

**Performance Report**

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| Name: | Bolton Clarke The Ashley |
| Commission ID: | 3343 |
| Address: | 17-21 Ashley Street, RESERVOIR, Victoria, 3073 |
| Activity type: | Site Audit |
| Activity date: | 7 January 2025 to 9 January 2025 |
| Performance report date: | 3 February 2025 |
| Service included in this assessment: | Provider: 1599 RSL Care RDNS Limited  Service: 2101 Bolton Clarke The Ashley |

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 Bolton Clarke The Ashley (**the service**) has been prepared by Vanessa Stephens, 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 assessment, observations at the service, review of documents and interviews with staff, older people/representatives and others.
* the provider’s response to the assessment team’s report received on 20 January 2025.

# 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 stated they are treated with dignity and respect, and their individual identity, culture and diversity are understood and valued by staff. Staff and management demonstrated an understanding of individual consumer choices and preferences. Consumer care documentation included information about individual preferences and the people important to them. The assessment team observed staff respectfully interacting with consumers throughout the site audit.

Consumers and representatives expressed satisfaction with how the service and staff respect consumer needs and preferences. Consumers and representatives confirmed the service supports and encourages consumers to participate in culturally significant activities and celebrations. Staff and management were observed treating consumers with respect and demonstrated an understanding of individual choices and preferences. Consumer care planning documents demonstrated the preferences and cultural needs of consumers and are documented on the service’s electronic management system.

Consumers expressed satisfaction in their ability to make decisions about their care and lifestyle choices. Consumers said they were able to choose who was involved in their care and when information was communicated. Care staff demonstrated an awareness of key individual consumer relationships and provided examples of how they support consumers to maintain connections and relationships of choice. Care planning documentation reflected consumer preferences and supports required to maintain relationships of choice.

Consumers and their representatives stated they feel supported to take risks to live their best life and understood the risks and benefits involved. They described being able to engage in activities and interests they valued. Clinical and care staff described consumers who undertake activities with assessed risks and demonstrated how they support consumers and representatives to understand the risks and potential harm involved. A review of sampled consumer care documentation demonstrated consumer and representative discussions with staff regarding risks included harm minimisation strategies.

All consumers and representatives interviewed expressed satisfaction with the information they received stating it is timely and informative, and enables them to exercise choice. Care staff and management said they were always available to explain information to consumers and their representatives. The assessment team observed staff utilising various strategies such as large print labels and adapting styles of speech to communicate with consumers with different levels of cognitive, hearing and visual abilities. Documentation evidenced accurate, relevant and timely recording of consumer information which is communicated to consumers in an easy-to-understand manner.

Consumers expressed confidence in the service’s ability to maintain confidentiality and privacy of their information. Staff discussed how they protect consumer privacy, and access to the service’s electronic information system is password protected, and paper files are stored securely. A review of care documentation demonstrated a consent process for sharing consumer information with other providers of care and services.

# 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 are satisfied staff plan care that is safe and meets consumer health and well-being needs. Staff described the assessment and care planning process, and how their person-centred approach contributes to safe and effective care and services. Care documentation showed risks to consumer health and well-being are identified and used to inform care. The service has clinical resources such as policies and procedures to guide staff in the priority of assessments on admission and when consumer needs change.

Consumers and representatives are satisfied consumer needs and preferences for advance care planning are reflected in care documentation. Clinical staff review advance care directives with consumers to ensure these reflect current goals and preferences in relation to end-of-life care and are indicated on the staff handover information sheet. Review of sampled consumer care documentation demonstrated staff have assessed and planned care to meet the current needs and preferences of consumers.

Consumers and representatives said they have a say in the assessment, planning, and review of care and services and expressed satisfaction with the way staff communicate following incidents or changes in consumer condition. Clinical staff and management demonstrated proactive communication with consumers and representatives to assess consumer needs and collaboratively plan care. Consumer care documentation reflects staff consistently discuss and plan care with consumers and/or their preferred representatives, and formal care consultations are completed through 6 monthly care plan reviews. Documentation also confirms a range of allied health and external services contribute to assessment and care planning when required to meet consumer needs and preferences.

