Performance

Report

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| Name of service: | Brightwater Inglewood |
| Service address: | 2A Walter Road West INGLEWOOD WA 6052 |
| Commission ID: | 8212 |
| Approved provider: | Brightwater Care Group Limited |
| Activity type: | Site Audit |
| Activity date: | 27 June 2023 to 29 June 2023 |
| Performance report date: | 31 July 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 Brightwater Inglewood (**the service**) has been prepared by J. Howard, 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 conducted from 27 June to 29 June 2023; the site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives.
* Other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | | Compliant |
| 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 and representatives said they are treated with dignity and respect, and staff value their identities, cultures, and diversity. Staff consistently spoke about consumers in a way that demonstrated respect and understanding of their personal circumstances and life experience. Care planning documentation reflected what is important to consumers to maintain their identities, including who is important to them, information on their life histories, interests and important relationships, what people like and appreciate about them, how best to support them and what is important to them. Staff were observed treating consumers with dignity and respect by using their preferred names and knocking before they entered consumers’ rooms.

Consumers said they feel safe, and staff make them feel respected and treat them as individuals. Staff identified consumers from culturally diverse backgrounds and provided relevant information to ensure each consumer receives the care required aligning with their care plan. Care planning documentation reflected consumers’ cultural needs and preferences. The service has a diversity framework that ensures services are effectively meeting the specific needs of consumers with diverse characteristics and life experiences, inclusively and respectfully.

Consumers and representatives said they are supported to make choices regarding consumer care, how services are delivered and whom they want to be involved in their care. Staff advised how they support consumers to maintain relationships, including encouraging family visits and facilitating communication through technologies like Facetime. Care planning documentation included designated contact information for the consumer’s representative, enduring power of attorney, family and friends, and their preferred contact method. Copies of the Charter of Aged Care Rights were posted throughout the service.

Consumers and representatives said consumers are supported to take risks, if they so choose, to enable them to live the best life they can. Staff described areas in which consumers want to take risks and how the consumer is supported to understand the benefits, and possible harm when they make decisions about taking these risks. Care planning documenation articulated identified risks and discussions with consumers including risk mitigation strategies and directives for staff to support consumers in their pursuit of risk-taking. The service has a policy on respecting dignity and choice, to guide staff practice.

Consumers and representatives said they receive up-to-date information about activities, meals, COVID-19, and other events happening in the service. Staff said the service regularly distributes monthly newsletters via email and physical copies available within the service, monthly consumers/representatives meetings, minutes of these meetings were displayed within the service. Staff described communication cue cards and interpreter services available if required. Information such as the activity calendar and menu were displayed on noticeboards in a large font, accompanied by pictures for visual clarity.

Consumers and representatives said privacy is respected, doors are closed when consumers are receiving care and staff knock before entering consumers’ rooms. Staff identified ways in which consumer privacy is respected through password protected computers and locked nurses’ stations when staff not in attendance. The service has protocols in place to protect consumer privacy and staff were observed knocking before entering a consumer’s room and using individual passwords to access consumers’ information on the computers.

# Standard 2

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

Findings

Consumers and representatives said they were involved in assessment and planning processes which included identification of risks for consumers. Staff identified risks for consumers and interventions in line with the care planning documentation. Care planning documentation evidenced a range of assessments being completed on entry and risks identified through validated risk assessment tools and interventions such as falls risks, skin tears and pressure injuries, delirium, diabetes management, and catheter management. The service has assessment and care planning checklists, guides and procedures in place to guide staff practice.

Consumers and representatives said they are consulted with in relation to the needs, goals and preferences of the consumers’ care, and staff have spoken with them about advance care and end of life planning. Staff demonstrated an understanding of consumers’ individual needs and preferences and described how they approach advance care and end of life planning conversations with consumers during the admission process, at family consultations and as needs change. Care planning documentation evidenced consumers’ current needs, goals and preferences and advance care planning.

Consumers and representatives confirmed their involvement in assessment and planning through family consultations, verbal updates and described the involvement of the people important to them, in assessment and planning on an ongoing basis. Staff described the involvement of others in consumers’ assessment and planning, from entry to the service and on an ongoing basis, through verbal updates and family consultations, providing an example of how medical officers provide input into care, and allied health professionals are organised as necessary. Care planning documentation evidenced involvement and input from the consumers/representatives, medical officer and allied health specialists in consumer care assessment and planning.

