Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Brightwater South Lake |
| Service address: | 62 Bloodwood Circle SOUTH LAKE WA 6164 |
| Commission ID: | 7194 |
| Approved provider: | Brightwater Care Group Limited |
| Activity type: | Site Audit |
| Activity date: | 10 January 2023 to 12 January 2023 |
| Performance report date: | 8 February 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 South Lake (**the service**) has been prepared by K. Rochow, 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.

# 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 a sample of management, staff, consumers, representatives and others;
* the provider’s acknowledgment of the Assessment Team’s report received 31 January 2023; and
* the Performance Report dated 27 July 2022 for an Assessment Contact – Site undertaken from 21 June 2022 to 22 June 2022.

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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

At the Site Audit, the Assessment Team recommended all Requirements in Standard 1 Consumer dignity and choice as met. The Assessment Team found consumers are treated with dignity and respect and are supported to make informed choices about care and services, inclusive of how consumers want to live their life.

The Assessment Team provided the following information and evidence relevant to my finding:

Consumers said they are treated with dignity and respect, with their identity, culture and diversity valued. Staff demonstrated familiarity with consumers and described processes used to familiarise themselves with individual consumers. Staff were also able to describe how they show respect and support for consumers’ choices. The Assessment Team observed respectful interactions between staff and consumers. Care plans were individualised and included personal information, relevant to the provision of care and services.

The service has policies and procedures to guide staff practice in relation to the provision of culturally safe care. Consumers confirmed they receive care and services which are culturally safe, and staff were able to provide examples of how they provide culturally safe care for individual consumers.

Consumers and a representative said consumers are supported to make decisions about the delivery of their care and services, who is involved in their care and consumers said they feel supported to maintain important relationships. The Assessment Team observed staff facilitating a friendship between two consumers and staff were able to confirm preferences for a consumer’s care in accordance with the care and service plan.

Staff interviewed demonstrated an understanding of supporting consumers to take risks to live the best life they can, and consumers confirmed they are able to make decisions about how they live their life. Consumer care and service plans demonstrated risk assessments and associated agreements had been completed and included discussions with consumers/representatives and management plans for identified risks.

Consumers and representatives said they are provided with adequate information to enable informed decision-making and choices relating to care and services. The service uses several avenues of communication, including verbal and visual methods, and consumer files confirmed clinical staff regularly contact representatives to convey information in relation to their consumer’s care.

Consumers and representatives mostly find consumers’ privacy is respected and personal information is kept confidential. Staff were able to describe strategies used to maintain consumers’ privacy and confidentiality of personal information. The service has policies and procedures to guide staff practice in relation to privacy and confidentiality.

Based on the Assessment Team’s report, including the evidence and information above, I find all Requirements in Standard 1 Consumer dignity and choice to be compliant.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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

Prior to the Site Audit conducted on 10 to 12 January 2023, following an Assessment Contact – Site conducted on 21 to 22 June 2022, the service was found to be non-compliant with Requirement (3)(e) in this Standard. The non-compliant finding related to the service being unable to demonstrate that consumers’ care plans were reviewed following incidents and clinical deterioration to ensure care and services were meeting consumers’ needs, goals and preferences. At the Site Audit, the Assessment Team found the service had implemented the following improvements to rectify these deficiencies:

* All clinical staff participated in education relating to reviewing care and service plans and conducting assessments following incidents or clinical deterioration.
* A Clinical risk meeting and multidisciplinary meeting were implemented.
* A new handover process was implemented to include daily nurse-to-nurse handovers, daily nurse-to-management meetings and a nurses/carers huddle, a new hardcopy handover tool was also implemented.

At the Site Audit, the Assessment Team recommended all Requirements in Standard 2 Ongoing assessment and planning as met. The Assessment Team found the service works in partnership with consumers and representatives in relation to initial and ongoing assessment and planning for care and services.

The Assessment Team provided the following information and evidence relevant to my finding:

Consumers and representatives confirmed they were involved in the initial assessment and planning of care and services and are satisfied with care and service delivery. Staff were able to describe the assessment processes used from admission and how risks are identified and managed. Care and service plans demonstrated risks had been identified, assessed and strategies to mitigate and manage risk were included in care and service plans.

