Performance

Report

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| Name of service: | Bupa Portland |
| Service address: | 83 Wellington Road PORTLAND VIC 3305 |
| Commission ID: | 3885 |
| Approved provider: | Bupa Aged Care Australia Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 20 February 2023 to 23 February 2023 |
| Performance report date: | 28 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 Bupa Portland (**the service**) has been prepared by L Glass, 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
* the provider’s response to the assessment team’s report received 14 March 2023.

# 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/or their representatives said consumers are treated with dignity and respect, and their identity, culture and diversity are valued. Consumers’ care planning documents included information about consumers’ individual needs and preferences. Staff were observed treating consumers with respect and were able to demonstrate an understanding of each consumer’s individual choices.

Consumers and/or their representatives said the service provides care and services that are culturally safe. Staff support consumer’s individual needs. Care planning documents reflect consumer’s individual requirements. The service has policies and procedures to guide staff in the delivery of diverse and culturally appropriate care.

Consumers and/or their representatives sampled for this requirement said the service supports consumers to make choices and exercise independence and decision-making related to the care and services they receive. Staff support the decisions of the consumer and encourage them to be involved in the decision-making process. Care planning documents reflected the consumer’s choices related to the people they wish to be involved in their lives.

Consumers and one representative sampled were satisfied the service is supporting consumers to do the activities they want to do, including where there is risk involved, so they can live their best life in line with their preferences.

Consumers are satisfied information provided by the service is current, easy to understand and enables consumers to exercise choice. A range of notices were on display within the service. Staff communicate with consumers using different methods and forums.

All consumers sampled expressed satisfaction that their privacy is respected, and their information is kept confidential. Staff maintain consumers’ privacy through knocking on doors, password locking all computers when not in use and ensuring nurses’ station doors remain closed and locked. Observations of staff practice demonstrated staff respected consumers’ privacy.

# 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**

Care planning documents reviewed demonstrate consumer risk is identified and assessed with risk mitigation strategies planned as part of the care planning process. All consumers interviewed, and/or their representatives indicated confidence that consumers’ risks are identified to enable safe and effective care. Management and staff demonstrated knowledge of consumers’ risks and described risk minimisation strategies individualised for each consumer.

All reviewed consumers’ assessment and care planning documents reflect and address consumers’ needs, goals, and preferences and include documentation of advance care plans. End-of-life planning is occurring according to consumers’ wishes and is documented in the ‘Advance care plan’ form. Consumers and/or representatives described their involvement in advance care planning and expressed confidence that staff know the consumer’s goals and wishes well. Staff demonstrated knowledge of the needs and preferences of the sampled consumers.

All consumers and/or their representatives interviewed confirmed their satisfaction with the regular involvement in care planning as well as with others they wish to include. Assessments and care plans demonstrate partnership with consumers and/or representatives in initial development and subsequent reviews. Staff and management confirmed the involvement of other external healthcare providers consumers wish to involve.

All sampled consumer care files contained a comprehensive care plan for each care domain and a ’summary’ care plan for consumers and/or representatives in an easy-to-understand format. All consumers and/or representatives interviewed have been informed of their assessment outcomes and can access the care plans if they wish to. Clinical staff explained how they have ready access to the consumer’s care plans electronically which are discussed with consumers and/or representatives during the care plan consultation and evaluation.

All consumers and/or their representatives interviewed provided positive feedback about staff responsiveness to changes in consumers’ care needs and preferences. Management and clinical staff described the established processes for the review of care plans monthly and as required following an incident or a change in the consumer’s condition.

# 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

Care documentation for all consumers sampled demonstrates effective assessment and management of consumers’ skin integrity, wounds, pain, and the use of restrictive practices with input from a multi-disciplinary health team. Consumers and/or their representatives expressed satisfaction with the personal care, wound care, and pain management consumers are receiving. Consumers’ representatives confirmed the consent process for the use of restrictive practices for consumers and discussion of the benefits and associated risks. The restrictive practice register, and relevant care documentation reflect the consumers classified as subject to chemical restrictive practices have been assessed, monitored, managed, and reviewed. A suite of policies and procedures is accessible to guide staff in clinical and personal care delivery in line with best practice.

