Performance

Report

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| Name of service: | Bupa Woodend |
| Service address: | 2 Sullivans Road WOODEND VIC 3442 |
| Commission ID: | 4184 |
| Approved provider: | Bupa Aged Care Australia Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 10 October 2022 to 13 October 2022 |
| Performance report date: | 15 November 2022 |

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 Woodend (**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 27 October 2022.

# 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

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

Consumers said they are treated with dignity and respect, and their identity, culture and diversity are valued. Staff were observed treating consumers with respect and demonstrated an understanding of individual’s choices and preferences and requirements. Consumers’ care planning documents included information about their individual preferences and people important to them. The service had policies and procedures which included consumers’ rights. The Charter of Aged Care rights is displayed in the services foyer; the service had policies and procedures to align with dignity and respect for the consumer.

Consumers and their representatives said the service supported consumers to exercise their own choice and independence and decision-making about how care and services are delivered. Staff support the decisions of consumers. Observations confirmed staff assist consumers in maintaining relationships with their friends and families.

Consumers and their representatives are satisfied that the service supports consumers to do activities they want to do, including where the activities involve risk, so consumers’ can live the best life possible.

Consumers and their representatives are satisfied information received is current, accurate, timely, clear and communicated in a way that is easy to understand including communication about changes or incidents that have occurred. Staff described how consumers are provided with current information. The organisation had documents and a process to inform and enable consumers to make choices. The Assessment Team observed lifestyle calendars and menus with options on dining room tables, on large whiteboards, and on notice boards throughout the service. Special event posters were also observed on dining tables and in consumers’ rooms.

Consumers and their representatives said they are confident their information is kept confidential. Care staff described how they maintain a consumer’s privacy when providing care. Staff described keeping computers locked and using passwords to access consumers’ personal information. Staff were observed knocking on bedroom doors and awaiting a response before entering and closing office doors when talking to the Assessment Team about consumers. Observation of staff practice shows that the privacy of consumers is respected.

# 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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

Consumers provided positive feedback about their involvement in the assessment and care planning process resulting in care the consumers consider right for them. Nursing staff described the care planning process as per the organisation’s work instructions, with care staff describing their contribution in charting that informs the planning of individualised care. The service uses a 30-day planner to ensure all domains of care are assessed when a consumer enters the service.

Care planning documentation reflected the goals of care, needs and preferences of each consumer under all domains of care. Advance care planning is an integral part of the initial assessment process and is reviewed at monthly care review meetings. Documentation identified where general practitioners have consulted with the consumers and their representatives about preferences for the consumer’s advanced care plans. Staff demonstrated knowledge of the needs and preferences of consumers.

Most consumers said they and their representatives were part of ongoing assessment, planning and reviews of care. Staff said any changes to the consumer’s care is discussed with the consumer and other health providers when they are involved in the care planning process. Consumer care files reflected involvement by health providers involved in consumer care, and communication is documented where changes to care and services are recommended.

Consumers’ care documents reflected communication of outcomes of assessment and planning to the consumer and their representatives. The care and services planned are available in a summary care plan which is offered to consumers at regular reviews or on request. Documentation in progress notes detailed consultation on the regular monthly review. Consumers interviewed could recall being offered a copy of their care plan as part of the review process. Staff have access to the electronic care file system to chart, document and review care and services.

Where a consumer has had changes in their health or experienced an incident, care files reflected reassessment and review of interventions to ensure care interventions meet the needs, or preferences of the consumer. Consumers said they are satisfied staff are regularly reviewing their care and are provided an opportunity to give feedback or discuss changes to their preferences. Staff said the consumer and their representative are included in the regular reviews and where an incident has occurred, the representative is contacted and communication of the incident and the interventions such as transfer to hospital discussed.

# 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

Consumers are satisfied the provision of personal care meets their needs and preferences. Consumers receiving clinical care such as pain management and wound management are satisfied the staff are ensuring effective and timely administration of care, medication and non-pharmacological measures for pain relief. Consumer care documentation reflected prompt charting of consumer’s daily needs and when required behaviour and monitoring of restrictive practice. The service has a comprehensive range of clinical care policies and work instructions for key areas of care, including but not limited to restrictive practices, wound management, catheter management, diabetes management and oxygen therapy.