Consumers and representatives confirmed receiving verbal updates and communicated with staff as care changes occurred. Staff advised the outcomes of assessments are documented in family consultation records and care plans within the electronic care management system and updated during handover. Care planning documentation reflected regular communication with the consumers/representatives about the outcomes of assessment and care planning.

Consumers and representatives said they are regularly informed when consumers’ care changes and when incidents occur. Care planning documentation evidenced review on a regular basis and when circumstances change, or when incidents occur. Staff and management confirmed care plans are reviewed annually or when health or care needs change and described how incidents might generate a reassessment or review of consumer’s needs.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 provided positive feedback in relation to care provided and felt consumers’ personal and clinical care needs were met. Care planning documentation reflected individualised care is safe, effective, and tailored to the specific needs and preferences of the consumer. Staff described consumers’ individual needs, preferences, their most significant personal and clinical care and how these were delivered in line with their care plans. The service has policies and procedures in place related to personal and clinical care to guide staff.

Consumers and representatives said they were satisfied with the management of consumers’ high impact or high prevalence risks. Staff identified and described risks and related management for individual consumers. Care planning documentation identified high impact/high prevalence risks had been identified and effectively managed by the service, including falls, weight losses, pressure injuries, diabetes management, and catheter care. The service has policies and procedures in place related to high impact and high prevalence risks.

Consumers and representatives said they have completed an advanced care directive with end-of-life wishes and preferences included. Staff described the way care delivery changes for consumers nearing end of life and practical ways in which consumers’ comfort is maximised and dignity preserved through regular repositioning, pain management, eye and mouth care, emotional and spiritual support. Care planning documentation evidenced advance care planning and the needs, goals, and preferences of consumers for palliative care, including comfort care. The service has policies and procedures in place to inform staff practice in relation to palliative and end of life care.

Consumers and representatives said the service responds when there is a deterioration in the consumer's condition, health, or ability. Staff explained the process for identifying and reporting changes and deterioration in a consumer’s condition such as recognising pain, poor appetite, weight loss, bowel movement, changed behaviours and mobility changes. Care planning documentation reflected the identification of and response to deterioration or changes in condition. The service has policies, procedures and flowcharts relating to acute deterioration to guide staff in identifying and responding to the deterioration of consumers.

Consumers and representatives said consumer care needs and preferences are effectively communicated between staff, and they receive the care they need. Staff said information relating to consumers’ conditions, needs and preferences is documented in the electronic care management system via care alerts, care planning documentation, progress notes, handovers and communicated where the responsibility for care is shared. Consumers’ files demonstrated staff notify the consumer’s medical officer and their representatives when the consumer experiences a change in condition, a clinical incident, is transferred to, or returned from the hospital, or is ordered a change in medication. Staff were observed to attend shift handover to ensure information regarding consumers ongoing care is consistently shared and understood.

Consumers and representatives advised timely, and appropriate referrals occur, and the consumer has access to relevant health supports and services such as the medical officer, physiotherapist, dietitian, speech pathologist, geriatrician and occupational therapist. Care planning documentation, including progress notes, evidenced a referral process to other health care providers as needed. Staff described the process for referring consumers to other health professionals and how this informs care and services provided for consumers.

Consumers and representatives confirmed staff perform standard and transmission-based precautions to prevent and control infection. The service has 2 organisational infection prevention and control leads who have completed the appropriate training and the clinical manager is currently in training. Management said the service completes an infection control form in the service’s incident management system for infections, and antibiotic usage from pharmacy reports are reviewed monthly as part of the service’s clinical indicator governance/oversight program. The service has policies and procedures to guide staff related to antimicrobial stewardship, infection control and for the management of a COVID-19 outbreak.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 consumers felt supported by the service to do things of interest to them, including participating in activities as part of the service’s lifestyle program and spending time on independent activities of choice. Lifestyle staff explained how they conduct a lifestyle assessment upon admission, which collects individual preferences includes leisure likes, dislikes and interests, social, emotional, cultural and spiritual needs and traditions. Care planning documentation identified the needs and preferences of consumers. Consumers were observed engaging in various group and independent activities.

