Performance

Report

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| Name of service: | Brightwater The Oaks |
| Service address: | 2-10 Oakwood Crescent WAIKIKI WA 6169 |
| Commission ID: | 7240 |
| Approved provider: | Brightwater Care Group Limited |
| Activity type: | Site Audit |
| Activity date: | 21 February 2023 to 23 February 2023 |
| Performance report date: | 27 March 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 The Oaks (**the service**) has been prepared by K Richards, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management and others.
* An email was received from the provider on 21 March 2023 acknowledging receipt and review of the Site Audit report without providing any additional response.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers said they are treated with dignity and respect, with some consumers describing building good relationships with staff. Staff demonstrated familiarity with consumer backgrounds and strategies for consumers to support them maintain their identity or culture or recognise diversity, and training is provided on dignity, choice, and person-centred care. Staff interactions with consumers were observed to be kind and respectful, and care documentation included consumer history, interest, and matters of importance to their culture and identity.

Consumers and representatives confirmed staff understand consumer needs and preferences, and the service supports cultural and spiritual needs. Staff were able to identify consumers with specific cultural needs and could explain how care was tailored in response. Care planning documentation identified consumer backgrounds and management advised regular consultation is undertaken to ensure they understand how to support consumers’ needs.

Consumers said they are supported to exercise choice and independence in their care, and staff listen and respect their choices. Consumers and representatives said staff welcomed visitors and supported consumers to keep in touch with family or make connections and maintain relationships. Consumers were observed interacting with other consumers. Staff confirmed consumers are at the centre of decision-making and determine how, where, and when care and services are provided and have input into care and services on a daily basis.

Consumers were supported to take risks, with care documentation demonstrating discussion of the risks and mitigating strategies with consumers and/or representatives. Staff could describe consumer risks and mitigating strategies in line with documentation in care planning. Documentation demonstrated risk assessments were reviewed regularly by clinical staff to ensure changes in circumstances impacting the risks or strategies were identified and discussed with the consumer and/or representative.

Consumers and representatives said they are provided with the right information at the right time in a way that is easy to understand. Staff described strategies for communicating with consumers who have communication barriers through hearing concerns or language difficulties. Activity programs and monthly menus were observed displayed in consumer rooms, and noticeboards throughout the service included information for consumers. Consumer meeting minutes show meetings are well attended, and management described other methods of communicating with consumers and/or representatives, including through emails, newsletters and informal and formal discussions with staff and management.

Consumers said they were satisfied with the management of their personal information, and their privacy was respected, including when they were spending time with visitors. Staff were observed demonstrating respect for personal space and privacy, and could describe actions undertaken to provide consumers privacy. Consumer information was secured in nurse’s stations, which were locked when not in use, and each staff member confirmed they have individual login details for electronic records. Consumer consent was obtained for use of their photograph or displaying their name.

For the reasons outlined above I find Standard 1 Consumer dignity and choice Compliant.

# Standard 2

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

Findings

Clinical staff could describe the assessment process to identify risks for new consumers, and stated reassessment is undertaken as needed. Management described risks are identified through a range of documentation, including information from consumers, representatives, and clinical documentation. Care files demonstrated assessments captured risk and were used to inform care delivery, including implemented management and monitoring strategies.

Assessment and planning identified consumer needs, goals, and preferences, and representatives confirmed the service has provided opportunities to discuss end of life planning. Not all emotional, leisure lifestyle care and services plans were completed with information to inform needs, goals, and preferences, with delays due availability of key staff, with management advising they would review this process. Information relating to advance health directives and palliative care preferences was included in written handover documentation. The service has partnered in a project to enhance best practice in palliative care and advance care planning, running over the next 18 months.

Consumers and representatives said they are actively involved in the assessment and planning of consumer care. Staff could identify who was involved in care planning, or where to find this information in care documentation, and documentation included summaries of consultation through team and family meetings. Care files demonstrated involvement of a range of Allied health staff and external specialist organisations, with recommendations incorporated into care planning.

Consumers and representatives expressed satisfaction with the service’s communication on the outcome of assessments and planning, were kept up to date with changes, and copies of care plans were provided regularly. Staff confirmed they had access to care and services planning within consumer files, and changes were also communicated during handovers. Documentation in care files contained records of regular communication within representatives.