Consumers and representatives confirmed they are included in discussions regarding current care needs, inclusive of end of life wishes and advance care planning. Consumer files demonstrated consumers’ current needs, goals and preferences have been assessed, identified and documented, including advance care planning and end of life planning in accordance with consumers’ wishes.

Staff described how the service engages with several external services to plan and deliver care and consumer care files demonstrated regular and ongoing consultation and assessment by external services. The service uses annual (at a minimum) case conferences to discuss assessment and planning and consumers and representatives have access to care and service plans on request.

Consumer files demonstrated the service is conducting clinical assessments and updating care and service plans following changes to circumstances, return from hospital, clinical deterioration or incidents. Care and service plans are also routinely reviewed, and the service are up-to-date with these reviews. A monthly ‘client of the day’ program is also used to review consumers’ needs, goals and preferences.

Based on the Assessment Team’s report, including the evidence and information above, I find all Requirements in Standard 2 Ongoing assessment and planning with consumers to be compliant.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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

Prior to the Site Audit conducted on 10 to 12 January 2023, following an Assessment Contact – Site conducted on 21 to 22 June 2022, the service was found to be non-compliant with Requirement (3)(a) in this Standard. The non-compliant finding related to the service being unable to demonstrate that each consumer received safe and effective personal and clinical care which was tailored to their needs and was best practice. At the Site Audit, the Assessment Team found the service had implemented several actions to address the deficiencies, including, but not limited to:

* Clinical and care staff participated in education sessions relating to restrictive practices.
* Clinical team training, inclusive of clinical leadership, managing high impact or high prevalence risks, client deterioration and delirium.
* Implemented short toolbox education sessions, inclusive of a range of clinical care topics.
* A full review of the use of chemical restraint and the psychotropic register was conducted. Regular monitoring and review of this information and the use of chemical restraint is occurring.

At the Site Audit, the Assessment Team recommended all Requirements in Standard 3 Personal care and clinical care as met. The Assessment Team found the service is working with consumers to ensure safe and effective personal care and clinical care, and consumers and representatives are satisfied with the care provided.

The Assessment Team provided the following information and evidence relevant to my finding:

Consumers and representatives said staff know consumers well and are provided with the care they need. They are also satisfied with the management of high impact or high prevalence risks associated with consumers’ care. Relevant documentation demonstrated timely and appropriate implementation of strategies in response to identified risks, with strategies documented in care and service plans. It also demonstrated staff practices were in accordance with the service’s policies and procedures in managing and responding to risks associated with care.

End of life discussions are conducted on admission or as required, and a consumer’s file demonstrated referral and consultation with palliative care services.

Staff were able to describe the signs and symptoms of clinical deterioration and consumers’ files demonstrated clinical actions are taken in response to changes in clinical condition. The service uses a clinical risk and multidisciplinary meeting to discuss consumers who have had physical, functional or cognitive decline/change, poor quality of life or have been involved in an incident.

Management described several communication systems used to convey consumer care information. Staff are satisfied they are provided adequate and relevant information to provide care to consumers.

Consumers and representatives are satisfied referrals to other organisations, and providers of care are made in consultation and are made when required. Consumer files demonstrated assessments and outcomes of referrals are included in the delivery of care and staff confirmed referrals are made to a range of health specialists following incidents of falls.

The service has policies and processes to minimise infection related risks, through prevention and control of infection and supports the appropriate use of antibiotics. Staff were able to describe their role in infection control and prevention. Interviews with staff and care files confirmed the service practices appropriate antibiotic prescribing and use, based on clinical indication for treatment. The service uses screening questions and processes for staff and visitors to minimise consumer exposure to COVID-19.

Based on the Assessment Team’s report, including the evidence and information above, I find all Requirements in Standard 3 Personal care and clinical care to be compliant.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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

At the Site Audit, the Assessment Team recommended all Requirements in Standard 4 Services and supports for daily living as met. The Assessment Team found consumers feel supported and receive services for daily living which are in accordance with their needs and preferences.

The Assessment Team provided the following information and evidence relevant to my finding:

Consumers said they are satisfied their lifestyle needs, goals and preferences are met and find their independence, health and well-being is a priority. Staff were able to describe how they support consumers to do what they want they want to do, and a lifestyle program is developed in consultation with consumers, with reviews conducted on a regular basis. The Assessment Team observed consumers using various equipment to support their independence.