Consumers and representatives said consumers feel supported to maintain social, emotional, and religious connections which are important to them. Staff said they consider consumers’ social, emotional, and religious needs in the way they provide care, such as ensuring those who attend mass, religious activities or external activities, are supported to be ready for the things that are important to them. Care planning documentation detailed consumers’ emotional, spiritual, and psychological needs, as well as strategies on how to support consumer well-being. The service commenced a non-denominational service in early 2023.

Consumers and representatives said the service supported consumers in maintaining their interests and relationships of importance to them, within the service and in the community. Staff said consumers’ interests, relationships of importance and preferences are identified and documented on admission and ongoing through consumer feedback when needs and preferences change. Care planning documentation reflected consumers’ interests, preferences and relationships of importance to them. Consumers were observed engaging in a variety of activities and interests and with others whose relationships were important to them.

Consumers and representatives said the information about their condition was effectively communicated, and staff providing daily care understand their needs. Staff described how they share information when changes in a consumer’s needs occur by updating the care plans on the electronic care management system and notifying changes at handover. Care planning documentation provides sufficient information to support effective and safe care where responsibility for care is shared.

Consumers and representatives said they are referred to and reviewed by allied health providers and they have access to the library who can source texts in appropriate size, font and even audiobooks, as needed. The service engages volunteers to provide one-to-one support to individual consumers who prefer not to, or are unable to, attend activities. Care planning documentation contained information about external referrals to range of support such as podiatrists and volunteers. A variety of brochures and resources were available to support consumer referrals to external organisations as required.

Consumers and representatives provided positive feedback about the food saying they are satisfied with the quality, quantity, and variety of meals. Staff were observed to be assisting, encouraging, and offering choices with meals. Catering staff advised the service has a summer and winter menu, and each seasonal menu change is discussed with the consumers and the menu is reviewed by a dietitian. Care planning documentation identified consumer dietary requirements, preferences, and allergies were in line with documentation utilised by catering staff.

Consumers and representatives said the equipment is safe, suitable, clean, and well-maintained. Consumers reported they have access mobility aids, shower chairs and manual handling equipment, as well as lifestyle equipment, to assist them with their daily living activities. Staff reported the shared equipment is cleaned with disinfectant wipes before and after each use and described the maintenance reporting issues when equipment is identified as faulty or defective. Maintenance and cleaning schedules were current and up to date, and equipment observed to be safe, clean and well-maintained.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 the service environment is open and welcoming, and they feel at home. Consumers said said they can decorate their rooms with memorabilia, photographs, and other personal items. Staff described how the layout compliments the service, with a garden and common areas for the consumers to socialise and relax throughout the day. Consumers were observed moving between the different areas of the service to visit other consumers or participate in activities.

Consumers and representatives said they are satisfied with the cleanliness and maintenance of the service, and they have free access both indoors and outdoors. Staff described the process for documenting, reporting, and attending to maintenance issues. Maintenance staff provided the preventative maintenance schedule and explained how external contractors were managed and the process for arranging repairs to the building or equipment. The service was observed to be clean and tidy, walkways were clear and free of obstructions, and equipment stored in designated storerooms.

Consumers advised furniture, fittings, and equipment are safe, clean, well-maintained, and suitable for them. Staff said the service was newly opened in November 2022, and all furniture, fittings, and equipment were assessed for suitability prior to purchase to meet consumers’ personal and clinical needs. Staff said lifting equipment is maintained and cleaned between use, disinfectant wipes are available where equipment is shared. Maintenance staff described and demonstrated how maintenance is scheduled and carried out for routine, preventative, and corrective maintenance requirements.

# Standard 6

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| Feedback and complaints | | Compliant |
| 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 said they felt comfortable raising concerns and providing feedback directly through staff or management and were familiar with feedback mechanisms such as feedback forms, case conferences or consumers/representatives meetings. Staff said consumers and representatives speak to them and they attend to their requests or escalate to management. Resources on how to provide feedback including the consumer handbook packwere observed available in service.

Consumers and representatives said they are aware of how to access external complaint mechanisms, such as the Commission or through an advocacy service. Staff demonstrated a shared understanding of the advocacy services available for consumers, however they support consumers and act on their behalf including consumers living with cognitive decline. Information regarding feedback escalation pathways, including the Aged Care Quality and Safety Commission, advocacy services and translation services were displayed throughout the service.