A review of consumer files demonstrates consumers’ high impact and high prevalence risks are effectively identified, and risk minimisation strategies are developed and implemented. Overall, consumers and/or their representatives expressed satisfaction with the management of consumer risks. Management and staff identified pressure injuries, unplanned weight loss, changed behaviours, falls, and specialised care, as the high-impact and high-prevalence risks at the service. Sampled consumers with specialised care needs, demonstrate preventative strategies are in place to minimise associated risks. Policies and procedures are available to guide staff in the management of high-impact or high-prevalence risks.

Overall consumers and/or their representatives expressed satisfaction with the palliative care approach provided by the service. Care documentation of consumers, identified to be within the palliative care pathway, demonstrated end-of-life needs are met in line with consumer’s wishes and comfort is maintained. Staff described the palliative care pathway and resources available to them to support consumers nearing the end of life. The organisation has policies and procedures to guide the provision of palliative care and end-of-life care.

Consumer care files reflect a timely identification of and response to, deterioration or changes in function, capacity, and condition. Most consumers and/or their representatives expressed satisfaction with how the service has responded to a change or deterioration in the consumer’s condition, health, or ability. Staff interviews, and care planning documents demonstrate appropriate actions taken in response to a deterioration or change in a consumer’s health. Organisational policies and procedures guide staff in the timely identification and response to consumer deterioration.

Care documentation of all consumer files sampled provided information about the consumers’ health condition, needs, goals, and preferences. This includes assessments, care plans, progress notes, handover sheets, medication charts, electronic care alerts, and clinical correspondence from external health providers. Staff can describe how they access and refer to consumers’ progress notes, chartings, and care plans for accurate consumer information and changes in condition. Although one representative did not indicate confidence in how consumer information is communicated within the service, most consumers and/or their representatives are generally satisfied that consumer needs and preferences are effectively communicated in a timely manner.

Overall consumers and/or their representatives expressed satisfaction with the accessibility and availability of their medical practitioners and other health professionals as needed. Care documentation reflects timely and appropriate referrals to health practitioners, specialists and other health organisations as appropriate. Management and staff described processes and examples of results of referrals to other services.

Overall consumers and/or their representatives indicated confidence in the actions the service undertakes for the prevention, control, and management of infections and outbreaks. The service monitors and screens consumers for symptoms of transmissible infections and records the outcome in a ‘Clinical Screening Tool for Acute Respiratory Infection’ form for each consumer. The service maintains a robust screening process for all visitors and contractors before entry, including evidence of a negative rapid antigen test and completion of a health declaration.

The Assessment Team observed staff complying with hand hygiene, wearing personal protective equipment (PPE) appropriately and following infection control practices. The service maintains an immunisation register for all staff and consumers. Clinical staff demonstrated an understanding of antimicrobial stewardship. The service has established policies and procedures on infection prevention and control (IPC) and antimicrobial stewardship that guide staff and support safe practices.

# 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 are supported to engage in lifestyle activities of their choice and individual preferences are respected. Staff described how the service supports consumers to maximise individual independence, well-being and quality of life. Documentation reviewed identified consumers’ choices and provided information about the services and supports needed to help the consumer participate in things they enjoy.

Consumers and/or representatives expressed satisfaction that consumers’ emotional, spiritual, and psychological well-being is supported. Staff support consumers and care planning documentation reviewed included information related to the individualised needs of consumers.

Consumers and/or representatives were satisfied the service provides adequate support for consumers to maintain relationships, participate in the community and do things of interest to them. The service demonstrated that each consumer is supported to participate in their community within and outside the service, maintain and develop social and personal relationships and do things of interest to them. Staff could describe the relationships and interests of consumers, within and outside of the service. Care planning documents contained information on consumers’ interests and family relationships.

Consumers and/or representatives interviewed said staff members know their needs and preferences regarding services and supports for daily living and they do not have to continually explain them to staff. The service demonstrated how information about consumers’ conditions, needs, and preferences are communicated within the organisation through various methods and with others where the responsibility of care is shared. Staff were able to describe ways in which the service effectively manages the communication of information.

