Performance

Report

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| Name of service: | Blue Care Carina Aged Care Facility |
| Service address: | 455 Richmond Road CARINA QLD 4152 |
| Commission ID: | 5845 |
| Approved provider: | The Uniting Church in Australia Property Trust (Q.) |
| Activity type: | Site Audit |
| Activity date: | 6 September 2022 to 8 September 2022 |
| Performance report date: | 11 October 2022 |

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

**This performance report**

This performance report for Blue Care Carina Aged Care Facility (**the service**) has been prepared by K. Spurrell, 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.
* other information and intelligence held by the Commission in relation to the service.

# 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 they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services, and live the life of their choosing. Staff were familiar with consumers’ background and history and described detailed information about each consumers’ interests, identity, and cultural practices which were accurately reflected in care planning documentation, including information such as country of origin for culturally and linguistically diverse consumers.

Consumers reported they feel safe at the service and staff respect any culture and religion they may identify with. Care staff described cultural, religious, and personal preferences for consumers. Care planning documentation demonstrated the service has sought and captured individualised information as it relates to consumers’ religious, spiritual, and cultural needs and personal preferences, outlining activities preferences, relevant family and friends, and personal goals. Various non-denominational religious services are provided by the service, as well as support to engage with the local churches and places of worship.

Consumers and representatives stated they are included in decision making about their own care and the way care and services are delivered; and confirmed they make decisions about when family, friends, carers or others should be involved in their care. Care planning documentation demonstrated comprehensive assessment and identification of needs and preferences as well as relevant family and friends identified. Consumers confirmed they are engaged in a variety of activities and supported to maintain relationships inside and outside of the service.

Consumers said they are supported to take risks to enable them to live the best life they can. Staff described how risk assessments are undertaken on admission, these are based on a consumer’s identified goals or equipment available, such as continuing to access the community or continuing to utilise electric wheelchairs. Care plans reflected activities and interests the consumer used to be involved prior to admission such as doing their own laundry or gardening.

Consumers stated the service provides information which is current, accurate and timely, and communicated clearly, easy to understand and enables them to exercise choice. Staff outlined how they communicate information to consumers in a timely manner and ensure any questions can be responded to promptly either in person, by phone or by email, consumers and representatives are included in care plan reviews and are consulted with changes in consumer condition.

Consumers and representatives said consumers’ privacy and dignity is respected by staff at the service and were confident personal consumer information was treated confidentially. Staff were observed knocking on the door to seek permission prior to entering a consumer’s room, as well as closing doors prior to providing personal care and when leaving the room. Management said consumer files are stored electronically, staff could access information using protected passwords and all hard copies are stored in secure offices. Staff said they had received training about privacy and dignity and were aware of the requirement to maintain confidentiality.

# Standard 2

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

Findings

Consumers and representatives said they feel like partners in care planning processes at the service. Staff described how the care planning process informs the delivery of care and services and care plans reflected identified risks and management strategies for individual consumers such as for the consumer who chose to enjoy food textures that had been assessed as high risk for them, consent for risk taking had been provided by the consumer and their representative. Care planning documentation evidenced the involvement of specialists and allied health professionals in assessing risks and supporting risk taking in line with consumers wishes.

Care planning documentation identified and addressed the consumer's current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. Care plans stored on the service's electronic care management system reflected current key information about consumers including their diagnoses, end of life wishes, statements of choices, advanced care plans, falls and other care related risks, personal care and dietary plan including allergies.

Care planning documentation evidenced care conferences with consumers and representatives, and the involvement of medical officers and a range of allied health professionals including physiotherapists, dietitians, wound specialists and speech pathologists. Consumers said they were involved in their care planning and review at all stages. Staff described how they communicate the needs and preferences of consumers to other staff and providers of care by ensuring care plans are up to date and reflective of consumer needs.

Consumers and representatives said they are notified when circumstances change or when incidents occur such as falls, development of pressure injuries or incidents related to challenging behaviours. Staff said they report and record incidents in the electronic risk management system and incidents requiring escalation to the serious incident response scheme are submitted within required timeframes. Management described how monthly clinical reviews identify strategies to minimise risk of reoccurrence of incidents and to identify improvements to improve outcomes for consumers. The service maintains policies, procedures and staff training to ensure incidents are reported accurately and care reviews occur when circumstances change such as a change in health or risk.

