Performance

Report

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| Name of service: | Buckland House Nursing Home |
| Service address: | Loch Street MANSFIELD VIC 3722 |
| Commission ID: | 3478 |
| Approved provider: | Mansfield District Hospital |
| Activity type: | Site Audit |
| Activity date: | 14 February 2023 to 17 February 2023 |
| Performance report date: | 30 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 Buckland House Nursing Home (**the service**) has been prepared by N Eastwood, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

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

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers and representatives confirm they are treated with dignity and respect and their culture and diversity is valued and respected. The Assessment Team observed this in practise with staff demonstrating an awareness of consumers’ backgrounds and cultures and engaging with consumers respectfully and kindly.

The service displays The Charter of Aged Care Rights and demonstrated culturally safe practice which was supported by consumer and representatives accounts. Consumers and representatives confirmed use of personalised approaches for consumers with English as a second language and the ability to exercise individual preferences around participation in cultural celebrations and events.

Consumers and representatives confirmed consumers are supported to make their own decisions, nominate those they wished to be involved in care decisions, make new friends and maintain existing relationships. Care file documentation included consent forms, advance care directives/terminal care wishes, and appointment of alternative decision-makers. Staff were able to describe how they support consumers to maintain relationships and individual preferences for those involved in their care.

Consumers and representatives report being satisfied the service supports consumers to do the activities they wanted to do, including where the activity involves an element of risk. Staff were able to describe how they support consumers with specific activities involving risk, including individual arrangements for consumers who access the community independently and are away from the service overnight. The Assessment Team were provided a copy of the updated policy and proposed work instruction to support consumer dignity of risk and reviewed care documentation which reflected risks are discussed and actions to mitigate risk are adequately documented.

Consumers and representatives were satisfied they are provided with information that is easy to understand, in a timely manner and assists them to make choices. Consumers and representatives also confirmed they receive newsletters and notices and have the opportunity to participate in care consultations each month. Staff described how they can access interpreter services and have information available in languages other than English when needed. The Assessment Team observed information on advocacy and translation services available to consumers and staff.

Staff described how they provide care to maintain consumer privacy, conduct handover in a private room, sign confidentiality agreements, and ensure they only discuss care with authorised representatives and those providing care to the consumer. This was supported by the Assessment Teams observations as well as consumer and representative confirmation they are confident that their information is kept confidential.

# Standard 2

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

Findings

Consumers and representatives report being satisfied with the care and services they receive from nursing staff. They also confirmed they are confident that staff can identify and minimise the risks associated with the consumers’ care needs. A review of care file documentation demonstrated that risks are identified and risk minimisation strategies discussed with consumers or their representatives. Staff demonstrated knowledge of each consumer’s identified risks and the associated risk minimisation strategies. The Assessment Team noted a number of complex care needs for consumers and observed staff referring to medical directives, monitoring consumers with identified falls risks, documenting clinical observations and completing regular rounding.

Consumers and representatives described how care needs and preferences are established through assessments and interviews with consumers as well as identifying consumer wishes for end of life care. Consumers and representatives confirm being encouraged to participate in reviews as preferences or care needs change and when considering end-of-life preferences. Staff explained how they update care documentation and review the care needs and preferences of consumers as they change and during resident of the day reviews. Advance care directives and terminal care wishes forms are reviewed regularly. This was confirmed in practise with the Assessment Team observing implemented changes to care for a consumer with a recent decline in condition.

Consumers and representatives confirm they are provided with the opportunity to be involved in care planning and assessment processes. A review of care files also reflects a consistent approach is in place to engage the consumers and others involved in care decision-making in the assessment, planning, and review of care. Referrals and reports indicated that specialist and allied health recommendations and directives are discussed with the consumer or their nominated decision maker, documented, and communicated to staff.

Consumers and representatives confirmed changes to care needs are communicated as well as access to care planning documentation. A review of care file documentation demonstrated allied health and specialist input as well as outcomes of assessments in consideration of care planning which are also discussed with the consumer and representative. Staff confirmed that copies of care plans are offered during resident of the day review and on request.

Where there are changes to care needs, consumers and representatives report the staff are excellent at communicating and representatives are promptly updated when incidents occur. A review of care file documentation demonstrated that regular care reviews occur and where health needs or preferences change, incidents or deterioration is noted, updates to care plans occur. Staff discussed the review process, how reassessments are initiated and changes communicated to the consumer and representative.