Consumers and representatives said staff review care following an incident or when consumers had been unwell. Staff said care planning was reviewed at least annually as well as where there had been an observed decline, incident, or change to preferences or needs. Care file documentation demonstrated care and services plans were updated to reflect changes made during reviews. Other reviews are undertaken through consumer of the day processes, or after demonstrating behaviours of concern. The service has assessment and monitoring processes for consumers returning following hospitalisation.

For the reasons outlined above I find Standard 2 Ongoing assessment and planning with consumers Compliant.

# Standard 3

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

Findings

Consumers and representatives said they were happy with the provided personal and clinical care, and said they are well cared for. Staff could describe specific care needs and preferences for consumers, demonstrating they knew the consumer well. Care delivery was observed to be personalised and considered the consumer’s wishes. Documentation showed care was safe, effective, and in line with best practice guidelines, including for specialised clinical care needs.

Consumers and representatives expressed satisfaction with management of risk factors and provided care. Documentation showed timely and appropriate implementation of risk mitigation strategies. Consumers with risks are identified on a clinical risk register, and reviewed weekly within multidisciplinary meetings. The service has implemented training and communication about dementia care and behaviours of concern, with incidents discussed at handovers for awareness. Other high impact or high prevalence risks, such as unplanned weight loss, pressure injuries, and falls are reported with corresponding management actions, including review by Allied health staff.

Staff said a multidisciplinary approach is taken to ensure consumer needs, goals, and preferences are recognised and addressed when nearing the end of life. External palliative health consultants are engaged for support. Staff consult with representatives to determine the level of involvement they wished to maintain during end of life care. Care documentation for consumers identified as palliative demonstrated a focus on pain management.

Care staff were aware to escalate change of consumer condition to clinical staff for assessment. Clinical staff could describe assessment and monitoring processes were triggered when signs and symptoms of clinical deterioration were observed with available pathways for escalation of concerns. Documentation in care files showed consumers receive regular monitoring, and changes triggered additional assessment.

Staff described methods for communicating information related to consumer care, needs, and preferences, and were confident they received prompt updates of changes. Information was communicated through handover processes and use of message systems, memos, and emails. Information was available to staff, including external providers, through the electronic care information system. Where other organisations have been involved in assessment and planning, information was used to inform care strategies within care planning. The service holds weekly multidisciplinary meetings for capturing and reviewing consumer needs.

Consumers, representatives, and staff said referrals are made in a timely manner. Copies of referrals were stored within progress notes and management retained oversight of all referrals to ensure referrals are reviewed promptly. Care files included evidence of referrals and reviews, including to Allied health staff, Medical officers, and external specialised organisations.

Staff were able to describe their role in minimising the risk of infection, including use of non-pharmacological preventative strategies and use of personal protective equipment and screening processes against the COVID-19 pandemic. Infections and antibiotic use were analysed, monitored, and reported, as well as reviewed during multidisciplinary meetings. The service has an infection prevention and control lead to oversee infection control and antimicrobial practices. Management advised the outbreak management plan is reviewed regularly, and the organisation has systems to manage outbreaks of significance.

For the reasons detailed above I find Standard 3 Personal care and clinical care Compliant.

# Standard 4

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

Findings

Consumers and representatives said they were satisfied consumers get safe and personalised services for daily living. Staff could describe how they supported consumers maintain their independence and preferences in line with care planning, including tailoring activities programs. Some care plans were incomplete and did not capture interests and needs, however, had captured a ‘5 things about me’ summary and this was displayed in consumer rooms to inform staff in the interim.

Consumers and representatives gave examples of supports for consumer emotional, spiritual, and psychological well-being. A weekly non-denominational church service is available for all consumers, and consumers said where they wish to worship with a specific faith it had been facilitated through online channels. Staff said consumers who do not participate in group activities are offered one-on-one activities with volunteers, including consumers needing additional emotional support. Pet therapy is used to connect with consumers, and efforts are made to match consumers with the right animal.

Consumers and representatives gave examples of supports provided for consumers to maintain key relationships and do things of interest, including within the community. Staff confirmed this information was captured in care planning and, where permission was given, interests were displayed on posters in consumers’ rooms. The activities program is evaluated through attendance records and surveys, and the organisation has a program where consumers can apply for funding to assist with specific activities.