# 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 said care and services are tailored to their needs and optimises their health and well-being. Staff understood the individualised personal and clinical care needs of consumers and care planning documentation evidenced individualised care is safe, effective and tailored to the specific needs and preferences for the consumer. The service has policies and procedures in place to support the delivery of care provided, such as wound management, restraint practices, falls prevention, skin integrity and pressure injury prevention.

The service demonstrated risks for each consumer are effectively managed, including managing delirium, pressure injuries, hydration and nutrition, medications, hearing loss and restrictive practices. Consumers and representatives were satisfied that high impact or high prevalence risks are effectively managed and care planning documentation reflected effective identification of risk and management strategies, these were recorded in assessment tools, care plans and progress notes.

The needs, goals and preferences of consumers nearing the end of life are identified through assessment and communicated via the care plan. Consumers and representatives said care is tailored to their needs, goals and preferences and confirmed staff had spoken to them about advance care planning and end of life preferences. Care planning documentation detailed advance care planning information, including choices and end of life preferences. Staff described how they attend to mouth care, skin care, repositioning, and personal hygiene of the consumer to prioritise comfort and dignity during end of life care and families are encouraged to be present and welcomed throughout the end of life care of the consumer.

Consumers and representatives said they are satisfied with the delivery of care including the recognition of deterioration or changes in the consumer’s condition. Management described how they ensure any clinical or cognitive decline or change in a consumer’s condition is communicated, monitored and promptly responded through daily huddles, second hourly monitoring of at-risk consumers and daily clinical meetings. Care planning documentation, progress notes and charting demonstrate deterioration in a consumer’s health, capacity and function is recognised and responded to.

Information about consumers care is documented and effectively communicated and consumers and representatives are satisfied with the delivery of care including the communication of changes to consumers’ condition. Staff described how changes in consumers care and services are communicated through verbal handover processes, meetings, accessing care plans, communication diaries and through electronic notifications. Staff demonstrated current knowledge of consumer changes in care needs, for example dietary changes and knew where to access the most current information. Information on dietary preferences, dietary requirements and modified diets are current and are accessible to staff serving meals, beverages, and fortified supplement drinks.

Consumers and representatives said they are satisfied with the delivery of care, including referral processes and staff were familiar with the referral process for consumers to health professionals and allied health services. Care planning documentation evidenced the involvement of other providers of care such as physiotherapists, occupational therapists, podiatrists, speech pathologists and dieticians.

The service has policies to guide infection control practices and staff said they had received training on infection minimising strategies including hand hygiene, the use of appropriate personal protective equipment and outbreak management processes. Consumers and representatives said they were satisfied with the service’s management of COVID-19 precautions and infection control practices. The service was observed to have well stocked personal protective equipment and hand hygiene stations, sanitising wipes and hand sanitisers were seen throughout the service including an appropriate clinical waste management system.

# 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 said they feel supported to engage in activities of interest to them, and are provided with relevant supports, such as equipment and resources, to promote their well-being, independence and quality of life. Staff described how monthly consumer and representative meetings provide an opportunity to gather input from consumers and representatives in developing the activities calendar to ensure a good mix of self-directed activities, individual programs, group activities and external outings. Consumers were observed engaging in a variety of group and individual activities and interacting with other consumers, staff, family members and visitors.

Consumers said the service supports their emotional, spiritual and psychological well-being and staff discussed ways in which they partner with the consumer and representatives to support the emotional and psychological well-being of each consumer such as spending one on one time with a consumer when they are upset. Staff described how they identify a negative change in a consumer’s demeanour and how they refer to the consumer’s care plan for strategies to support the consumer in their emotional and psychological well-being. Care planning documentation demonstrated interventions and support strategies are recorded, strategies included to contact families for support, encouraging consumers to attend activities or referral to counselling when necessary.

Consumers said the service assists them to participate in their community within and outside the organisation’s service environment, have social and personal relationships, and do the things of interest to them. Lifestyle staff advised consumers are consulted in groups and individually to decide on activities schedules. Consumers were observed moving freely about the service and grounds, engaging in friendly conversations with staff and other consumers and attending outings with family or friends.