Care documentation reflected high impact and high prevalence risks are identified and interventions have been implemented to effectively manage the risk. Three consumers identified as high falls risk had appropriate reviews including by a general practitioner, physiotherapist and occupational therapist for interventions, equipment and further investigation as required. Three consumers identified at risk of weight loss, had timely referral to a dietitian. Staff said falls and behaviour management are considered the highest impact and highest prevalence risks at the service. The service provided comprehensive clinical incident reporting with data analysed and trended to mitigate risks for individual consumers.

All care files reviewed had an advance care plan with information relating to the individual wishes and the end of life care the consumer would like to receive. Clinical staff described the regular monthly competency required to be completed to deliver palliative medication. Clinical and care staff said care of a consumer who is nearing end of life is full care and includes a range of comfort measures.

Consumer care files demonstrated staff are recognising and responding to consumer deterioration or change in health, function and condition. Consumers and their representatives said staff recognise, report changes in health or respond in a timely manner when a consumer has experienced a fall or is feeling unwell. Clinical staff described how changes to the consumers are discussed at handover, staff meetings, and trigger a referral to an appropriate health provider, or transfer to hospital for further investigation and treatment. The service maintains a flip chart on responding to clinical incidents or emergencies which is regularly reviewed and is displayed in all nurses’ stations.

The majority of consumers interviewed provided positive feedback about the staff understanding care needs and preferences. Review of care documentation including clinical handover sheets, progress notes and care plans reflected documentation from staff and external organisations on the consumers’ condition, treatment, upcoming appointments and care interventions. The service has recently completed an upgrade to the electronic care documentation system which has triggered a comprehensive review of all consumers’ care planning documents. The upgrade resulted in remote access being made available to general practitioners. While external health practitioners said the service needs to improve the consultation process between the clinical staff and the external health practitioners I accept the recommendation of met on consideration of the feedback from staff and external health providers identifying the opportunities to improve communication and the response by management initiating contact with visiting health practitioners to address any gaps in communication.

Consumer care documentation confirmed the input of other health providers and referrals being made in a timely manner. Consumers said they have access to the general practitioner, contracted allied health providers and external health organisations when required.

The service demonstrated satisfactory infection prevention and control processes, including a dedicated staff member to assist staff and visitors with a screening service process. The service has an infection prevention and control lead who conducts daily spot checks of personal protective equipment (PPE) use and hand hygiene practices. Sampled consumers provided positive feedback about the service’s minimisation of infection related risks. Care documentation reflected where consumers have contracted an infection, clinical assessment, referral for medical review and pathology specimens, collected as ordered. Consumers prescribed antimicrobial agents have documentation to ensure the full course is completed and clinical review is attended by the registered nurse and the general practitioner. Staff said training in PPE usage and hand hygiene spot checks are ongoing. Clinical staff demonstrated an understanding of how they minimise the infection-related risks and understood the value of antimicrobial stewardship.

# 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**

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

Consumers and their representatives described how consumers are supported to engage in the things they want to do and how individual preferences are respected. Staff described how the service supported consumers to maximise their independence, well-being and quality of life. Care planning documentation identified consumers’ choices and provided information about the services and supports needed to help them to do what they like to do. The Assessment Team observed a range of activities being provided.

Consumers and their representatives said the consumers’ emotional, spiritual, and psychological well-being is supported and staff described how this support is maintained. Care planning documentation includes information about consumers’ individual emotional, spiritual, and psychological needs.

Consumers and their representatives said the service offers services and supports that enable them to participate in the community, have relationships and do things of interest to them. Staff described how they support consumers to participate in activities within and outside the service environment and have social relationships. Care planning documents contained information about individual consumers’ interests and identified the people important to them.

The service demonstrated information about consumers’ conditions, needs and preferences is communicated within the organisation and with others where responsibility for care is shared.

