Performance

Report

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| Name: | Blue Care Gracemere Aged Care Facility |
| Commission ID: | 5435 |
| Address: | 35 Conaghan Street, GRACEMERE, Queensland, 4702 |
| Activity type: | Site Audit |
| Activity date: | 3 September 2024 to 5 September 2024 |
| Performance report date: | 8 October 2024 |
| Service included in this assessment: | Provider: 314 The Uniting Church in Australia Property Trust (Q.)  Service: 3727 Blue Care Gracemere 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 Gracemere Aged Care Facility (**the service**) has been prepared by Bruce Bassett, 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 provide care and support in a dignified and respectful manner, know what is important to them and made them feel welcome within the service. Care staff demonstrated knowledge about consumers’ backgrounds. The electronic care management system (ECMS) included detailed life stories, including consumers’ interests, goals and accomplishments. The service and governing organisation had policies to promote, welcome and celebrate a diverse range of cultures.

Consumers and representatives described care which met consumers’ cultural needs and was free from bias and underlying assumptions. Care planning documentation and assessments supported consumers to communicate their individuality. Staff could identify consumers from diverse backgrounds and refer to their care planning which supported them to understand consumers and provide culturally safe care.

Consumers could nominate who they wanted involved in their care and to communicate their decisions clearly. The service supported consumers to maintain personal relationships within and outside of the service. Consumers said they were supported by the service to exercise choice and maximise independence.

Consumers said they are supported to take risks and engage in activities which are important or meaningful to them. The service demonstrated the processes where risks were identified, potential outcomes discussed, and risk management planning completed. Planning was completed in consultation with consumers and their representatives. Dignity of risk (DOR) forms were signed and easily accessible within the ECMS.

The service demonstrated the provision of accurate and timely information to consumers. Information was clear, easy to understand and supported consumers to exercise choice. Consumers and representatives confirmed they receive clear information from the service.

Consumers and representatives said their privacy is upheld by the service and confidential information managed appropriately. Consumers said care and services are delivered in a way that maintains their privacy. The service uses a secure ECMS to store and communicate consumers’ information. Consumers complete and sign privacy agreements on admission to the service. These agreements allow consumers to exercise choice regarding what information they agree to share, and with who.

Following consideration of the above information, I have decided Standard 1 is Compliant.

# 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

The service demonstrated it has a process for planning, assessing and monitoring each consumer’s care to address their preferences and identified risks. Care plans are customised to individual needs. Registered staff assess risks such as falls, weight loss, and infections, making referrals to medical professionals and incorporating their advice into care plans. Restrictive practices are used only after alternative interventions have been unsuccessful and are supported by behaviour support plans (BSP). High-prevalence and high-impact risks are reviewed quarterly, with the residential service manager (RSM) and clinical governance team developing strategies for skin integrity, falls, and pain management to guide risk mitigation in care planning.

Care plans, including advance care and End of Life (EOL) planning, are tailored to each consumer and regularly reviewed to ensure alignment with their needs. Management engages with consumers to discuss EOL care planning upon admission or during care plan reviews. Completed advance care directives or statements of choice are documented in the ECMS and reviewed during care plan updates. Staff follow established procedures to implement EOL care and choices, ensuring consistency with consumers' preferences as outlined in their care plans.

Care planning documentation confirmed consumers, and their representatives participate in the assessment, planning, and review of care and services. Staff understood their roles in ensuring care plans address each consumer's needs, goals, and preferences. The service coordinates with external providers, including medical officers and allied health professionals, to develop integrated care plans. Regular case conferences support ongoing collaboration, and staff training reinforces the service’s partnership with consumers in their care.

The service demonstrated it documents and communicates assessment and planning outcomes to meet consumers' care and service needs. Care plans are regularly reviewed and updated based on current assessments, with staff accessing these plans through the ECMS and handover records to provide appropriate care. Consumers and representatives reported being informed about care plans and understand they can access this information if needed. The service ensures care plans are comprehensive, relevant, and accessible to staff and consumers, supporting the delivery of tailored care and services.

The service demonstrated care plans are reviewed every four months in accordance with organisational policy. Consumers and representatives reported care and services are reassessed when circumstances change or incidents occur, such as falls, pressure injuries, or medication errors. Reviewed documentation confirmed assessments and care plans are promptly reviewed, and staff are aware of incident reporting processes that trigger these reviews. Management stated all clinical incidents are reviewed monthly at both service and organisational levels to identify strategies for risk mitigation, recurrence prevention, and ongoing improvement. The service follows policies and procedures for recording and reporting incidents, updating care plans as needed.