# 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 report being satisfied with clinical and personal care. This was confirmed by a review of care file documentation which demonstrated the service identifies and manages consumer care needs. Care files reflect documentation of consistent wound care, monitoring, responding to change in pain and use of psychotropic medication. There is also evidence of completed restrictive practices consent forms and a psychotropic self-assessment tool. Clinical staff demonstrated knowledge of consumer clinical care needs and described elements of best practice relevant to wound management, identification of risk to skin integrity, pain management and use of restrictive practices.

High impact and high prevalence risks are identified through the services assessment processes. A review of care files confirm risks associated with medications, falls, behaviours, catheter care, enteral feeding, aspiration, diabetes, and oxygen therapy are identified and managed. Staff described how they complete behaviour support plans for behaviours of concern and when consumers are prescribed psychotropic medications. Staff provided examples of non-pharmacological interventions used before administering medications.

The service demonstrated initial care planning and regular consultation with consumers and representatives takes place to identify consumers’ end of life preferences. End of life care plans, and advance care plans according to consumer wishes were noted in consumer care files as well as observations of handover sheets including resuscitation preferences. Staff discussed end-of-life pathways and how they can provide care and comfort for consumers nearing the end of life.

Consumers and representatives confirmed how staff identify and respond when incidents occur or a consumer’s health deteriorates. A review of care files demonstrated timely identification and clinical management in circumstances of deterioration. Referrals to general practitioners, allied health staff, and specialists were documented and updates to care plans implemented. This was confirmed in practise by the Assessment Team’s observations of staff monitoring a consumer following a fall that occurred during the Site Audit.

The service demonstrated that information regarding consumers’ health, needs and preferences are documented and communicated both internally and with others involved with consumer care. A review of care files demonstrated that assessments, care plans, progress notes, and specialist and allied health reports are completed. Staff discussed how specialist and allied health assessment information is included in consumer care plans.

Consumers and representatives confirm that referrals to physiotherapists, dietitians, speech pathologists, podiatrists, general practitioners, and specialists occur promptly and with their consent. A review of care files demonstrate timely referral to allied health practitioners, general practitioners, and specialists. Staff discussed the referral process and routine visiting schedules for allied health practitioners.

The service has infection control and outbreak management policies and procedures. There is a current outbreak management plan to manage and minimise the impact of a COVID-19 outbreak. The organisation has an electronic ‘Infection control work instruction manual’ which covers a range of infectious illnesses and precautions. A review of meeting minutes confirmed discussion related to infectious illness risks at the service’s clinical risk committee, staff, and consumer meetings. Staff discussed actions they take to limit the risk of infection transmission and to minimise antibiotic use. Staff also described assessment and specific interventions when identifying changes to consumer condition which may indicate signs of infection. The Assessment Team observed appropriate use of Personal Protective Equipment and screening on entry to the service.

# 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 confirmed that staff support consumers to live the best life they can, encourage consumers to be independent and have their preferences respected. The Assessment Team observed staff encouraging consumers to participate in group activities and providing one-to-one activities to individual consumers. The lifestyle activity plan is developed in consultation with consumers and is available in large print and by a monthly newsletter which is provided to consumers and their representatives. Staff were able to discuss the likes, dislikes, preferences, and level of assistance required by consumers to participate in activities of interest to the individual.

Consumers and representatives confirm they are provided with emotional, spiritual, and psychological care and support. Staff described that consumers who wish to practice their religion are supported to do so through in-house ecumenical services, streamed church services, assistance to attend local churches, and visiting clergy. Staff discussed how consumers can also see visiting social workers, psychologists, and mental health specialists depending on the individual’s preferences. The Assessment Team observed staff sitting with consumers chatting quietly to them, providing verbal reassurance during activities and meals, and encouraging consumers to spend time with visiting family members.

The service supports consumers to engage in activities of interest to them, maintain contact with the local community, and keep in contact with their friends and families. This was confirmed by consumer and representative accounts. A review of lifestyle care plans reflects activities of interest to each consumer, support for consumers to participate in activities in the community and within the service. The Assessment Team observed consumers leaving the service to spend time in the community, engaging with volunteers and visitors, and participating in activities.

Consumers and representatives were satisfied with how the service communicates with others where care is shared. Staff described receiving information promptly, catering staff explained changes to diet are communicated and meal lists are updated.

