Performance

Report

**1800 951 822**

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| Name of service: | BlueCross Livingstone Gardens |
| Service address: | 39 Livingstone Road VERMONT SOUTH VIC 3133 |
| Commission ID: | 3170 |
| Approved provider: | Blue Cross Community Care Services Group Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 2 May 2023 to 5 May 2023 |
| Performance report date: | 5 June 2023 |

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

**This performance report**

This performance report for BlueCross Livingstone Gardens (**the service**) has been prepared by J Miaris, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives, and others.

# 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

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

Staff demonstrated that they were familiar with consumers backgrounds and could describe ways in which they enable and support consumers choice and preferences. Care planning documentation reflected consumers individual identity and preferences. Staff understood consumers rights for respect and demonstrated an understanding of consumers personal circumstances and life journeys. Consumers said staff are supportive of their care preferences and are respectful. Staff interactions with consumers were observed to be respectful.

Staff identified consumers from culturally diverse backgrounds and were able to describe how they tailor care that meet consumers cultural needs and preferences. Care planning documentation for consumers identified that the service collaborates with consumers and their representatives to accurately reflect consumers cultural preferences to guide care and service delivery to meet their needs.

Consumers said they were supported to choose who they wish to involve in their care and how they would like their care and services delivered. Consumers said the service encourages and supports them to make connections with others and maintain relationships important to them. Care planning documents reflected consultation/involvement of consumers and others important to them. Staff described strategies for supporting consumers to exercise choice and independence and were familiar with consumers that wished to maintain relationships with and have involved in their care.

Consumers and representatives said the service enables consumers to take risks to encourage consumers to live their best life and the service supports them in making decisions that involve consumers taking risks. Staff were aware of consumers who want to take risks and demonstrated how they support them. Care planning documentation describes areas in which consumers are supported to take risks to live the life they wish. The organisation had documented polices on managing risk for consumers and a process with accompanying forms that supports consumers to take risks.

Consumers and representatives said the service keeps them well informed, such as events, activities, infectious outbreaks, menus, allied health visits and general updates. The service communicates information via noticeboards, the following were observed on display at the service, menus, activities schedule, representative meetings, monthly newsletters. Information is also communicated by relevant staff; this enables consumers to exercise choices that impact on their daily lives.

Consumers said their privacy was respected and information about them was confidential. Staff were observed knocking on consumers doors, then awaiting a response before entering and staff closed doors whilst attending to consumer care needs to maintain consumers privacy. Staff described how they ensure consumers privacy is respected when attending to their care needs and the practical ways in which they respected the personal privacy of consumers. whilst attending to consumer care needs. The service had documented policies and procedures in relation to privacy and the protection of personal information. Staff explained how consumers information is stored securely and electronic documents were password protected.

# Standard 2

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

Findings

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

Consumers and representatives said their participation in initial assessment and planning and subsequent review of care plans informed the care provided to consumers. Staff said consideration and strategies to manage risks were documented in care planning documentation to support safe and effective care, this was reflected in care planning documentation for individual consumers. The service had policies in relation to assessment and planning procedures in place and the service demonstrated risks to the consumer’s health and well-being is considered during assessment and planning to ensure care and services are safe and effective.

Care planning documentation were individualised, reflecting consumers’ individual needs and preferences, including advanced care plans in place for consumers that consented to provide this information. Staff said consumers and their representatives can discuss advance care planning and end of life wishes during the admission process if they wish and during regular care consultations and reviews.

Care planning documents reflected the involvement of consumers and who the consumer wishes to be involved, and other health professionals in the assessment and planning process. Staff described processes for partnering with consumers and their representatives in regular care planning assessments, and care needs were updated whenever consumer’s needs or condition changed. Consumer representatives said they were involved in regular care plan review processes and when there is any change to consumers health condition or care needs.

Representatives said they were provided with a copy of care planning documentation following regular reviews or when there are changes in a consumers’ condition. Staff described how information is shared with consumers and representatives and how it was shared with staff at handover meetings at the start of each shift. Staff described how they document and access consumer care information in the electronic care system.