Consumers and representatives were satisfied with the communication they receive when discussing assessment and planning with staff. Most consumers and representatives recalled being offered a copy of the care plan. Staff explained they communicate the outcomes of assessment and care planning with consumers and/or representatives during the 6-monthly care evaluation consultation or when a reassessment of the consumer’s needs occurs.

Consumers and representatives were satisfied the service reviews care and services regularly and following changes to consumer condition. Staff described how they review consumer care needs as part of a regular schedule, when consumer needs change, or following an incident. Care documentation demonstrated staff review monitoring charting, assessments and care plans.

# 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 they are satisfied with the personal and clinical care consumers receive. Management described the clinical supervision practices and clinical audits in place to monitor the quality of clinical care provided to consumers. Clinical staff demonstrated they implement clinical care according to the organisation’s policies and stated they are supported to undertake training to improve their clinical skills and have access to guidelines including flow charts to guide their clinical practice. Care documentation demonstrated assessments were conducted with consumers and representatives, and care plans contained individualised instructions and strategies. Where required, local general practitioners, allied health, wound specialists and cognition support services are consulted to assist with clinical care needs such as restrictive practices, and the management of wounds, pain and diabetes.

Consumers and representatives were satisfied the service provides safe, individualised care in relation to high impact and high prevalence risks to consumers. Staff and management identified, and incident data demonstrated diabetes management, changed behaviours, and falls as the most common high prevalence or high impact risks at the service. Care documentation demonstrated preventative, or harm minimisation strategies are used. The service provides resources to guide staff on high impact and high incidence risks.

Clinical staff described how they recognise when a consumer is nearing end-of-life and implement care to maximise comfort and maintain dignity. Lifestyle staff explained end-of-life care needed to include attention to the grief and bereavement needs of representatives as well as the spiritual and emotional needs of the consumer. Care documentation shows staff conduct formal palliative care assessments and collaborate with family, general practitioners and specialist palliative care services to implement holistic palliative care near

Consumers and representatives stated they are confident staff respond to change in consumer condition in a timely manner. Staff stated they know consumers well and explained how they identify deterioration or changes in a consumer’s condition, escalate care to general practitioners, hospitals, or emergency services and inform representatives. Care documentation demonstrates staff take appropriate action in response to deterioration or changes in the consumer’s health and well-being. The service has guidelines to support the identification and management of clinical deterioration.

Consumers and representatives are satisfied staff provide consistent care. Staff described how they share information about consumers within the service and with other individuals or organisations who deliver care. Consumer care documentation included detailed progress notes, monitoring and charting, and individualised care plans. Care documentation included reports from external services such as medical specialists, diagnostic services, behaviours and cognition support services, wound specialists and allied health providers. The service demonstrated it obtains consent from consumers to share their personal and health information when necessary.

Consumers and representatives expressed satisfaction with access and referral to general practitioners, geriatricians, allied health professionals, and other specialist health care providers. Management and staff described the service’s referral processes and provided examples of referrals made. Clinical staff explained the process for updating assessments and care plans following specialist reviews, and communicating these changes to consumers and representatives. Care documentation confirmed timely and appropriate referrals to providers of other services when consumers experience changes.

Consumers and representatives stated they feel confident the service takes action to minimise infection-related risks. Staff explained how to prevent, recognise and minimise infections and their spread, and most staff were able to describe the principles of antimicrobial stewardship. The service has an Infection Prevention and Control lead staff member and an outbreak management plan for respiratory and gastrointestinal infections.

# 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 stated consumers are provided with support which optimises their independence, health and well-being. Staff provided examples of how consumers are supported to engage in activities and maintain their independence and quality of life. Lifestyle staff have developed two monthly calendars of group activities based on consumer preferences, with one of the calendars including activities designed to support activity choices for consumers with cognitive impairment such as hands on, sensory activities. The assessment team observed consumers actively engaging in several activities throughout the audit. Care staff were observed engaging consumers one-on-one for those consumers who did not wish to participate in group activities.

Consumers and representatives are satisfied the service supports them in activities that are meaningful to them and support their spiritual and emotional well-being. Lifestyle staff explained the consumer admission process includes recording life history, significant relationships and the things that bring consumers’ joy. Care staff stated observation and regular communication with consumers helps them identify if someone requires extra support. The service’s policies and procedures support staff in promoting spiritual and emotional well-being, recognising consumer-centred care and using inclusive language. Management said they regularly seek verbal and written feedback from consumers to ensure lifestyle activities are satisfying and engaging.

