Performance

Report

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| Name: | Blue Care Bundaberg Riverlea Aged Care Facility |
| Commission ID: | 5865 |
| Address: | 1 River Terrace, BUNDABERG, Queensland, 4670 |
| Activity type: | Site Audit |
| Activity date: | 20 August 2024 to 22 August 2024 |
| Performance report date: | 1 October 2024 |
| Service included in this assessment: | Provider: 314 The Uniting Church in Australia Property Trust (Q.)  Service: 3803 Blue Care Bundaberg Riverlea Aged Care Facility |

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 Blue Care Bundaberg Riverlea Aged Care Facility (**the service**) has been prepared by Jason Bayldon, 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 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 said staff know their backgrounds and preferences for their daily routine. Staff described what treating consumers with dignity and respect means and confirmed interactions between staff members and consumers are guided by the code of conduct policy, which is provided to staff as part of the orientation and annual mandatory training program. Care documentation detailed information regarding consumers’ backgrounds, personal preferences and identity.

Consumers/representatives confirmed the service recognises and respects different cultural backgrounds and staff provide care and services consistent with individual consumer preferences. Diversional therapists explained, and care documentation evidenced, during the initial and ongoing assessment processes, information is captured for consumers, including any specific cultural requirements.

Consumers/representatives confirmed staff provide support to allow individual decision-making where consumers can request, and change personal preferences as needed. The Assessment Team observed staff consumers to spend time together. Management explained the service has a guiding framework in place to support choice and decision-making which includes individualised care and planning processes.

Consumers said the service supports their choices, even if the choice is identified as posing a risk to the safety of the consumer. The Assessment Team reviewed documentation for consumers who had chosen to engage in risk-based behaviour including food options. Documentation evidenced reflected discussions about the associated risks between the service and consumers and the outcomes of those discussions.

Consumers said they have the information they need to make informed choices, including food options, what activities they wish to attend and information on any changes occurring at the service. Staff said they spend one-on-one time with consumers who experience communication challenges or cognitive impairment and contact their representatives where required to discuss information or the available options to support informed decision making.

Consumers/representatives said the consumers’ privacy is upheld and respected by staff and expressed confidence the service protects all personal information collected. Staff protect personal information by ensuring computer screens and nurses’ station doors remain locked and not speaking about consumers’ private information in public areas. The service has policies and procedures guiding the collection, use, sharing and storing of confidential information.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 1 Consumer dignity and choice at the time of the performance report decision.

# 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

Documentation evidenced that assessment and planning considered potential risks to consumers’ health and wellbeing including changed behaviours, falls, dysphagia, diabetes, wounds and other required complex care. Staff described, and review of care documentation confirmed, other health professionals such as the medical officer, physiotherapist, speech pathologist or dietitian are included in assessment and planning for consumers.

Consumers who exhibit changed behaviours including verbal and physical aggression have established behaviour support plans (BSPs) in place and assessments demonstrate the involvement of representatives in identifying triggers and strategies to support consumers in managing these behaviours. Staff advised there is discussion about a consumer’s end of life (EOL) wishes when a consumer enters the service, at care plan review and if a consumer’s condition deteriorates. A summary page for each consumer in the ECMS contains key information including their diagnoses, EOL wishes and their current needs and preferences in relation to risks, communication, mobility, diet and continence.

Staff described the assessment and planning process and how consumers and representatives are included. Care documentation evidenced notes on how staff consult with consumers, representatives, other health care providers via telephone, face to face and through email.

Staff advised they have access to care plans for consumers through the ECMS and information shared at handover. The Assessment Team observed care planning documents are readily available to staff delivering consumer care and services. Consumers and representatives said they are advised of the outcomes of assessment and planning for consumers and any changes are well communicated. Outcomes of assessment and planning of consumers are communicated through case conferences and copies of care plans are offered to consumers.

Consumers/representatives reported staff discuss consumers’ care needs or preferences with them and are responsive when there is a change to these. Staff described how, when a clinical risk is identified, this triggers a review of the care plan which includes relevant allied health professionals when necessary. Review of consumers’ care documentation identified their care plans had undergone reviews in line with the service’s process or following a change in circumstances or care needs.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 2 Ongoing assessment and planning with consumers at the time of the performance report decision.