Staff described processes and the importance of the completion of observations and assessments were, in evaluating care and support needs of a consumer were changing. Representatives said they were updated by the service when changes in a consumer’s condition or behaviours initiated a review of the care and support provided. Care planning documentation demonstrated that regular reviews occurred, and when circumstances change or when incidents impact on the needs, goals, or preferences of the consumer.

# Standard 3

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

Findings

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

The service had policies, procedures, and systems in place to deliver safe and effective care to meet consumers care needs and staff demonstrated they were aware of the personal and clinical needs of consumers. For consumers subject to restrictive practices, care planning documents included restraint authorisation, informed consent, and a behaviour support plan. Care planning documentation reflected the service develops appropriate care and management plans for consumers.

Management and staff said demonstrated they were aware of the highest risks that the service managed with consumers and had additional supports in place for consumers. For example, implementing relevant strategies to minimise risks such as falls, management and staff said having programs in place for consumers was increasing independence and reducing falls in the service. Representatives said that the prevention of falls was well managed and the management of consumers following a fall was comprehensive. Care planning documents identified that high impact and high prevalence risks are effectively managed, and staff implement relevant strategies to minimise risks.

Care planning documents of consumers receiving palliative care support reflected consumers’ comfort is maximised and their wishes and needs are supported. Staff described how they deliver end of life care to consumers in line with their needs, goals, and preferences. Representatives confirmed they had advance care directives in place for consumers and the service respect and follow the advance care plan and preferences as requested. Staff described how the service supported consumers at the end of life to be comfortable, pain free and supported by those important to them.

Staff described how they identify and respond to deterioration or change in consumers’ condition. Timely documentation and sharing of information were noted by staff as important to maintain accurate information about a consumer’s condition. Care planning documentation demonstrated that deterioration is recognised and responded to quickly, and plans were in place for when changes occur. Representatives said the service responds well to any change or deterioration in consumers’ condition. The service had policies, procedures, and clinical protocols in place to guide staff in the management of deterioration.

Care planning documents contained adequate information to support effective and safe sharing of the consumer’s information in providing care. Staff described how information about consumers needs, conditions, and preferences are documented and communicated within the organisation and with others where clinical care is shared.

Consumers said that they could see their health professionals and other allied health services as needed. Staff and management described how information about consumers needs, conditions, and preferences are documented and communicated within the organisation and with others where clinical care is shared to ensure quality care and services are safe and effective. Care planning documentation contained information and timely referrals to other health professionals and allied health services.

Consumers said they are confident in the service’s ability to manage an infectious outbreak and they have observed staff practice good infection control management. The service had policies and procedures in place to guide staff in relation to antimicrobial stewardship, infection control management, and documented processes for the management of an infectious outbreak. Staff confirmed they have received training in infection minimisation strategies including infection control and COVID-19. The workforce demonstrated an understanding of precautions necessary to prevent and control infection and the steps they could take to minimise the use of antibiotics.

# Standard 4

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

Findings

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

Consumers said they received safe and effective services that maintained their independence, wellbeing, and quality of life. Staff demonstrated knowledge of consumers needs and preferred activities. Care planning documentation captured the consumers life story and identified consumers preferences and information in relation to supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being, and quality of life. The activity programs provided a variety of activities for different levels of ability and incorporated various activities that were tailored to meet individual consumers preferences.

Staff described how they support consumers emotional and spiritual needs, through one-on-one staff support and access to religious services to meet consumers preferences. Consumers described support and services available to them to promote their emotional, spiritual, and psychological wellbeing. Care planning documentation outlined consumers’ emotional and spiritual needs with strategies in place to support and promote these needs being met.

Consumers said they were supported by the service to participate in their community within and outside the service environment as they choose, and how the service supports them to maintain social and personal relationships and do the things of interest to them. Staff described the supports in place for individual consumers to enable them to participate in the wider community and maintain personal relationships. Care planning documentation identified activities of interest and how consumers are supported to participate in these activities, including activities outside the service. Activity schedules were displayed on noticeboards throughout each unit of the service and in consumers rooms, and consumers were observed engaging in a range of activities and socialising with other consumers and visitors.