Consumers feel their emotional and spiritual well-being are a priority for staff and staff were able to describe how they provide support for consumers. The lifestyle program includes activities to support emotional and psychological well-being. Staff also support consumers to participate in the community and activities of interest. Consumers provided examples of how staff support them to engage in activities of interest to them and to stay connected with family and friends. The Assessment Team observed the activity planner on display and several consumers leaving the service on outings with family and friends.

Staff described strategies used to effectively communicate consumers’ conditions, needs, and preferences, with consumers confirming they do not have to repeat information and feel there is effective communication of their information within the service and with others responsible for their care.

Care planning documentation demonstrated the service refers consumers to a range of external providers and consumers are satisfied with the referrals made.

The Assessment Team found five consumers were satisfied with the meals, but nine consumers did not always enjoy the meals due to the excessive use of gravy and tomato sauce. Management said they were aware of these concerns and provided the Assessment Team with a continuous improvement plan, inclusive of how they are addressing the food issues and working with consumers to resolve their concerns. The service also conducts regular surveys and has food as a standing agenda item at resident and relative meetings to provide opportunities for feedback. The menu changes on a three-monthly basis and consumers’ specific dietary requirements are considered in meal planning and delivery.

Consumers said they feel safe when using equipment and find it suitable for their needs. They said the equipment provided is safe, suitable, clean and well maintained. Allied health professionals and staff confirmed relevant equipment is available and consumers are monitored when new equipment is introduced and used.

Based on the Assessment Team’s report, including the evidence and information above, I find all Requirements in Standard 4 Services and supports for daily living to be compliant. However, I note the significant number of consumers (nine of 13 consumers) sampled who do not always enjoy their meal due to the excessive use of gravy and tomato sauce. I acknowledge management are already aware of these concerns and are working to address consumers’ concerns. However, I encourage the service to actively monitor outcomes of corrective actions, inclusive of consumer satisfaction, to ensure consumers’ have an enjoyable dining experience and their nutritional intake is maximised in accordance with each consumer’s nutritional needs and goals.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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

At the Site Audit, the Assessment Team recommended all Requirements in Standard 5 Organisation’s service environment as met. The Assessment Team found the service environment to be safe, comfortable and well-maintained.

The Assessment Team provided the following information and evidence relevant to my finding:

Most sampled consumers are satisfied with the service environment and are comfortable living at the service. They also expressed satisfaction associated with the safety, cleanliness, comfort and maintenance of the service environment.

The Assessment Team observed outdoor walkways to be clear, clean and have easy access to walk between accommodation buildings at the service. They also observed consumers and family members using seating in the outdoor areas and consumers’ rooms had personal items of significance on display. The service conducts environmental audits, which has resulted in improvements to the service environment, including new furnishings in both indoor and outdoor areas.

Staff described maintenance reporting processes and documentation supported the use of preventative maintenance and cleaning schedules to ensure furniture, equipment and the living environment is safe, clean and suitable for consumers. The Assessment Team observed furniture and fittings to be safe, clean and well maintained.

Based on the Assessment Team’s report, including the evidence and information above, I find all Requirements in Standard 5 Organisation’s service environment to be compliant.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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

At the Site Audit, the Assessment Team recommended all Requirements in Standard 6 Feedback and complaints as met. The Assessment Team found consumers and representatives are encouraged and supported to provide feedback and make complaints, and that management and staff respond to feedback and complaints in a timely manner.

The Assessment Team provided the following information and evidence relevant to my finding:

Consumers and representatives said they are supported and encouraged to provide feedback and make complaints. Staff said they are provided training in relation complaint and feedback processes to assist them to support consumers. Resident and representative meetings minutes demonstrate consumers and representatives are provided opportunities at these meetings to raise concerns and provide feedback. The Assessment Team observed feedback and complaints forms and boxes stationed at various locations around the service.

Consumers and representatives said they are aware of external complaints mechanisms and advocacy services but have not needed to use these services. Staff were able to describe how they support consumers or representatives to access advocacy services and relevant pamphlets in relation to these services were accessible throughout the service.