Consumers and representatives expressed satisfaction with the support consumers receive to participate in the community, maintain relationships, and do things they enjoy. Staff outlined group activities provided at the service and how consumers are also supported with individual pursuits. Consumer care documentation included information regarding likes and dislikes, social and cultural preferences, relationships of importance, and social activities of interest to them. The service’s activities calendar demonstrated exercise classes, shopping visits, and bus outings are regularly offered to consumers.

Consumers and representatives said staff coordinate their services and supports well and they benefit from different organisations working together and sharing information. Staff said they receive adequate information and outlined how consumer information is shared within the service and to external providers where needed. The review of documentation demonstrates consumer care and service plans contain information from multiple sources including progress note updates from external services involved in the consumer’s care.

Consumers and representatives said they are satisfied with the service’s ability to engage other organisations to support health and well-being. Staff and management demonstrated knowledge of consumer needs and supports for daily living and the referral process to external organisations. Documents reviewed by the assessment team demonstrated timely referrals.

All sampled consumers expressed satisfaction with the quality, quantity and variety of food available. Care and catering staff demonstrated knowledge of individual consumer needs and preferences and how to access updated information. Catering staff described the process for checking consumer’s dietary restrictions, maintaining a pleasant dining room experience, and the delivery of hot meals to consumers in their rooms. Any change in consumer needs or preferences is immediately communicated to kitchen staff, a printed copy of dietary needs is given to the chef, and the electronic health management system is updated.

Consumers were satisfied with the quality and effectiveness of the equipment supplied by the service. They described in detail the process for reporting safety concerns to staff regarding faulty equipment. Staff demonstrated knowledge of identifying risks and the suitability of equipment provided to consumers. Documentation demonstrated regular review and maintenance of equipment including slings and hoists. Management outlined processes and schedules for maintenance and cleaning of care equipment. The assessment team observed shared equipment stored appropriately with sanitising wipes attached to facilitate staff compliance with cleaning shared equipment.

# Standard 5

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

Findings

Consumers and representatives said they feel welcome at the service and that the service feels like home. Staff described how they support consumers to navigate the service environment with dignity and at their own pace. The service environment is well lit, easy to navigate and accessible for consumers with varied cognitive function and mobility.

Consumers and representatives described the service environment as safe, clean and well maintained. The maintenance officer and service manager demonstrated the documented processes to maintain the safety, cleanliness, and comfort of the internal and external service environment including the planned and reactive maintenance schedule, daily cleaning schedules and emergency management procedures. Documentation demonstrated use of electronic maintenance systems to record and action maintenance requests. The assessment team observed painters working on the first stage of planned painting works during the Site Audit. All safety signage including exit signs, hazard strips and oxygen storage signs were clearly visible.

All consumers said they have access to safe and clean furniture, fittings and equipment. Staff explained they check equipment is appropriate for consumer use and report any furniture, fittings or equipment in need of repair. The maintenance team described completing regular inspections of consumer rooms to check furniture, fittings and equipment. The assessment team observed furniture, fittings and equipment to be spotlessly clean and in good condition.

Consumers said the furniture, fittings and equipment were clean and well maintained and they feel safe when staff use equipment to assist them. Care staff indicated they had access to sufficient equipment to support the delivery of consumer care and demonstrated knowledge of cleaning and maintaining equipment. Documentation evidenced use of the service’s electronic maintenance system to log requests for maintenance and ordering equipment to meet changing consumer needs. The assessment team observed staff and consumers using equipment such as wheel walkers, wheelchairs and hoists throughout the audit.

# 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 expressed satisfaction they are encouraged and supported to provide feedback and make complaints, and stated they feel comfortable doing so. Management and staff described how consumers and representative can provide verbal feedback, complete feedback forms, phone or email the service. The assessment team noted information on how to make a complaint and a copy of the Charter of Aged Care Rights was prominently displayed within the service. Management and staff said they encourage consumers to provide feedback. Documentation, including meeting minutes and feedback systems, demonstrated the service encourages and actions feedback.

Consumers, their representatives, and staff were aware of the information displayed throughout the service in regard to resolving feedback and complaints. Management said consumers are informed of the advocacy services available to them. The assessment team observed advocacy, language services, and the Aged Care Quality and Safety Commission resources to support consumers displayed on information boards throughout the service, and resources are available if required for consumers from varied linguistic or cultural backgrounds who require support with translation.