Following consideration of the above information, I have decided Standard 2 is Compliant.

# 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

The service demonstrated consumers receive clinical and personal care aligned with best practices, focusing on optimising health and well-being. Key risks such as restrictive practices, falls, weight loss, skin integrity, and pain are identified, assessed, managed, and evaluated. Restrictive practices are used as a last resort, with assessments, authorisation, consent, and monitoring documented, along with BSPs. Regular assessments for skin integrity and pain guide care plan updates, incorporating both pharmacological and non-pharmacological strategies. Medication use is monitored through the psychotropic register and associated assessments. Wound care and pressure injury management are conducted according to Medical Officer (MO) or specialist instructions in care plans, with wound management documented after each treatment or review. Staff were knowledgeable about consumers' needs, and clinical practices were supported by organisational policies and procedures.

The service demonstrated effective processes for monitoring and managing significant risks related to consumer care. Risks such as falls, infections, weight loss, and behavioural changes are documented in care plans and progress notes, which registered staff and the Care Manager (CM) review daily. These staff communicate updates to the care team to ensure awareness and appropriate responses. Consumers and representatives confirmed these risks are managed according to the service's strategies to mitigate injury. Documentation showed assessments and interventions address risks, including life choices, diet, and falls.

The service demonstrated advanced care directives and EOL wishes are established upon entry and recorded in the ECMS, with reviews every three months or when health changes occur. Care plans for sampled consumers included their EOL needs, with directives and statements of choice documented. Staff understood how to support consumers nearing the EOL, working with MOs and consulting with consumers and representatives to address changing needs. Consumers said the service manages their pain effectively and allows support from loved ones, respecting their social, cultural, and religious preferences. Management stated families are encouraged to be present during EOL care, with staff providing support to ensure comfort and dignity.

The service demonstrated processes for identifying and responding to changes in consumers' mental or physical health. Care planning documentation recorded how these changes are managed, with staff promptly reporting any deterioration to the Registered Nurse (RN) on duty. Clinical staff refer consumers to MOs for further evaluation or arrange hospital transfers as needed. Policies and procedures, including guidelines for managing deterioration, guide staff in monitoring and addressing changes in consumer health. Consumers and representatives expressed confidence in the ability of staff to respond to decline in physical and mental health. Staff demonstrated knowledge of how to identify, communicate and act on signs of deterioration, with training records confirming they are supported in these tasks.

The service demonstrated effective communication of consumers' personal and clinical needs to ensure care delivery. Staff use care plans and the ECMS to document and share information, enabling consistent communication across the service. Consumers and representatives are informed of changes in care. Updates, including hospital transfers, were recorded in progress notes and shared through the ECMS to keep relevant staff informed.

The service demonstrated timely access to specialist services and care providers. Registered staff explained referral processes, with documentation confirming referrals to allied health providers such as physiotherapists, optometrists, podiatrists, and dietitians.

The service demonstrated an infection prevention and control program to mitigate infection-related risks, including policies, procedures, and an outbreak management plan with a focus on antimicrobial stewardship and COVID-19 protocols. Staff receive training in infection control practices such as hand hygiene, personal protective equipment use, and outbreak management. The service has implemented a vaccination program for staff and consumers, along with additional measures like mask usage, PPE, and negative rapid antigen tests for staff and visitors during COVID-19 outbreaks or community risk. Consumers and representatives expressed satisfaction with the infection control measures in place. The clinical team, supported by an infection prevention control lead, monitors antibiotic use and reviews infection data regularly to guide improvements. Staff follow guidelines for antimicrobial stewardship and infection control, ensuring pathology results are obtained before starting antibiotic treatment.

Following consideration of the above information, I have decided Standard 3 is Compliant.

# 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 said the service supports consumer’s quality of life and personal interests. Consumers said they are supported to engage in both group and solo activities which are meaningful to them. Lifestyle staff said the monthly activities schedule includes activities within the service, group outings, as well as special events. Consumers were observed engaging in various activities throughout the site audit. Care planning documentation noted consumers’ interests, what activities they liked to attend and recorded activity attendance.

