations, trending complaints, and internal audit results. The Assessment Team reviewed documentation that confirmed the service has policies and procedures to support the ongoing theoretical and practical education and monitoring of staff competencies.

The service has formal and informal processes for monitoring and review of staff performance. This process includes an induction program for new employees, day-to-day work performance monitoring, and a formal documented periodic performance appraisal. Staff confirmed the appraisal process to ensure competency and completion of annual training. The Assessment Team reviewed education and training records for the organisation which are reported to management every 3 months. Following feedback from the Assessment Team these records will be provided to managers in real-time to ensure any gaps are identified promptly rather than at the end of a 3-month period.

# 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 are supported to actively participate in the development, delivery and evaluation of care and services. A review of care documentation, meeting minutes and the plan for continuous improvement also supports this occurs in practise. Management also confirmed that consumers and representatives contribute at a corporate level through their participation in consumer meetings and surveys.

Consumers and representatives confirm they feel safe and quality care and services are provided to consumers. Management demonstrated that the organisation has overarching policies and procedures which promote a positive culture of safe, inclusive care and quality services, and explained how the service is accountable for their delivery. Organisational supports are provided through board, committee and sub-committee structures which facilitate a hierarchy of oversight, adherence to accountability at an organisational and service level, and the continuous monitoring of care and services. Where incident trends and gaps in staff practices are identified, they are included in the service’s plan of continuous improvement and reported to the board for consideration. The Assessment Team reviewed recent consumer and staff meeting minutes, and e-mail alerts to staff, consumers, and their representatives, which confirmed that changes are generally communicated within the organisation in a timely manner.

The service demonstrated effective governance systems related to information management, continuous improvement, financial accountability, regulatory compliance, feedback, and complaints. The organisation’s board has established processes to satisfy itself that systems for appropriate care and services operate in accordance with the Aged Care Quality Standards. Staff confirm they are able to access relevant information to ensure the safe delivery of care. Due to the current reporting limitations of the call bell system plans are in place to upgrade the system as an ongoing mechanism to improve quality of care. Management described how financial accountability occurs and the systems to communicate regulatory updates and legislative changes. There is evidence that the workforce is planned to facilitate the management of safe and good quality care and services for consumers. The service demonstrated an effective feedback and complaints management system used to identify systemic issues and which informs its plan for continuous improvement.

The service has risk management systems in place which are supported by a clinical governance framework, policies, and procedures, and reporting mechanisms. Management and staff were able to provide examples of risks identified and investigated, as well as training undertaken to ensure risks to consumers are minimised. Critical incidents are investigated to identify serious risks and underlying procedural issues or gaps in staff knowledge. This information is currently reported to the chief executive officer and to the board to reflect any changes to policies, and procedures, and to identify additional staff training requirements. The service engages a volunteer program to meet regularly with consumers in group or individual settings to support them to live the best life they can. Staff support consumers to maintain contact with people important to them and encourage engagement in individual and group activities.

The service has an effective clinical governance framework, guidance documentation for practicing antimicrobial stewardship, policies, and procedures relevant to antimicrobial stewardship restrictive practices and open disclosure. There is a current outbreak management plan in place and staff were able to describe non-pharmacological measures taken to reduce risk of infection. The service demonstrated its use of non-pharmacological intervention, such as behavioural management practices and therapies, to minimise the use of chemical restrictive practices.

Clinical staff demonstrated a good knowledge of open disclosure principles and how they enact them when incidents negatively impact on or cause harm to consumers.

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)