The service demonstrated timely and appropriate referrals to individuals, other organisations, and providers of other care and services to enhance the lifestyle of consumers. Management described the process of working with an external psychology therapy service for any consumers who may benefit from a qualified professional to speak with during difficult periods, or when they are struggling with their mental health.

Most consumers and/or representatives expressed satisfaction with the variety and quantity of the meals provided saying the food is great. Consumers described how they are presented with options daily and can request alternative meal choices. The chef explained how they work with the consumers through ‘resident and relative’ meetings to gain feedback on the menu.

The service demonstrated equipment used for lifestyle activities and activities of daily living was safe, suitable, clean, and well-maintained. Staff were observed cleaning shared equipment during the site audit.

# 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/or representatives are made to feel welcome and comfortable at the service. Consumers and visitors were observed moving freely around the service and using communal areas. The service is ensuring consumers feel welcome through providing well-furnished communal areas that optimise consumer interaction and engagement.

Consumers and/or representatives said the environment is comfortable, clean and well-maintained. Maintenance staff described the preventative and reactive maintenance systems and schedules and described the process of referring to external tradespeople where required. Cleaning staff described the cleaning schedule which includes regular detailed cleaning of communal areas and consumers’ rooms. Consumers and visitors were observed accessing indoor and outdoor areas freely.

The service demonstrated furniture, fittings and equipment are all safe, clean and well maintained. Consumers were satisfied and said the home is furnished beautifully, and the equipment provided to them is safe and well maintained. The Assessment Team observed the service and its equipment being kept clean and safe for use by consumers.

# 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

All consumers and/or representatives interviewed confirmed they feel comfortable providing feedback and/or making a comment or complaint. Consumers said the general manager is available to speak with them and in the first instance they always approach them if they wish to provide feedback. Management advised there are various avenues available to consumers/representatives to provide feedback and make informal and formal complaints. Staff demonstrated knowledge of the complaints system, advising they attempt to manage the feedback at the lowest level. If unable to assist, staff are aware of the more formal processes available to consumers and/or representatives. The Assessment Team observed ‘Your feedback matters’ forms located within the service with locked boxes available for receipt of completed forms. The consumer information booklet, provided on entry to the service, documents processes for providing comments/ suggestions and reporting of improvement opportunities and hazards.

Most consumers and/or representatives confirmed they are provided with information on accessing advocates and external avenues for complaints not handled to their satisfaction. Systems available to assist consumers with sensory losses or those with English as a second language to provide feedback and raise complaints. Staff demonstrated knowledge of the complaints management policy and work instructions including the process for accessing advocates and language services. The Assessment Team observed posters displayed encouraging consumers/representatives to share their concerns, suggestions, and feedback with details for contacting advocates, language services, and external complaints bodies.

Consumers and/or representatives advised they are mostly satisfied with actions taken to resolve a complaint. They have noted a big improvement in complaint handling recently. Management confirmed the complaints management policy is followed whenever a complaint is received either verbally or in writing with an unreserved open disclosure apology given to the complainant immediately. Any actions identified to resolve the complaint and prevent further recurrences are added to the plan for continuous improvement.

Consumers and/or representatives advised the Assessment Team of improvements to care and services they were aware of, for feedback and complaints made. Management said feedback received through the various avenues is documented in the electronic feedback/incident reporting system to ensure they close the loop for all feedback received. Actions arising from the investigation of complaints are added to the plan for continuous improvement to monitor implementation. Management described providing de-identified feedback and a summary of themes arising from received compliments and concerns at staff meetings to raise awareness of actions implemented because of feedback.

# 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

Most consumers and/or representatives stated staffing levels are inadequate. However, consumers/representatives could not describe any impact to consumers from current staffing levels, instead explaining, ‘staff appear to be very busy and don’t have time to sit and have conversations with consumers.’ Management said during the recent Covid-19 outbreak, staffing levels were severely impacted with surge, and agency staff required to fill roster gaps. Management advised the current roster and staffing ratio levels are adopted after consideration of consumer numbers and their acuity. Management review staffing levels daily and report to the governing Board who are aware of the workforce issues at the service and have introduced additional resources to support the service. Rosters are managed by the customer services consultant who is responsible for filling planned and unplanned roster gaps with agency staff and by requesting staff to work additional hours when required. Call bells are monitored, and reviews of any excessive wait times undertaken.