# 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

Care planning documentation reviewed for consumers requiring management of changed behaviours, falls, dysphagia, diabetes, and wounds demonstrated that consumers are receiving individualised care, which is safe, right for them, and based on best practice. Management reported they monitor the consumer’s condition, refer consumers to other health providers when required, receive feedback from consumers about their care, review care documentation and analyse incidents to identify any emerging concerns or care needs. The service has a psychotropic register for consumers at the service who are prescribed psychotropic medication. Care documentation identified current assessments for the use of the restrictive practice are documented and reflect consultation with the consumer’s representative, the service and the medical officer where required.

The Assessment Team reviewed several consumers with pressure injuries and wounds. These consumers had skin care plans with directions to manage skin integrity and plans for managing each pressure injury or wound were included in each consumers’ charting. Staff described the main risks to the consumers and the risk mitigation strategies in place. Clinical staff monitor, review, trend and analyse clinical incident and quality indicator data which is reported both within the organisation and externally. The service also has a suite of policies to guide staff in the identification and management of high impact and high prevalence risks associated with the care of consumers.

Management and staff advised palliative care support is available from the local health service when a consumer is assessed as being at EOL. Staff described ways in which they maintain the dignity and comfort of consumers at the EOL, including one-on-one support for the consumer and their family.

Clinical staff advised actions taken include assessment of the consumer, discussion with the consumer/representative, referral to the Medical Officer or other Allied Health Practitioners and transfer to hospital if necessary. The care manager and care co-ordinator said each day they review progress notes from the previous 24 hours to identify any potential deterioration. The organisation has several clinical care pathways to guide staff in the management of multiple forms of consumer deterioration.

Consumers’ files evidenced that staff notify consumers’ medical officers and their representatives when the consumer experiences a change in condition, is involved in a clinical incident, is transferred to or returned from hospital, or is ordered a change in medication. Clinical and care staff advised they receive handover from the preceding staff members regarding any changes to consumers’ condition or care needs and these changes are documented in consumer care plans in the ECMS.

Management and staff described how changes in a consumer’s health or well-being would prompt referral to a relevant health professional, for example following a fall, consumers are referred to the medical officer and physiotherapist for review. Review of care documentation identified other health professionals assess consumers and provide directives for their care.

Clinical staff provided examples of practices to prevent and control infections such as hand hygiene, encouraging fluids, the use of personal protective equipment and obtaining pathology results prior to commencing antibiotics. The Assessment Team observed clinical and care staff using required personal protective equipment when providing consumer care and using hand sanitiser regularly.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 3 Personal care and clinical care at the time of the performance report decision.

# 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/representatives said staff assist consumers to maintain their independence and participate in activities which aligned with consumers’ needs, goals, and preferences. Staff demonstrated sound knowledge of individual consumer needs and strategies used to ensure consumers continued to enjoy the things they wish to do. Staff described activities designed to support consumers as their needs change, including excursions in the community, in house church services, puzzles, games, and craft activities.

Consumers/representatives said they have access to activities and support networks they require to meet their individual emotional, spiritual, and psychological needs. Staff said when they identify consumers who are feeling low, they spend time with them and notify clinical staff for further intervention, where required. The service has diversional therapists and volunteers who provide additional one-on-one conversation to support consumers. Review of care documentation evidenced information regarding the social, spiritual, cultural and lifestyle preferences, needs and goals of consumers.

Consumers/representatives said they are supported to participate in their community and social activities as often as they wish. Care documentation reviewed identified the people important to individual consumers, people consumers choose to be involved in providing care and the activities of interest to the consumer are recorded.

Consumers/representatives said consumer services and supports are generally consistent and the staff know their individual preferences and this information is provided to other service providers and organisations involved in their care and services. Staff described ways they are kept informed of the changing condition, needs and preferences for each consumer including at handovers, and staff meetings. Management confirmed information is collected at the time of entry and continuously reviewed and updated as more information becomes available.

Consumers provided positive feedback with the services and supports of those they have been referred, including spiritual services. Diversional therapists said the service engaged external service providers to provide activities consumers wished to participate in and were of interest to them. The service has processes and protocols to facilitate the appropriate referral of consumers to other external providers of care and services.