The service demonstrated timely and appropriate consumer referrals to other organisations, individuals and providers of other care and services. Consumer care planning documentation reflected collaboration with external providers to support the diverse needs of consumers. Consumers said if the service was unable to provide the support needed, they had confidence referral to an appropriate provider would be made. Lifestyle staff confirmed the service engaged external service providers when the service could not provide specific activities the consumers wished to participate in.

The service demonstrated that a variety of meals are provided based on a rotating menu with the oversight of a dietitian. Consumers and their representatives said consumers receive ample and quality meals.

Consumers felt safe using the service's equipment and said it was easily accessible and suitable for their needs. Consumers were comfortable raising issues if equipment needed repair, knew the process for reporting an issue and said items are repaired or replaced quickly when required. Equipment used for activities of daily living was observed to be safe, suitable, clean, and well-maintained.

# 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

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

Consumers feel welcome and comfortable at the service and are encouraged to personalise their rooms. Consumers and visitors were observed using communal areas and moving independently around the service. The service is welcoming and provides comfortably furnished communal areas that optimise consumer interaction and engagement and there are single bedrooms with an ensuite. Management demonstrated a range of mechanisms consumers use to provide feedback about the service.

Consumers and their representatives reported that the environment is comfortable, clean and well-maintained. The maintenance and cleaning staff demonstrated the service’s preventative and reactive systems and schedules ensure the service is safe, clean and well-maintained. The Assessment Team observed consumers freely accessing internal and external areas in the service. Consumers and their representatives commented positively on the way the buildings and gardens are maintained. Consumers said they feel safe and can access the service easily.

Preventative and essential services maintenance is scheduled with documents viewed confirming regular preventative maintenance occurs with oversight of the organisation. Reactive maintenance is documented in logs, and maintenance staff sign off when issues are resolved, The indoor and outdoor areas of the service are clean and well-maintained.

Consumers and their representatives expressed satisfaction with the furniture and equipment used and said it is suitable for consumer’s needs. The Assessment Team observed that furniture, fittings, and equipment are safe and clean. The equipment in use was noted to be in good working order. Documentation, including preventative and reactive maintenance systems, demonstrated ongoing monitoring and timely response to breakdown in equipment and repairs required.

# 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

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

Consumers and their representatives indicated they are comfortable raising concerns and feedback with management and staff at the service. They felt that management listened to their feedback and took action to address any concerns. Management discussed a range of opportunities available to consumers and representatives to provide comments and suggestions and to raise concerns. Management has liaised with consumers at the service, and two consumers have been appointed to act as ‘resident advocates’ at a range of meetings.

Information about internal and external complaints avenues and feedback mechanisms were observed to be accessible throughout the service. Secure lodgement boxes for feedback forms are located in each wing and the reception area. Management said and documents, including feedback registers, forms, and the continuous improvement plan viewed, demonstrate that management encourages feedback from stakeholders. The register reflects feedback is documented, and actions are taken to improve care and services.

Information on advocacy services and interpreter services are on display at the service. Information packages, notices, and meeting minutes viewed reflected consumers and representatives are informed about how to raise concerns, provide feedback, access interpreter or advocacy services, and complete feedback forms.

Consumers and their representatives who had raised concerns indicated management had or were in the process of responding to their concerns. Other consumers and their representatives said although they have not had to complain, they are confident management would respond promptly. Management and staff discussed what open disclosure means to them and how they practice this when addressing consumer and representative feedback or when things go wrong for consumers. Management discussed how open disclosure principles are incorporated into the service’s complaints and feedback and incident system.

Feedback and complaints are collected and reviewed to assist in improving care and services at the service. Management documents and records trends in feedback. Oversight of feedback occurs at a regional and organisational level, with relevant information discussed at site meetings to inform stakeholders about concerns raised and actions taken at the service.

# 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 Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The service demonstrated there are adequate staffing levels and a mix of staff to meet consumer needs. One representative discussed concern regarding call bell responses. Management discussed actions taken to address the concerns that the representative had raised with the service. Call bell response times across the service continue to be monitored, and actions are taken to address any identified delays. Most staff indicated they have sufficient time to complete their tasks within their shift.