Consumers and representatives said staff knew consumers well, and were mindful of needs, goals and preferences. Staff could describe methods they were kept updated with changes to consumer information, and demonstrated familiarity with consumer interests and preferences for activities and meals.

Staff gave examples of consumers being referred to other providers of care and services in a timely manner. Care planning demonstrated close collaboration with external service providers to meet consumer needs and incorporation of advice into care planning. Consumers requiring emotional support were matched with volunteers or referred to support services.

Most consumers said they were satisfied provided meals were of a suitable quality, although one consumer said it was not the same as their own cooking. Catering staff confirmed they have a handover to guide on consumer meal selection and any dietary needs, including modified consistencies. Lifestyle incorporated food activities into the program, through cooking activities, barbecues, and sensory activities. A smoothie program has been implemented to boost nutrition and minimise weight loss. Consumers have access to snacks between meals in most kitchenette areas, with exceptions to this only due to consumers requiring supervision with eating for their safety. The service seeks consumer feedback on food and dining experience through food focus groups and dining room experience audits.

Consumers and representatives said equipment was clean and well maintained, and consumers felt safe during use. Staff said they have access to sufficient equipment, and lifestyle staff ensure activity items are cleaned between use. Equipment is maintained through preventive schedules, and staff report issues with prompt repairs undertaken.

For the reasons detailed above I find Standard 4 Services and supports for daily living Compliant.

# Standard 5

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

Findings

Consumers said they had a sense of belonging, and the service feels like home. Consumers were able to personalise their rooms with memorabilia and personal effects. Representatives said the service is welcoming when they visit, and they feel the design and layout enhances the interactions between consumers, visitors, and staff. Communal seating areas were available, with consumers observed to be engaging with visitors, visiting pets, and other consumers.

Consumers, including those using mobility aids, said they were able to move freely through the service, including through outdoor areas, as corridors and paths were kept clear. Consumers said they felt safe and were satisfied with cleaning and maintenance services provided. Staff were able to describe processes for notifying hazards and logging maintenance requests, and spoke of their responsibilities to support consumers move throughout the service with dignity including ensuring corridors were not blocked with equipment, and areas were cleaned. Management described seeking consumer consultation on the service environment through surveys and seeking feedback within consumer meetings.

Consumers said furniture, fittings, and equipment were maintained and suitable to their needs, and if issues arise staff will respond promptly. Equipment was observed to be clean and safe with adequate storage available. The service has a schedule for preventative maintenance, including use of external contractors where required, and system for managing faults and repairs with tasks prioritised by risk to the consumer. A schedule for cleaning, including for personal rooms and equipment, is available, with cleaning time increased due to the COVID-19 pandemic.

For the reasons detailed above I find Standard 5 Organisation’s service environment Compliant.

# Standard 6

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

Findings

Consumers and representatives said they are aware of how to provide feedback or make a complaint and felt comfortable to do so. Consumers and representatives who had made complaints said they found the system easy to use and were happy with the response received. Staff could explain how they support consumers and representatives in raising concerns , including escalating to management on someone’s behalf. Feedback pamphlets were displayed in numerous locations, with a collection box at the front entrance. Displayed posters have a QR code for provision of electronic feedback and opportunity for feedback was also available through consumer meetings or through surveys conducted by lifestyle staff.

Consumers and representatives said they were aware of external complaints processes and advocacy groups, although none interviewed had felt a need to use them. Lifestyle staff said they have information about complaints and advocacy in several languages if required, and staff can access interpreter services if needed. An advocacy service is scheduled to speak at an upcoming Resident and Representative meeting.

Consumers and representatives said actions were taken in response to concerns raised, with some identifying being updated with incidents and offered an apology. Most staff were familiar with the use of open disclosure and where to find information to guide on the management of complaints. Compliment and complaint data is recorded and reported at an organisational level to form part of the quality information reported to the Board. Management was able to demonstrate following policies and procedures in response to complaints and when things go wrong, including providing an apology, holding staff accountable for errors, and providing education to improve knowledge and skills.

Consumers said management will consult with them to resolve concerns, and provide feedback individually or at relevant meetings, such as Resident and Representative Meetings or the Food Forum. The continuous improvement process includes using consumer feedback to improve the quality of care and services, and management could give several examples where feedback or complaints had been used to make improvements.