Most consumers/representatives said the meals are varied and of suitable quality and quantity. Staff described how they monitor consumption of food for consumers and if there are any changes or concerns, they escalate the information to registered staff. Cards recording consumers’ dietary requirements are included on trays to support unfamiliar care staff knowledge when food is being delivered. The Assessment Team observed morning tea and lunch services where consumers were observed to enjoy their meals.

The Assessment Team observed a wide range of lifestyle activity products available for consumer use including, books, puzzles, colouring artwork, pencils and games. Mobility aids, such as walking devices or wheelchairs, were clean, tyres were inflated, foot plates were in place and items were well maintained. Staff said they have access to sufficient equipment when they need it. And when equipment is identified as requiring replacement, the maintenance team is advised, quotes are sought, and approval for expenditure is given.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 4 Services and supports for daily living at the time of the performance report decision.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers said they and their guests are made to feel welcome and they were able to bring personal effects from home to decorate their room. The Assessment Team observed the environment to be welcoming and easy to navigate with consumers moving freely between areas. Consumers shared with the Assessment Team personal belongings, including photographs and artworks they have used in decorating their rooms.

Consumers’ rooms and common areas were observed to be clean and well-maintained. Cleaning staff explained they work to a cleaning schedule, which includes the cleaning of each consumer’s room, internal communal areas, and thoroughfares, including high touch points. Maintenance records documented how scheduled maintenance is carried out and staff explained how audit processes monitor tasks and ensure completion of work within required timeframes. Consumers using a mobility aid were observed moving freely between service areas and receiving assistance from staff when required.

Consumers said they are happy with the furniture, fixtures and equipment at the service and said the cleaners and maintenance staff do a good job keeping everything neat, clean and well-maintained. Maintenance staff provided records documenting how scheduled maintenance of equipment had been carried out and explained how their internal audit processes monitor tasks and ensure completion of the job and documentation within required timeframes.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 5 Organisation’s service environment at the time of the performance report decision.

# Standard 6

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

Findings

Consumers said they feel comfortable raising feedback and complaints and were familiar with the avenues available to do so. In addition, one consumer advised they felt comfortable raising concerns directly with management as they are ‘so friendly and welcoming to feedback’. Staff discussed how they would assist consumers with physical or cognitive impairments to fill out a feedback form if required. The Assessment Team observed locked suggestion boxes and feedback forms located throughout the service, including at the front reception.

Consumers/representatives said they are aware of advocacy and language services available to them and referenced the material displayed at the service. Staff demonstrated a shared understanding of the internal and external complaints and feedback avenues, and advocacy and translation services, available for consumers/representatives.

Consumers/representatives expressed confidence management would address complaints and try to resolve any concerns promptly. Staff confirmed if consumers/representatives were to raise an issue with them directly, they would promptly inform management for investigation and remedial action. Review of service documentation, including the complaints register, food focus group minutes, and clinical incident reports, evidenced an open disclosure method is applied to resolve any complaints.

Management advised that the service trends and analyses complaints, feedback and concerns raised by consumers/representatives and uses this information to inform continuous improvement activities across the service which are documented under the PCI register. The service’s PCI was reviewed and evidenced feedback and complaints are used to influence planned actions. The PCI also lists the related Quality Standard(s), actions, outcomes and evaluation of all issues identified. Staff said feedback and complaints are discussed during staff meetings, huddles and memos to provide staff the opportunity to contribute to improvements and be part of the solution.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 6 Feedback and complaints at the time of the performance report decision.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers and representatives sampled said staff are available when needed and attend quickly in response to call bells. Care staff advised that while there are days when their workload is higher, they believe they have enough time to complete cares effectively. Care staff also said management are utilising casual and agency staff which helps ensure unplanned leave does not impact care.

Staff were observed by The Assessment Team assisting consumers with their meals exercising patience and speaking to consumers in a kind and caring manner. Management conducts ‘walkthroughs’ of each floor daily to monitor staff and consumer interactions.

Consumers and representatives described how staff know what they are doing and believe staff have the knowledge and skills to provide safe and quality care. Management advised staff competency is determined through skills assessments and monitored through consumer/representative feedback, audits, surveys and reviews of clinical records and care delivery. Management also conduct training on any areas of concern that are identified.