Consumers said the services and supports provided enhanced their emotional and psychological wellbeing. Consumers can engage in activities or access services which enhance their wellbeing and social connections. Staff said they support consumers to attend activities and have social engagements.

Consumers and representatives said visitors are welcomed at the service. Consumers said they can access the community or visit family outside of the service. The service had a range of activities to support consumers’ diverse interests and to support them to access the community. Consumers’ ongoing relationships, family and next of kin were documented in care plans enabling staff to know who is important to consumers.

Consumers said the service’s staff and visiting allied health professionals provided consistent support and knew who they were. The service supports consumers to sign privacy agreements which detail who they consent to have their personal information shared with. Staff had access to detailed care planning and consumer information within the ECMS.

The service had systems in place to provide referrals to other providers of care and services.

Consumers were positive in their feedback regarding the quality and quantity of meals provided. All consumers interviewed said they were happy with the meals. The service uses a rotating monthly menu which covers all main meals. While most of the menu, including texture modified meals, are prepared offsite, kitchen and care staff were able to explain texture modified diets and refer to the resources they use to ensure consumers receive the correct meals. Where thicken fluids were being served, care staff were observed to be referring to guidelines and testing consistency. Dietary profiles and IDDSI posters were observed in both kitchen and servery areas. Care planning documentation accurately recorded consumer dietary profiles and personal preferences. Quick reference dietary profiles for each consumer could be found at each food serving area.

Consumers and representatives expressed satisfaction with the equipment provided to consumers by the service. The equipment was safe and allowed consumers to engage in activities. Where equipment was owned by the consumer, they said the service ensures the equipment is maintained and in good working order. All equipment observed appeared to be clean and well maintained. Staff said they receive training to safely assist consumers to use mobility equipment.

Following consideration of the above information, I have decided Standard 4 is Compliant.

# 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 are supported to personalise and decorate their rooms. Each room visited by the Assessment Team was observed to contain personal effects, decorations and other pieces of furniture reflecting consumers’ individual preferences. The service had a simple layout, contained clear directional signage and was easy to navigate. The service’s design incorporated large floor to ceiling windows, allowing natural light in. Indoor and outdoor communal spaces were easily accessible, with connections between wings supporting consumers to interact with one another.

The service was clean and well maintained. The environment was welcoming. Consumers were observed moving freely throughout the service both indoors and outdoors. The memory support unit has its own large outdoor garden, enabling consumers to always have access to the outdoors.

Consumers said the furniture and equipment is clean and well maintained. Consumers using mobility aides said their equipment is regularly maintained by the service. Management and the maintenance officer described their systems for preventative maintenance. They demonstrated how they request both general repairs and urgent maintenance. Documentation and observations confirmed regular and ongoing maintenance was occurring.

Following consideration of the above information, I have decided Standard 5 is Compliant.

# 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 and representatives reported feeling encouraged, safe, and supported in providing feedback and making complaints through various methods. These included speaking directly with management or staff, using feedback forms, or contacting the service via email or telephone. Staff described methods for supporting consumers in providing feedback and making complaints. Meeting minutes also confirmed consumers and representatives are regularly invited to share their feedback on the care and services provided.

Consumers and representatives were aware of both internal and external channels for providing feedback and raising complaints. Staff explained how they support consumers in providing feedback and accessing advocacy services if needed. Documentation provided to consumers included clear instructions on how to utilise both internal procedures and external agencies for addressing concerns.

The service demonstrated it takes timely action in response to feedback and complaints, including the use of open disclosure process when issues occur. Documented policies and procedures guide staff and management in handling complaints and providing open disclosure. Both management and staff demonstrated an understanding of these procedures.

The service demonstrated feedback and complaints are used to enhance the quality of care and services for consumers. A review of the service’s plan for continuous improvement confirmed feedback is consistently analysed and used to make necessary improvements. Consumers also confirmed the service responds to their feedback by implementing changes based on their input.

Following consideration of the above information, I have decided Standard 6 is Compliant.

# 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

Management demonstrated with workforce is planned to align with consumer needs in the delivery of care and services. The service demonstrated systems and processes to maintain adequate staffing across all shifts. Consumers and representatives said staff were available to meet personal and clinical needs in a timely manner and staffing levels were sufficient to provide care according to consumer preferences outlined in care plans.