Consumers and representatives confirmed consumers feel confident staff and other persons delivering their care and services are aware of the consumers’ needs and preferences. Staff described how changes in a consumer’s care needs are communicated during clinical handover and documented in care plans. Care planning and lifestyle documentation for consumers showed clinical staff and allied health professionals discuss and plan for changes to consumers’ conditions, needs and preferences.

Consumers said the service assists them with referrals to individuals, other organisations and providers of other care and services and they are reminded of scheduled bookings on the noticeboard in their room. Consumers are advised of forthcoming allied health professional visits to the service at monthly consumer meetings and on electronic screens observed throughout the service. Staff confirmed they have access to a range of contracted service providers to ensure consumer needs are met including the consumer’s medical officer, a full range of allied health providers, equipment providers, and behaviour management experts.

Consumers were generally satisfied with the quality and quantity of food at the service and said their dietary requirements were catered for. Staff explained the specific dietary needs and preferences of the consumers, and all had a shared understanding of the process for monitoring the dietary requirements within the kitchen environment. Care planning documentation reflected dietary needs and preferences which aligned to information gathered from staff discussions. The service is in the process of implementing a new electronic menu system to assist staff in offering food choices to consumers who may not be able to articulate choice as the new system will enable the consumer to point to indicate their selection where necessary.

# 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

The service environment was observed to be welcoming, and consumers said the service was easy to navigate, they felt comfortable living in the service and were able to personalise their rooms with their belongings. The service was observed to have wide corridors with handrails to support the movement of consumers, staff were seen assisting consumers to attend activities and move outside including using the use of elevators between floors. Consumers were observed enjoying various lounge areas watching television, participating in activities or talking with each other. Each lounge had suitable furniture and was neat and tidy.

The service was clean, well maintained, and comfortable. Consumers said they liked being able to regulate the temperature in their rooms with the air conditioning, staff ensure the service and their rooms are clean, and they felt comfortable moving about the indoor and outdoor environments. The grounds were well maintained with spacious courtyard areas, wide pathways and several sitting areas throughout the gardens. Consumers said they enjoyed the comforts of the service including the gardens and outdoor areas.

Furnishings were observed to bright, clean, in good working order and fit for intended purposes. Call bells were observed to be easily accessible to consumers in their rooms and consumes were satisfied with furniture and equipment available for their use and confirmed these are safe, clean, and well maintained. Staff were familiar with maintenance processes and consumers said they notify staff if any items needs repair and staff will log a maintenance call. A range of equipment including walkers, wheelchairs, and lounge chairs, were observed available for consumer use throughout the service. The completed maintenance log demonstrated maintenance issues are resolved in a timely manner.

# 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

The organisation has policies, procedures and electronic data systems to ensure effective feedback management systems are in place. Consumers and representatives confirm they are encouraged to and are comfortable to give feedback and make complaints. Staff described how feedback templates make the process easy for consumers to provide feedback and feedback is used to inform continuous improvements at the service. Feedback forms and suggestion boxes were observed available throughout the service and posters reminded consumers and representatives to give feedback. Consumer meeting minutes reflected feedback is provided by consumers and representatives and encouraged by the service.

Consumers and staff said they are provided with information on advocacy, language services and ways to raise and resolve complaints externally if required. Staff provided an overview of translation services, advocacy, and specialist services made available to consumers including multilingual care staff on hand. Printed material is provided to consumers and representatives on admission and is reinforced through flyers, posters, and consumer meetings.

Consumers and representatives said management promptly addresses and resolves their concerns after making a complaint, or when an incident has occurred and confirmed management and staff provide an apology when things go wrong. Staff confirmed receiving training on open disclosure and demonstrated a shared understanding of the principles of open disclosure, including providing an apology to the impacted person/s, and implementing actions to prevent recurrence of the incident or complaint.

The service demonstrated feedback and complaints are reviewed and used to improve the quality of care and services. Staff described how feedback and complaints are linked to the continuous improvement plan and this was reflected in the Quality Improvement Plan which demonstrated progress made in resolving complaints, actions taken as well as follow up actions. The service uses an electronic care management system which integrates and links to consumer feedback, complaints, and incidents. A consumer confirmed they had provided feedback which had resulted in improvements in meals offered at the service.

# 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 said there is enough staff, they are not rushed when providing care and call bells are answered promptly. Rosters demonstrated an adequate mix of registered and care staff are supported by a clinical management team and hospitality and maintenance staff. Management described how rosters are filled and management provide support to cover absences. Beds were made, consumers were up ready for activities and assistance and staff assisted consumer with meals in a timely manner.