Consumers and representatives expressed confidence in the ability of staff to deliver care and services, and said they believe staff are well trained and equipped to perform their roles. Staff described the training, support, professional development and supervision they receive during orientation and on an ongoing basis. Management develops ad-hoc training through consumer and staff feedback, clinical incidents and clinical indicators and provided recent examples of when training was adjusted based on feedback. The Assessment Team reviewed the service’s position description templates that establish responsibilities, knowledge, skills and qualifications for each role.

The Assessment team reviewed the performance review register which confirmed management are working towards completion of all performance appraisals by the end of the calendar year as per the organisation's policy and procedure. Care staff confirmed they had undergone performance appraisals within the last 12 months with one staff member saying, ‘it’s a good opportunity to also do some self-reflection’. Management advised they monitor staff performance through consumer/representative feedback, performance appraisals and staff feedback. In addition, management conduct walk-throughs to observe staff performance.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 7 Human resources at the time of the performance report decision.

# 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 described the various ways they are encouraged to contribute to the development of services including consumer meetings, discussions with management and completing feedback forms. Management advised consumers are supported to be engaged in the development, delivery and evaluation of care and services through monthly consumer meetings and opportunities to join the consumer advisory body. Documentation reviewed by the Assessment Team, including the PCI, evidenced consumer and representative input is considered and used to influence overall developments within the service.

Management described the various ways in which the organisation communicates with consumers/representatives and staff regarding updates on policies, procedures or changes to legislation. These are generally communicated via notifications through the organisation’s staff messaging system, email, newsletters, and training. The organisation’s governance framework identified a leadership structure with the governing body holding overall accountability for quality care and services. The service conducts monthly quality meetings in which they report to the organisation’s quality and care governance committee through the organisation’s quality compliance and innovation partner and general manager, who reports to the Board.

The service had effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback, and complaints. For example:

* Consumers/representatives said they were satisfied with the way information about care and services is managed and how the information is provided to them. Staff said they can readily access information they need to deliver safe and quality care and services, and to support them to undertake their respective roles.
* Management advised they hold monthly financial meetings with the organisation’s accountant to review previous and upcoming expenditures. The residential service manager advised they are provided with a capital expenditure budget every year which is stipulated by analysing historical financial data, occupancy, staff, acuity levels and ad-hoc expenditures.
* The services plan for continuous improvement (PCI) includes details of improvements following feedback, complaints trends and analysis that identifies future training, development and other actions to improve the quality of care and services provided to consumers.
* The service has a workforce governance framework in place to ensure staff are skilled and qualified to provide safe, respectful, and quality care and services to consumers. Staff were familiar with their individual responsibilities and were aware of relevant escalation pathways.
* Management advised legislative changes, industry standards and guidelines are monitored by the organisation through subscriptions to various legislative services and peak bodies including the Commission.
* There was evidence of open disclosure within staff practices and the Assessment Team observed the pathway capturing consumer feedback and complaints and how this positively contributes to improvement initiatives and outcomes.

The Assessment Team reviewed the service’s incident management system which demonstrated how the service effectively manages and acts in the prevention of future incidents. The organisation has policies describing how to manage high impact and high prevalence risks; respond to abuse and neglect; support consumer choice and decision-making; and report and manage incidents. Staff were aware of these policies and able to describe what they meant for them in a practical way. The service has conducted Serious Incident Response Scheme (SIRS) training for all staff via internal training sessions. Staff showed an understanding of SIRS, incident reporting and escalation processes at the service.

The service has an overarching clinical governance framework in place to help guide staff on provision of safe care including outlining core elements of antimicrobial stewardship, restrictive practices, and open disclosure. The Assessment Team reviewed the organisation’s clinical governance framework which included best practice principles for antimicrobial stewardship, open disclosure and minimising the use of restraint. Management described the open disclosure process at the service, which is used in dealing with complaints and or incidents that occur and provided examples of how open disclosure had been utilised in managing complaints and to improve processes and procedures within the service. Staff described examples of antimicrobial stewardship, minimising restraint and open disclosure and how these are relevant to their day-to-day duties. Registered staff and management demonstrated an understanding of their leadership responsibilities in promoting the implementation of antimicrobial stewardship, open disclosure and minimising the use of restraint.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 8 Organisational governance at the time of the performance report decision.

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)