Consumers and representatives confirmed that referrals to other service providers occur promptly. Staff discussed how they are able to refer consumers to elder rights and advocacy services, counsellors, and social workers as required. A review of care files reflects preferred contact points for religious support, referral for safe use of electric scooter and referrals to allied health physicians for mobility assessments.

Consumers and representatives described the quality of meals as acceptable and there is enough to eat. Consumers confirm they are able to access alternative choices if preferred. Staff explained the provision of texture-modified diets and how updates are provided to dietary needs and preferences. The Assessment Team observed the daily menu in the dining room and staff were observed assisting consumers with their meals in a dignified and unrushed manner.

The Assessment Team observed equipment in use to be well maintained and clean. Staff were observed wiping down shared equipment, games and lifting machines between use. Mobility aids and lifting equipment were clean with evidence of service checks attached to them. Staff discussed how equipment that requires repair is logged for the maintenance staff to inspect and repair.

# Standard 5

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

Findings

Consumers and representatives report feeling comfortable at the service. Staff explained that most consumers require assistance with mobility and confirm both indoor and outdoor areas are accessible for consumers to utilise. The Assessment Team observed consumers spending time in both their rooms and communal areas. The outdoor courtyard was observed to be furnished and accessible, the corridors were wide and unobstructed with handrails in place.

Consumers and representatives confirmed they are satisfied with the cleanliness and maintenance of the service. Staff outlined regular cleaning and maintenance schedules and how they are able to log maintenance requests online. The service environment was observed to be clean and well-maintained. The Assessment Team reviewed routine maintenance records which showed testing and tagging of electrical items at the service was due for completion. Cleaning schedules demonstrated daily and regular deep clean of consumer rooms and completion of all daily and monthly tasks.

The Assessment Team observed equipment to be clean and well maintained, consumers and representatives confirmed that furniture, fittings and equipment are safe, clean and suitable for their needs.

# 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 confirmed they are encouraged and supported to provide feedback and make complaints. Staff explained that while most issues raised by consumers are resolved immediately, staff record them in their daily progress notes for ongoing review by management. The Assessment Team observed the availability of internal and external feedback mechanisms throughout the service. The service provided evidence of regular ‘residents and relative meetings’ for consumers and representatives to provide feedback about the quality of care and services. Management described consumer feedback as a valuable indicator of current performance and informs its process of continuous improvement. A review of the service’s complaints/feedback register confirmed that the service has a robust mechanism for reporting complaints.

The service has advocacy and language service information available for consumers and representatives to access. Consumers and representatives confirmed they are aware of how to access external advocacy services. Staff described how they provide information on advocacy and complaints services to consumers when required. The newsletter also contains advocacy and complaint information.

Consumers and representatives confirmed that actions had been taken to resolve issues that were raised. Staff and management were able to describe utilising open disclosure principles in their handling of feedback and complaints. Most consumers and representatives reported that staff communicate with them in a timely manner and actively participate in the process of resolving issues. The Assessment Team reviewed meeting minutes, training records and policies and procedures which reflect a consistent approach to feedback and complaints including use of open disclosure principals. The service has a post fall process involving immediate contact with the consumer representative as well as a multidisciplinary ‘post-fall huddle’.

Feedback from consumers and representatives indicate the service reviews their feedback and complaints to improve the quality of care and services. Management described how concerns are acknowledged and the service’s complaints process is used to inform its plan for continuous improvement. The Assessment Team reviewed feedback and complaints documentation which supported appropriate action has been taken to resolve complaints and contribute to systemic improvements.

# 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

The service demonstrated how it effectively plans its workforce to enable the delivery of safe and quality care and services using suitably qualified staff to perform clinical and care functions at the service. Consumers and representatives expressed satisfaction with the level of training demonstrated by staff. Staff indicated sometimes shifts are not fully covered, however they are able to work together to ensure there is no adverse impact to consumers. The Assessment Team reviewed rosters which confirmed clinical staff availability across all shifts in addition to lifestyle staff who operate an activity program 7 days a week.

Consumers and representatives confirmed staff are kind and caring and have an awareness of what is important to each consumer. The Assessment Team observed staff engaging with consumers and representatives in a kind and respectful manner. A review of care planning documentation reflected records of individualised needs and interests as well as cultural and personal preferences. A review of the services policies, procedures and staff training records include reference to respect, dignity, diversity and the staff code of conduct. There was also evidence of cue cards in languages other than English to assist with interaction and support emotional and physical care needs.