Consumers said staff are kind, caring and they respect their identity, culture, and diversity. Staff were observed to be respectful of consumers and taking time to interact with consumers and ask consumer for preferences. Care planning documentation demonstrated the consumers story, needs, and preferences are known. Staff receive training and support to deliver care in accordance with the organisations’ Cultural Diversity and Inclusion Policy.

Consumers said staff are skilled to provide their care, and they are referred to allied health and specialist services when needed. Staff said they have the necessary skills to perform their role and are supported by senior staff. Management said staff are supported, skilled and ready to carry out their roles. Where appropriate, new members of the workforce are supervised until they are confident they have the competence they need to carry out their role. Staff records show systems are in place to ensure staff are qualified and remain skilled for their role, and the organisation acts promptly on any workforce shortages.

Consumers said they are confident staff are well trained. Staff said they receive excellent training and support to perform their roles effectively and can access additional training provided by the organisation. Staff records indicate recruitment, selection, and onboarding is rigorous, and management described how training takes place according to roles and service needs. Training records show all staff have completed training required for their roles.

Management said annual staff performance reviews occur where staff performance is assessed against their role description and the appraisal review schedule confirmed staff appraisals had been completed or were scheduled. Staff confirmed participation in performance reviews including during an initial probation period and they are encouraged to take more study or role crossover to build their competencies and skills. Consumers said they are asked for feedback on care and service delivery including on individual staff performance.

# 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

The service has a multilayered approach to engaging consumers in the development, delivery, and evaluation of care and staff are trained to assist consumers to be engaged. Consumers are encouraged to give feedback in person, writing, by email, by phone and anonymously, monthly consumer meetings also provide an opportunity for consumers to put forward suggestions, complaints and feedback. Consumers and representatives said they felt the service listens and responds to their suggestions, for example a consumer suggested more food variety and so the option of two hot meals was introduce. Engagement efforts include rectifying any issues raised by consumers and using this information to plan and inform improvements to services and care provided.

The service has central policies and procedures to promote a culture of safe, inclusive, and quality care and services. Consumers feel safe and described ways the service asks for their opinions to improve the service culture supports their health, safety and well-being and is inclusive of their identity. Staff described a strong organisational structure which governs the delivery of quality care and services across the organisation and considered the service is a good place to work where they feel the governing body takes care of them and ensures their safety.

The service has effective organisation wide governance systems in place to assess, monitor and drive improvement in quality and safety of the care and services they provide. This includes for information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. Management described the principal roles of the governing body as overseeing the governance of the organisation, approving, and reviewing the strategic plan. The service’s values statement further guides service delivery and the use of an electronic care management and audit system enables reporting transparency and ability to track trends organisationally. Management provided a comprehensive quality improvement plan with up to date with clear goals, alignment with standards, timelines, outcomes and status.

The service has policies and procedures in place for the management of risk and informed decision making for consumers while supported by management, staff, and health professionals. Management could describe their roles and obligations in relation to mandatory reporting and staff were familiar with high impact risks such as restraint, falls, and pressure areas, and could explain what a reportable serious incident was, and the process for reporting. Management confirmed staff receive training in incident reporting, elder abuse and neglect, and mandatory modules are provided for high impact risks such as falls, pressure areas, choking and weight loss. Consumers are provided with education through meetings, booklets, brochures, and posters and are encouraged to speak up. Clinical practice includes assessments to identify signs of elder abuse and neglect.

Staff reported they understand and can access clinical governance resources and associated systems. The Clinical Governance Framework is consistent with the National Safety and Quality Health Service Standards, and references the Aged Care Quality Standards, and is reviewed annually. Management described the clinical governance framework which is available via the service’s intranet to all staff and includes a library of documents to support clinical governance including policies and procedures, clinical practice guidelines, work instructions, clinical reports, audits and staff training and competencies and consumer information. Documentation in relation to antimicrobial stewardship, minimising the use of restraint and open disclosure were observed to be current, clearly recorded and detailed. Consumer education on open disclosure, restraint, antimicrobial stewardship, and other topics was found in posters and brochures located around the facility, in the Resident Booklet, and in the Resident Meeting Minutes. Consumers receive data on consumer outcomes such as incident data and clinical indicator reports.

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