The response to the Assessment Team report from the provider confirmed call bells continue to be monitored and any excessive call bell times are followed up with the consumer to ensure safe, quality and timely care and the reason for the initial wait time.

Consumers and/or representatives were satisfied with staff interactions during care provision to consumers saying staff were generally gentle, caring and kind. Staff could describe consumer’s individual needs and advised how they ensure they are respecting consumer’s goals and preferences. Staff confirmed they complete annual mandatory on-line training in dignity and privacy, customer relations and ‘person first care’. Management described organising multiple training sessions for staff to introduce the new ‘code of conduct’. The Assessment Team observed staff interacting with consumers in a kind and respectful manner.

Consumers and/or representatives said staff appear competent and demonstrate they have the knowledge, and skills to effectively perform their respective roles. Management described the induction and orientation program provided to commencing staff that ensures staff have completed mandatory training and are supported when they commence employment at the service. Staff confirmed they complete annual mandatory training and where required, competencies around medication administration, hand hygiene, and wearing of personal protective equipment. The Assessment Team reviewed position descriptions that document the qualifications, training, skills, and experience required for each position.

Management advised the service has experienced a lot of stress due to the ongoing need for recruitment and employment of staff, particularly since the Covid-19 pandemic. Recruitment is ongoing with significant employment of staff in the previous 6 months. Mandatory training is completed annually, face-to-face, or online with education attendance records and training evaluations maintained. A training calendar has been developed with additional education and training sessions added following staff requests, review of incidents and consumer complaints. The response to the Assessment Team report from the provider confirmed recruitment remains ongoing and additional activities have been added to the training calendar to ensure all staff are aware of their roles and responsibilities.

Management described the regular assessment and monitoring processes in place including the 6-month probationary period reviews and annual staff performance appraisals. Staff interviewed confirmed they had recently had a staff appraisal or had one booked. Staff confirmed they are given opportunities to discuss training needs during their appraisals.

# 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 and/or representatives confirmed they are provided opportunities to comment and engage in discussions about the care and services provided. A variety of avenues are available including monthly care planning meetings, the completion of satisfaction surveys, the completion of feedback forms, and participation in focus groups and ‘resident and relative’ meetings. Staff advised they receive education and training and have access to a library of policies and work instructions to ensure care and service delivery meets best practice guidelines.

The organisation’s governing body has oversight of the performance of the service to ensure safe and quality care delivery and appropriate management of identified risks. Monitoring processes including audits, key performance indicators, quality reports and high-level complaint reports provided to the governing body ensure the service remains accountable for promoting a culture of safe, inclusive, and quality care. Monthly clinical quality meetings with representatives from quality, management and the chief operations manager review and discuss internal remediation of identified risks, serious incident reports, internal audit results and progress of actions on the PCI. The Board uses a global risk matrix tool to identify services within their organisation requiring additional resources and support.

The service has effective organisation-wide governance systems to ensure the delivery of care meets best practice. Staff have access to appropriate resources and policies to ensure the care provided is safe, appropriate for individual consumers and meets best practice. Through internal audits, feedback mechanisms, incident reporting, and investigation the service can identify, monitor and where required improve the quality of care and workforce interactions.

The service has a strong incident reporting culture, with clinical staff confirming incidents are reported, investigated, and escalated to management for review. Clinical staff confirmed awareness of the serious incident reporting scheme (SIRS) and could explain how the resources provided assist them to understand and prioritise SIRS reporting. The clinical care manager reviews all reported incidents and the investigation outcomes to ensure the cause for incidents have been identified, appropriate actions/strategies are appropriate and if required a SIRS report has been submitted. Monthly reports are generated for discussion at staff meetings and for senior executives to examine the quality of care and trends arising from data analysis. Findings from quality meetings are shared across the organisation’s services to enable benchmarking of audits and improve service provision. The service has employed a remediation consultant who is working with clinical staff to support the management of consumers with high-level and high-prevalence risks. Action plans have been developed and enacted to address any gaps identified in clinical care.

The organisation’s clinical governance framework provides an overarching monitoring system for clinical care including antimicrobial stewardship, open disclosure and minimising the use of restraint.

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)