Consumers said their services and support are consistent with their needs and preferences. Staff advised consumer care needs and condition are shared internally at handover and preferences are obtained by speaking with consumers daily. Staff were able to detail the process for communicating internally at the service, and externally to others where responsibility for care is shared. Care planning documentation outlined conditions and needs of consumers, their preferences, and choices, and how they are supported. Tools such as the service’s handover sheet and electronic reminders on the care planning system support effective communication at the service.

The service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services. Consumers said the service has referred them to external providers to support their care and service needs. Staff provided examples of how they identify consumers who may require further supports and are referred to other providers of care and services, this was reflected in care planning documentation.

Most consumers expressed satisfaction with the quality, quantity and variety of food served at the service. The service demonstrated they provide meals that are varied and of suitable quality and quantity, with multiple menu options to choose from for each meal time. The service had processes and systems in place for consumers to provide feedback on the quantity and quality of food and menus are planned to meet consumers’ dietary needs and preferences.

Consumers said they felt safe when using equipment provided by the service and equipment is clean, well maintained, and suitable for their needs. Staff demonstrated awareness of processes to report any maintenance issues. Documentation demonstrated preventative and corrective maintenance schedules were in place and up to date. All equipment were observed to be safe, suitable, clean, and well-maintained.

# Standard 5

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

Findings

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

Consumers and representatives said the service is welcoming and easy to navigate and consumers can personalise their rooms with their own belongings, such as furniture and personal items of their choice. Staff described how they support consumers to personalise their rooms with furniture, artwork, and bedding to promote a sense of belonging and independence. Signage was observed at the service to assist consumers and visitors to navigate their way to different areas of the service.

Consumers and representatives said the service is cleaned regularly, and maintenance is completed in a timely manner. The service had systems and processes in place to ensure maintenance requests are completed in a timely manner, with cleaning schedules in place. Consumers and visitors had access to communal areas, with other private areas for socialising. Consumers were observed accessing internal areas using the internal lift and all consumers had access to external courtyard areas within the service. Consumers had knowledge of the code and or electronic device to access the main front door at the service and consumers were observed using their own electronic device to exit the service.

Consumers said that equipment is well maintained and clean. Staff said they have access to sufficient, well-maintained equipment needed for consumer care. Staff said furniture, fittings, and equipment are maintained under a scheduled maintenance plan with specialist contractors in place where required. Documentation demonstrated regular maintenance of the service environment and equipment, with a preventative maintenance schedule in place.

# Standard 6

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

Findings

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

Consumers and representatives said they are encouraged and supported to provide feedback regarding care and services and feel comfortable raising concerns should they need to. Staff and management were able to describe the avenues available for consumers and representatives to provide feedback and or make a complaint. Staff explained processes they followed should a consumer or representative raise an issue with them directly and described how they support and encouraged consumers to utilise the feedback forms, with staff assistance if required. Feedback forms were observed at the service and a feedback box for feedback forms to be posted once having completed the form, consumers were familiar with this process.

Consumers and their representatives said that although they are aware of other avenues for raising a complaint, they are comfortable raising their concerns with management and staff in the first instance. Staff described how they act as advocates for consumers by communicating concerns to management on their behalf, encouraging them to provide feedback and assisting consumers to complete feedback forms or speak to management as required. Staff and management were aware of how to access an interpreter and or advocacy services for consumers when required. The service had brochures and feedback forms and are available in alternate languages if required and advocacy services were displayed on noticeboards throughout the service.

Consumers and representatives said management have promptly addressed and resolved their concerns following a complaint, or when an incident has occurred. Staff and management described processes followed when feedback or a complaint is received, including escalation to management. Management provided examples of recent actions taken in response to complaints made and feedback provided by consumers and representatives, which evidenced a timely resolution and appropriate actions being undertaken inclusive of an open disclosure process. Documentation demonstrated that the service captures feedback in various ways, with documented actions and outcomes.