Consumers and representatives expressed satisfaction with how complaints are managed at the service. Staff described the open disclosure process when handling complaints, including working collaboratively with consumers and representatives and offering an apology. Management stated they manage complaints as they arise, including performing open disclosure. Documentation reviewed showed the service is taking appropriate action in response to complaints and uses open disclosure.

Management described how feedback, suggestions and complaints are collated, reviewed, and actioned. The assessment team observed documentation showing feedback is responded to promptly and is used to inform the improvement of care and services which is included in the plan for continuous improvement.

# Standard 7

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

Findings

Consumers and representatives are satisfied with the number of staff available to care for consumers. Staff from various roles stated they are able to perform their roles and complete care and provide services as per their designation. Management described how consumer acuity level and bed occupancy are used to determine staffing and skill mix needs. The assessment team reviewed the master and working roster noting that an electronic bidding system is utilised by the service to fill vacant shifts.

Consumers and representatives said staff are kind and caring. Staff demonstrated knowledge of each consumer's needs and identity. Care documentation contained information about consumer identity and interests to assist staff in understanding their preferences, needs and culture. The assessment team observed staff discussing consumers respectfully.

Consumers expressed confidence that staff know what they are doing, indicating the nursing staff have skills to look after the specialised nursing care needs of consumers. Management demonstrated the recruitment process to identify, recruit and employ staff with appropriate skills, qualifications and knowledge. Ongoing monitoring of staff skills and qualifications occurs, including annual checks of nursing registration and medication administration competency. Management follows processes to determine whether staff are competent and capable in their role during the recruitment process.

Consumers and representatives expressed confidence in the ability of staff to deliver quality care and services. Sampled staff were satisfied with the training the service provides and with the ongoing support they receive. Management described recruitment programs, role specific training, and staff being supported to engage in ongoing training. Training is role specific and includes manual handling, fire training, and open disclosure.

The service demonstrated staff performance is regularly reviewed and monitored. The service conducts annual staff performance reviews. Management said they monitor internal staff performance through regular supervision and meetings. Performance monitoring includes consideration of incidents and feedback. Performance issues are escalated and actioned as required.

# 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**

All sampled consumers and representatives said they are supported to provide feedback including telephone contact with the service, feedback forms, and verbally with staff. Staff described how they support consumers to be involved in service planning, development, and evaluation of their care to the extent they wish. Management stated they provide several methods for consumers to provide feedback including formal reviews such as consumer satisfaction surveys, audits, and informal methods including conversations with consumers.

Consumers and representatives expressed satisfaction with the quality and safety of care and services provided. The service has a range of policies and procedures to support and guide staff and management. Organisational documentation demonstrated governance structures and processes are in place, including operational and clinical governance frameworks, and quality, safety and organisational governance committees.

Documentation, staff and management interviews demonstrated governance systems are in place relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. Management outlined information management systems including use of an electronic consumer information management system. Documentation review reflected the service identifies opportunities for improvement via a range of measures, including clinical data, complaints, incident reporting data, performance appraisals, sector reform requirements, and surveys. Management reports the service’s financial position to the board every month and a central office oversees workforce qualifications, registrations and competency assessments. The organisation maintains up-to-date information on regulatory requirements via bulletins from government departments, peak organisations, and service industry advisory groups. The service uses open disclosure and analyses complaints and feedback data to inform the plan for continuous improvement, improve consumer outcomes and the quality of care and services delivered.

The service demonstrated there is a risk framework in place which identifies, manages, and reports high impact or high prevalence risks and implements actions to minimise risks. Management demonstrated there are processes in place to ensure action is taken and consumers are supported to live their best lives. The service has risk management systems to monitor and assess high impact or high prevalence risks associated with the care of consumers. Risks are reported, escalated, and reviewed by management and the board.

The service has a clinical governance framework which incorporates various clinical care considerations, including anti-microbial stewardship, the use of restraint and open disclosure. Staff have received training regarding restrictive practices and open disclosure. Staff demonstrated an awareness and understanding of the service’s policies and procedures including open disclosure, restrictive practices and antimicrobial stewardship.

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