Consumers and representatives said staff were kind and respectful of consumers’ identity and culture. Management and staff provided examples of how they address individual needs, diverse backgrounds, and preferences. Each consumer is provided care according to their personal preferences and cultural considerations.

Consumers and representatives said they were confident staff are qualified and have the knowledge and skills to provide safe care that meets consumer needs and preferences. The service demonstrated it supports staff to perform their roles effectively.

Staff said training provides them with the necessary skills and knowledge to ensure they are prepared for their roles before commencing care provision to consumers. Staff are required to complete annual mandatory education units. A review of training records showed most staff had completed their mandatory training and a process was in place to ensure compliance.

The service demonstrated it monitors staff performance through team meetings, informal discussions, peer feedback, and formal appraisals. Management described the process for regular performance assessments and reviews. Staff said they feel supported in performing their roles. Documentation showed all staff had recently completed performance appraisals.

Following consideration of the above information, I have decided Standard 7 is Compliant.

# 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 engages consumers in care and service delivery by using their feedback to guide development, delivery, and evaluation processes. Consumers said they participate in these processes, which influence personalised care. Management provided examples of changes made at the service and organisational levels based on consumer feedback. Documentation confirmed ongoing engagement with consumers influences care delivery and evaluation.

Management and executive management demonstrated the governing body monitors compliance with the Quality Standards and promotes a culture of safe and inclusive care. Review of the clinical governance framework and board meeting minutes demonstrated the governing body’s active oversight of safe and effective care delivery.

The service has established governance systems for managing, maintaining, and reviewing information, continuous improvement, financial and workforce governance, regulatory compliance, and feedback and complaints.

The service has policies and procedures for effective information management, including secure communication and data handling through software programs. Paper-based systems are also used to manage and store key documents for consumers and staff.

Continuous improvement was demonstrated by management and the board's oversight and integration of quality improvement principles into the service’s plan for continuous improvement, operations and practices.

The service has financial governance systems to manage resources for care and services. Management holds monthly meetings with the Business Performance Analyst, during which budgets are set and reviewed. The service receives funding from its peak body, with financial performance regularly reported back. Financial governance is overseen by the Board and reviewed during Board meetings. Each manager has an approval limit for capital expenditure, with larger expenditures escalated for higher approval.

Staff and management are provided with position descriptions and understand their roles and responsibilities. The service supports its staff in delivering safe care and services and monitors workforce performance. Strategic plans are in place for recruiting and retaining staff. Staff interviewed demonstrated an understanding of their roles, responsibilities, and accountabilities.

Management explained regulatory compliance is tracked daily through reporting systems accessible via the ECMS. Executive management holds regular weekly meetings to review concerns, provide support and training, ensure policy adherence, and escalate identified issues within the governance structure as needed. Updates on the Serious Incident Response System (SIRS) and restrictive practices are communicated through emails, staff meetings, and training sessions.

The service’s policies and procedures outline the process for staff to identify and report elder abuse through the incident management system and report serious incidents to SIRS. A review of incident reports confirms compliance with relevant legislation for SIRS and incident management processes.

The service provides multiple methods for consumers and representatives to give feedback. It has systems and open disclosure processes in place to document, analyse, and use feedback and complaints to improve consumer outcomes. Feedback and complaints are regularly reported to the Board.

The service has a risk management system to identify and address risks related to consumer care. A risk management matrix and relevant frameworks are used to mitigate and respond to incidents. Emergency management procedures cover strategies for weather events and regional disasters, ensuring comprehensive risk management.

Interviews with management and a review of the service's policies and procedures demonstrated that the service has a clinical governance framework to ensure a consistent approach to quality clinical care. The framework is supported by online policies, procedures, clinical practice guidelines, work instructions, reports, audits, staff training, competencies, and consumer information. Management outlined the responsibilities of clinical leadership, data collection, and the use of data to inform safety and quality, as well as the approach to clinical audits and data management. Clinical incidents, including falls, behaviours, medications, infections, pressure injuries, wounds, and restraints, are regularly discussed at quality meetings, with reports generated on these areas. Staff and management described processes for antimicrobial stewardship, minimising the use of restraint, and applying open disclosure. Relevant staff have been trained in clinical governance and provided examples of how policies are applied in their work. Documentation shows the organisation supports clinical governance leadership roles with ongoing training.

Following consideration of the above information, I have decided Standard 8 is Compliant.

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)