Consumers and their representatives indicated staff are respectful, don’t rush consumers, and consumers feel respected. Staff were observed interacting with consumers in an unrushed manner and were respectfully interacting with consumers, for example, calling consumers by their preferred name, using keywords in consumers’ preferred languages, and offering consumers choices. Work instructions (policies and procedures) reflect dignity, respect, and diversity of consumers is a key focus point for the service and guide staff interactions with consumers. Staff spoke knowledgeably regarding sampled consumers’ cultural identities and diversity. Staff confirmed attendance at education sessions covering diversity and cultural identity. Education records confirm that these topics are offered annually.

Consumers and their representatives said staff know what they are doing, and nursing staff have the skills to look after the specialised nursing care needs of the consumers. They provided positive feedback regarding the skills and knowledge of staff. Management demonstrated a robust recruitment process is in place to identify, recruit and employ staff with appropriate skills and knowledge. Ongoing monitoring of staff skills and qualifications occurs, including annual checks of nursing and allied health professional registrations for relevant staff. Catering staff have required food safety qualifications, and cleaning and laundry staff have been provided with chemical safety training.

Staff complete annual appraisals and are provided with a range of educational opportunities. Documentation confirms recruitment and retention processes are in place.

Education records reflect a range of mandatory and elective training opportunities offered to staff. Attendance records are maintained. Recent topics offered and completed by staff include; manual handling, infection control, PPE use, catheter care, wound care, behaviour management. Staff confirm attendance at a range of educational topics in relation to legislative/regulatory changes and safe and effective care such as the Serious Incident Response Scheme (SIRS), restrictive practices, PPE use, clinical care and information management (electronic care system. Orientation records viewed for casual, permanent, and agency staff reflect comprehensive orientation processes are in place.

The service demonstrated that each staff member participates in annual performance appraisals, completes a range of mandatory education topics, and complete competency assessments relevant to their roles. Policies and procedures/work instructions are in place and management discussed how these are followed to monitor staff practice and discussed actions they would take in the event of a staff member performing below expectations. Management review incident data and feedback from stakeholders and provide additional support and training in response to deficits in the knowledge or skills of staff.

# 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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The service demonstrated that consumers and their representatives are involved and engaged in determining the care and services provided to consumers living at the service. Input into care and services is provided through a range of surveys, resident and representative meetings, and feedback systems. Document review confirms opportunities to engage consumers is supported by management.

Management discussed and described the overarching policies and procedures/work instructions and service processes that promote a positive culture of safe and inclusive care with clear accountabilities incorporated into them.

The service demonstrated effective organisation-wide governance systems relating to information management which is also password secured, continuous improvement which reflects local and organisational improvements informed by consumers and a range of data, financial governance with a hierarchy of approval, workforce governance informed by consultation with the organisation to develop a staffing profile/master roster based on consumer and organisational needs and expectations, regulatory compliance including communicating and actioning changes to legislation and reporting requirements, and management of feedback and complaints actioning improvements informed by consumer and representative feedback.

The service demonstrated it has effective risk management systems supported by clinical governance frameworks, work instructions/policies, and procedures with documented reporting mechanisms. High impact or high prevalence risks are identified and actions implemented to minimise risks for consumers. Staff could explain how to identify and respond to allegations of abuse or neglect of consumers and how to document and report incidents. Staff said they support consumers to live the best life they can by identifying what is important to the consumer and completing dignity of risk assessments as needed.

The service has a clinical governance framework with documented work instructions to guide staff practice. The clinical governance framework covers seven key component principles, which include; leadership, culture, customer focus, workforce, clinical practice, information management, and reporting processes, and how the documents guide to care and services provided to and for consumers. Meeting minutes reflected antibiotic use and infections are discussed, trended, and analysed. Restrictive practices are minimised at the service and legislative requirements are adhered to and alternative strategies implemented where possible. Open disclosure is understood by staff and practised when things go wrong. Incident reporting mechanisms include reporting, documentation of the explanation of incidents that have occurred and apology in line with open disclosure requirements.

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)