Consumers and representatives confirmed their satisfaction that staff have adequate knowledge and skills to meet their clinical and care needs. Management described the recruitment screening process which ensures staff are appropriately qualified to perform their role. Pre-employment checks, clinical and allied health registration status, and aged care-specific qualifications are confirmed. Compulsory training modules are available to all staff, including serious incident reporting, restrictive practices requirements, open disclosure, food safety, and infection control.

Consumers and representatives indicated they believe staff are provided with adequate training to ensure the safe provision of care and services. The Assessment Team reviewed training records confirming staff completion of education related to legislative/regulatory changes including the Serious Incident Response Scheme (SIRS), restrictive practices, infection control and specialised care topics. Staff confirmed their attendance at training in a range of role-specific education modules, including SIRS reporting procedures, infection prevention and control, personal protective equipment use, restrictive practices, and manual handling. Management explained how knowledge or training gaps are identified during incident report investigations, trending complaints, and internal audit results. The Assessment Team reviewed documentation that confirmed the service has policies and procedures to support the ongoing theoretical and practical education and monitoring of staff competencies.

The service has formal and informal processes for monitoring and review of staff performance. This process includes an induction program for new employees, day-to-day work performance monitoring, and a formal documented periodic performance appraisal. Staff confirmed the appraisal process to ensure competency and completion of annual training. The Assessment Team reviewed education and training records for the organisation which are reported to management every 3 months. Following feedback from the Assessment Team these records will be provided to managers in real-time to ensure any gaps are identified promptly rather than at the end of a 3-month period.

# 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 are supported to actively participate in the development, delivery and evaluation of care and services. A review of care documentation, meeting minutes and the plan for continuous improvement also supports this occurs in practise. Management also confirmed that consumers and representatives contribute at a corporate level through their participation in consumer meetings and surveys.

Consumers and representatives confirm they feel safe and quality care and services are provided to consumers. Management demonstrated that the organisation has overarching policies and procedures which promote a positive culture of safe, inclusive care and quality services, and explained how the service is accountable for their delivery. Organisational supports are provided through board, committee and sub-committee structures which facilitate a hierarchy of oversight, adherence to accountability at an organisational and service level, and the continuous monitoring of care and services. Where incident trends and gaps in staff practices are identified, they are included in the service’s plan of continuous improvement and reported to the board for consideration. The Assessment Team reviewed recent consumer and staff meeting minutes, and e-mail alerts to staff, consumers, and their representatives, which confirmed that changes are generally communicated within the organisation in a timely manner.

The service demonstrated effective governance systems related to information management, continuous improvement, financial accountability, regulatory compliance, feedback and complaints. The organisation’s board has established processes to satisfy itself that systems for appropriate care and services operate in accordance with the Aged Care Quality Standards. Staff confirm they are able to access relevant information to ensure the safe delivery of care. Due to the current reporting limitations of the call bell system plans are in place to upgrade the system as an ongoing mechanism to improve quality of care. Management described how financial accountability occurs and the systems to communicate regulatory updates and legislative changes. There is evidence that the workforce is planned to facilitate the management of safe and good quality care and services for consumers. The service demonstrated an effective feedback and complaints management system used to identify systemic issues and which informs its plan for continuous improvement.

The service has risk management systems in place which are supported by a clinical governance framework, policies and procedures, and reporting mechanisms. Management and staff were able to provide examples of risks identified and investigated, as well as training undertaken to ensure risks to consumers are minimised. Critical incidents are investigated to identify serious risks and underlying procedural issues or gaps in staff knowledge. This information is currently reported to the chief executive officer and to the board to reflect any changes to policies, and procedures, and to identify additional staff training requirements. The service engages a volunteer program to meet regularly with consumers in group or individual settings to support them to live the best life they can. Staff support consumers to maintain contact with people important to them and encourage engagement in individual and group activities.

The service has an effective clinical governance framework, guidance documentation for practicing antimicrobial stewardship, policies and procedures relevant to antimicrobial stewardship restrictive practices and open disclosure. There is a current outbreak management plan in place and staff were able to describe non-pharmacological measures taken to reduce risk of infection. The service demonstrated its use of non-pharmacological intervention, such as behavioural management practices and therapies, to minimise the use of chemical restrictive practices.

Clinical staff demonstrated a good knowledge of open disclosure principles and how they enact them when incidents negatively impact on or cause harm to consumers.

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)