For the reasons detailed above I find Standard 6 Feedback and complaints Compliant.

# Standard 7

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

Findings

Consumers and representatives said staffing levels were adequate to meet consumer needs and preferences. Staff confirmed there are sufficient staff rostered, there is minimal unplanned leave, and efforts are made to fill vacant shifts. Management advised allocations are reviewed regularly, considering consumer needs, staff feedback, and staff experience. Call bell data is reported monthly, and response times greater than ten minutes are investigated.

Consumers and representatives said staff are kind and caring and treat consumers with respect. Staff could describe consumers interests and preferences and how they used this information within their interactions. Management described monitoring staff interactions with consumers through daily observations. Interactions between consumers and staff were observed to be patient, caring, and affectionate.

Consumers and representatives were confident staff were competent in their roles and understand complex needs of consumers. Staff said they have knowledge and access to guidance to effectively perform their roles in the delivery of best practice clinical and personal care. The service has processes in place to monitor and ensure staff have the required registrations and qualifications relevant to their roles. Training and competency assessments are undertaken for key duties.

Consumers and representatives were satisfied with the skills and knowledge of staff. Clinical staff said they received training to help them develop skills for their role, and the organisation had educators to facilitate this. Recruitment and orientation are coordinated at an organisational level, with an onboarding program including buddy shifts and mentoring. Audits were undertaken to identify training deficiencies, and formal and informal education processes were used for continuous improvement.

Multiple staff said they had not had performance appraisals in the last three to five years, despite the organisation requirement to have a review every 18 months. Management acknowledged this has been overlooked, with remedial action being undertaken, however, said performance management is undertaken following critical incidents. Education is also provided to staff to build skills where a need is identified, with evaluation undertaken through audits and observation. The organisation has systems of accountability for performance, and has management pathways for staff involved in incidents.

For the reasons detailed above I find Standard 7 Human resources Compliant.

# Standard 8

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

Findings

Consumers said they are consulted on care and services, and can suggest improvements through feedback pathways including surveys. Management said consumers are encouraged to participate in committees and staff interview processes, with expressions of interest sought within Resident Meetings. Management could describe changes to the service and environment arising from consumer and representative input and feedback.

Consumers said they felt safe living at the service, and could communicate concerns with management. Diversity and inclusion policies and procedures are available to guide staff, and staff received dedicated correlated training. The organisation’s Clinical Governance Framework guides on provision of safe, inclusive and personalised care, with policies and procedures available to guide staff on all elements of care. The governing body has appointed a consumer representative on the Care Committee to provide knowledge and expertise, and ensure the consumers’ interests are represented. Information from the Board is communicated to consumers and staff through meetings, newsletters, and published annual reports.

The service has effective organisation wide governance systems. Information management systems and processes are in place to ensure consumers, staff, and management have relevant and up to date information. The service’s Plan for Continuous Improvement captures activities, monitoring actions, and is reviewed fortnightly at organisational level. Financial delegation systems guide on purchasing, accountability, and reporting which feeds into the annual general report. Duty statements guide on responsibilities and accountabilities for staff and Board members. Regulatory compliance is monitored and managed at both organisational and service level, and informs actions, communication and training. Feedback is actively sought, with complaints managed by the service and reported at organisational level to inform the Board.

Consumers said they have been supported to live their best lives, including through taking informed risks at times. Staff said they have been provided training on their obligations to report incidents, abuse, and neglect, and could describe key risks for consumers with communication of key issues through care plans and handover processes. An organisational risk governance framework is in place, ensuring strategies, plans, and systems are in place to identify and manage risks. Documentation demonstrated clinical indicators and incidents are discussed at meetings and reported at an organisation and Board level to identify trends and implement improvement strategies.

The clinical governance framework includes policies and procedures, and supports the workforce, including visiting health professionals, to provide safe clinical care. Clinical and care staff said protocols were followed when delivering care to consumers. The use of restrictive practice is monitored, with informed consent for use when documented strategies have not been effective. The service has systems for preventing, managing, and minimising infections in line with antimicrobial stewardship guidelines. Management described the use of open disclosure follows consumer incidents and complaints.

For the reasons detailed above I find Standard 8 Organisational governance Compliant.

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