Management described detailed processes and provided examples of how feedback is used to improve services. Consumers and representatives said they have provided feedback and or made complaints at meetings and through other mechanisms, which have resulted in improvements made at the service. Documentation reflected the various ways in which the service captured feedback and how this informs improvements 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

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

Consumers and representatives said they were satisfied with the care staff provide to consumers. Consumers said they felt safe, staff attend to their care needs and are quick to respond to the call bell. Management explained how call bell data is monitored and any identified trends of concern are investigated. Staff said they meet the physical care needs of consumers. Rostering documents showed minimal unfilled shifts and management advised they adjust the allocations accordingly to ensure appropriate staff combinations to enable continued safe and effective delivery of care.

Consumers said staff are kind, caring and gentle when delivering care and services. They said staff are respectful of their identity and diversity and understand their background and cultural preferences. Staff interactions with consumers were observed to be kind, caring and respectful. The organisation has documented behaviours expected of staff in line with the organisations code of conduct. Management describes how they monitor staff interactions with consumers, for example through observation and from consumer or representative feedback.

Consumers and representatives felt confident that staff are sufficiently skilled to meet consumer care needs. Management detailed processes for ensuring the workforce is competent and has the qualifications or knowledge to effectively perform their roles. Staff felt they were competent to provide the care the consumers needed at the service and outlined mandatory training and competency assessments they are required to undertake on an annual basis. Documented policies and procedures in relation to competency and staff qualifications were reviewed and found to align with the services processes.

Consumers, representatives, and staff said they did not think there were any areas where staff required more training. Consumers said staff know what they are doing when providing care. Staff are required to complete mandatory training annually and are provided with ongoing training as required. The service had a documented training program that included mandatory training and demonstrated the workforce is satisfactorily recruited, trained, equipped, and supported. Training documentation reflected high completion rates of required mandatory training completed by staff.

The service regularly undertakes assessment, monitoring and review of the performance of each member of the workforce. The service detailed ways various feedback is taken into consideration when completing regular reviews of each individual member of the workforce. Management described processes in place to monitor staff performance and reviewed in line with the service’s policy and procedures which has recently been updated and implemented by the organisation. Documentation evidenced performance appraisals are completed by management with staff.

# Standard 8

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

Findings

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

Management detailed processes by which consumers are engaged to partner in the development, delivery and evaluation of the care and services provided. Consumers said they felt they are involved in the development and delivery of care provided. Management described a number of strategies the service involves consumers in the development of service delivery such as consumer experience surveys, feedback mechanisms, consumer advisory committees and regular meetings with consumers and representatives.

The service demonstrated that the governing body is accountable for the delivery of care and services, and promotes a culture of safe, inclusive, and quality driven culture. The organisation’s policies and procedures include information in relation to how the governing body promotes a culture of safe, inclusive, and quality care and services. This was reflected in regular reports that are submitted by the service to the governing body through committees which included information about clinical and quality indicators, critical and reportable incidents, feedback and complaints, and continuous improvement.

The service had policies and procedures to support effective organisation wide governance in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. For example, in relation to financial governance, management provided examples of expenditure to support the changing needs of consumers and the approval process by the governing body.

The service had a documented risk management framework, including policies describing how high impact or high prevalence risks associated with the care of consumers are managed and how incidents are managed and prevented, supporting consumers to live the best life they can. Staff said risks are reported, escalated, and reviewed by management at the service level and the organisation’s executive management level, including the governing body. Staff explained the processes of risk management at the service, including key areas of risk that are identified, responded to, and reported in the incident management system. Staff detailed their responsibilities in identifying and responding to abuse and neglect of consumers.

The organisation’s documented clinical governance framework has been implemented at the service, and staff apply the principles of the framework when providing clinical care. Staff interviewed described processes in relation to the clinical governance framework, such as minimising restrictive practices, implementing antimicrobial stewardship strategies and providing open disclosure to consumers and representatives when things go wrong. Documentation reflected regular clinical committee meetings discussed key areas and strategies for implementing this framework.

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)