Consumers and representatives confirmed staff and management respond to their concerns in a timely manner, including receiving an apology where applicable, and being consulted about resolution and outcomes. The service has an electronic complaints management system and management were able to demonstrate responses to complaints are in accordance with the organisation’s procedures and appropriate action is taken for each complaint.

Management stated that consumers are provided with several avenues for providing feedback, such as surveys and meetings. Consumers and representatives are satisfied their feedback is used to improve care and services. Management monitor and analyse complaints and feedback data, suggestions from meetings and surveys to identify opportunities for improvement. Management provided examples of improvements implemented to improve care and services which were as a result of feedback mechanisms.

Based on the Assessment Team’s report, including the evidence and information above, I find all Requirements in Standard 6 Feedback and complaints to be compliant.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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

At the Site Audit, the Assessment Team recommended all Requirements in Standard 7 Human Resources. The Assessment Team found consumers and representatives are satisfied with the quantity and quality of staff to ensure the safety and quality of care and services.

The Assessment Team provided the following information and evidence relevant to my finding:

Consumers and representatives said there are enough staff to meet consumers’ care and service needs, and call bells are responded to in a timely manner. Management described processes used to fill vacant staffing shifts, with a preference to using the service’s own staff in the first instance before access agency staffing services. Staff confirmed they have adequate time to perform their roles effectively. A review of relevant documentation demonstrated the service had been unable to fill some care and clinical shifts in the weeks preceding the Site Audit but are currently recruiting and onboarding new staff to ensure these shifts are filled on an ongoing basis.

The Assessment Team observed staff to interact with consumers in a kind, caring and respectful manner. Consumers and representatives confirmed staff treat consumers with respect and are responsive to their individual needs.

Consumers and representatives are satisfied staff have qualifications and knowledge to perform their roles effectively. The service maintains position descriptions to ensure staff have the qualifications and skills, including qualifications for their relevant role. The organisation ensures all professional registrations for relevant staff are current. Staff confirmed they participate in mandatory training relevant to their role and are unable to work if this training has not been completed in accordance with the organisation’s training requirements. Additional training is also provided to relevant staff based on clinical indicator data to improve the provision of care and services.

Management stated there is currently no formal performance review process for staff but monitor staff performance through incident reporting and complaints/feedback processes. Management has a probationary review process for newly onboarded staff and documentation supported this process is undertaken. The Assessment Team review documentation which demonstrated management responded to a staff member who had not complied with safety requirements of their role.

Based on the Assessment Team’s report, including the evidence and information above, I find all Requirements in Standard 7 Human resources to be compliant.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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

At the Site Audit, the Assessment Team recommended all Requirements in Standard 8 Organisational governance as met. The Assessment Team found consumers are engaged and supported in the development, delivery and evaluation of care and services and the organisation’s governing body is accountable for the safety and quality of care and services.

The Assessment Team provided the following information and evidence relevant to my finding:

Consumers and representatives feel they are consulted about consumers’ preferences and have regular reviews to ensure they are satisfied with care and services. Management described how consumers and representatives are invited to attend admission meetings, resident and relative meetings, complete surveys and make suggestions to ensure support and encouragement in the development, delivery and evaluation of care and services.

The organisation has a Board with reporting sub-committees to monitor the performance of the service, with reports inclusive of outcomes of internal audits, incident reports and complaints. This information is used by the Board and management to identify improvements for the care and safety of consumers.

The service was able to demonstrate effective organisation wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. These systems are governed by a Governance framework, which defines rules, systems, processes, and relationships. The service has a range of policies and procedures and various sub-committees of the Board to support effective governance systems.

The service demonstrated effective risk management systems, inclusive of management of high impact or high prevalence risks, identifying and responding to abuse, and supporting consumers to live their best lives. Clinical data and information is generated and analysed each month. The service has incident reporting processes, inclusive of Serious Incident Response Scheme reporting, with the Assessment Team finding the service completes appropriate follow-up and implementation of measures following incidents to prevent reoccurrence of the incident.

The service is governed by a clinical governance framework which includes antimicrobial stewardship, minimising the use of restraint and open disclosure. The service uses assessments, reviews, incident reporting, staff training and policies and procedures to ensure staff provide consistent clinical care.

Based on the Assessment Team’s report, including the evidence and information above, I find all Requirements in Standard 8 Organisational governance to be compliant.

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)