Consumers and representatives said the service promptly responds to any feedback and resolves their concerns; where they’ve raise a complaint, it is acknowledged by management, and they receive an apology when things go wrong. Staff said they attended mandatory training regarding open disclosure, and knew how they put this into practice, such as apologising to a consumers/representatives in the event something goes wrong. The complaints register reflected the use of open disclosure and timely management of complaints.

Consumers and representatives said their feedback is used to improve the quality of care and services, the service listens to feedback and improvements occur when applicable. Staff confirmed management discuss feedback and complaints during staff meetings, including planned actions for continuous improvement. The feedback and complaints register included progress relating to each feedback, and additional information if the feedback was fed into the services’ plan for continuous improvement to improve the quality of care and services provided to consumers.

# Standard 7

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| Human resources | | Compliant |
| 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 said there were enough staff at the service, and consumers do not wait for care or services to be provided when they press their call bell or ask a staff member for assistance. Staff said they support each other to ensure consumers are supported. Management spoke of recruitment efforts and the use of staff from within the group, and where necessary regular agency workers to fill unallocated shifts.

Consumers and representatives said staff are kind and respectful when providing care. Staff demonstrated knowledge of consumers preferences and what they required assistance with. Care planning documentation aligned with information from consumers, staff and observations. Staff were observed interacting with consumers in a kind, caring and considerate manner.

Consumers and representatives said staff are effective in their roles and were confident they are competent to meet their care needs. Management explained the human resources team checks visa, police checks and registrations. Organisational records confirmed 100% of staff were compliant with a current police checks and professional registration. Annual mandatory competencies are completed for medication management, manual handling, fire and evacuation training and infection control practices.

Consumers and representatives said they were confident staff were trained to deliver the care and services they need. Training is developed at an organisational level and delivered via e-learning, learning and development personnel, senior clinical staff onsite or by external providers, where necessary. Staff confirmed receiving orientation, ongoing training, mandatory training and completing core competencies

Consumers and representatives said they felt confident they could provide feedback regarding staff performance if they needed to, and said they felt staff were capable. Management explained as the service is less than 12 months old, the current completion rate of appraisals was 50%, confirming they have a schedule to ensure all staff have undergone an appraisal before they reach a full year of service. Staff said they have all received feedback from management through both formal and informal channels, and those who had completed appraisals stated it was a supportive and encouraging experience. Staff appraisal records shows high levels of engagement between management and staff, with self-assessment an integral part of the process. The service has policies and processes in place to guide performance development and performance management.

# Standard 8

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

Findings

Consumers and representatives said they were involved in developing and delivering services through care planning and case conferencing meetings, feedback, surveys, and the various meetings held at the service. Management explained how they support and encourage consumers/representatives to participate and provide feedback in the development and delivery of care and services through regular reviews. Consumers and representatives said they see change due to their feedback.

The organisation demonstrated how the service is well managed, and management and staff described systems in place such as staff meetings, surveys, and an open-door policy with management which ensures the service is accountable for the delivery of care and services. Management demonstrated high levels of understanding of concerns relating to day-to-day operations and staff confirmed management were visible and reactive to identified issues. Management discussed how clinical indicators and incidents are discussed at relevant meetings, and daily huddles are held for all staff to address immediate concerns. A range of reporting is generated via various electronic systems, including clinical indicators, incidents, serious incident reporting scheme and feedback and complaints, with reporting via relevant committees and the Board.

The service demonstrated the organisation has robust, organisation wide governance systems to provide guidance with information management, continuous improvement, financial governance, the workforce, regulatory and legislative compliance, and feedback and complaints management.

The service has risk management systems to identify and prevent risks or mitigate impacts, which are reported monthly to executive and various management committees reporting to the Board. Resources including policies, provide clear guidance to staff in supporting consumers to live their best lives. Risks are identified, reported, escalated, and reviewed by management, subcommittees, and the Board. Systems, training, monitoring, and reviewing data allow the service to manage and prevent incidents. Management confirmed the analysis of incidents, and said data is collated to identify trends and reported to various subcommittees leading to improved care and services.

The service demonstrated a comprehensive clinical governance framework and clinical policies and procedures, including in relation to antimicrobial stewardship, minimising the use of restraints and open disclosure. Staff confirmed they had received mandatory training and refresher courses and described how these were used in the care of consumers. Management said the service undertakes monthly clinical indicator reporting to the Board to ensure safe, quality clinical care is delivered and improved upon. The open disclosure policy is in draft and will be ratified by the Board at the next Board meeting.

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)