**Performance**

**Report**

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| Name: | Cabanda Community Aged Care Packages |
| Commission ID: | 700145 |
| Address: | 59 John Street, ROSEWOOD, Queensland, 4340 |
| Activity type: | Quality Audit |
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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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 261 Cabanda Care Inc.  
Service: 18118 Cabanda Community Aged Care Packages

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7946 Cabanda Care Inc  
Service: 25079 Cabanda Care Inc - Care Relationships and Carer Support  
Service: 25078 Cabanda Care Inc - Community and Home Support

**This performance report**

This performance report for Cabanda Community Aged Care Packages (**the service**) has been prepared by Jodie Earnshaw, 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 Quality 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 12 April 2024
* other information known to the Commission.

# Assessment summary for Home Care Packages (HCP)

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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 | **Not 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 | **Not Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not 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 | **Not Compliant** |

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Ensure adequate and individual assessment and review of care information for all consumers is occurring.
* Ensure adequate access for staff, to up-to-date information of consumer needs and risks.
* Ensure risks are identified in consumer assessment and care planning documentation with associated strategies and monitoring to ensure effective care.
* For consumers who are part of both programs, ensure information is shared and available to allow staff to access consumer information across the programs.
* Ensure risk and incident management information is analysed and shared across the programs.

# Standard 1

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| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | 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 | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | 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 | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

Consumers and representatives described, and observations demonstrated staff interactions with consumers as respectful. Management and staff described what is important to individual consumers and demonstrated knowledge of the consumer’s background and care preferences. The workforce receives cultural safety training, and the service has a Diversity Action Plan.

Consumers and representatives reported services are delivered in accordance with what is important to consumers and consumers are treated with dignity.

The service demonstrated consumer’s cultural needs and preferences are supported when providing care and services. Staff demonstrated awareness of culturally safe care and services and what this means in practice. Management described how they ensure services reflect consumers’ cultural needs and diversity.

Care documentation reflected consumer choice about who should be involved when decisions are made about the services received. Consumers and representatives reported the service involves them in making decisions about the care and services consumers receive. Staff and management described how they support consumers and their representatives to exercise choice and make decisions about services through the assessment and planning process.

The service demonstrated consumers are supported to take risks, and staff and management demonstrated how consumers are supported to make choices and decisions about services that may place them at risk through consultation and providing strategies to manage those risks. Consumers and representatives reported the service supports the consumer and the choices they make.

The service demonstrated information is provided to each consumer is current, accurate and timely. Consumers and representatives confirmed they receive current and up to date information in a way they understand. Staff described how information is provided to consumers at the commencement of services.

Consumers and representatives confirmed consumer privacy is respected and they reported being confident the service keeps personal information confidential. Staff and management described how consumer privacy and confidentiality are respected. The service demonstrated it has effective systems in place to protect consumers’ privacy and personal information and utilises an electronic care management system.

In coming to my decision of compliance with this Standard, I have considered the information included in the assessment team report under this and other standards alongside the Approved Provider’s response. Based on the information summarised above I am satisfied the Standard is compliant.

# Standard 2

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| --- | --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP | CHSP |
| 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 | Not 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 | 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 | 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 | 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 | Not Compliant |

Findings

Consumers and representatives said they are satisfied the care and services provided meet consumers’ current needs, goals, and preferences.

The service has a comprehensive suite of assessment and care planning policies and procedures available to guide staff in assessment and care planning processes, however, Information from other services, including meal provisions arrangements are either not shared effectively or did not contain current information. Such as, some married couples had their information recorded on shared documents, therefore the service did not demonstrate individual care planning documentation, dietary requirements, risks or progress notes or changes or preferences for the individual consumer. Social support groups did not have adequate access to up-to-date information or adequate knowledge of consumer needs and risks.

The service has processes to support the identification of individual consumer goals and preferences. Clinical staff described how consumers are provided an opportunity to identify their end-of-life preferences and advance care directives.

Consumers and representatives reported they are involved in assessment and planning processes. Documentation showed consumers participate in assessment and planning including the involvement of others as required, including allied health professionals.

Care planning documentation confirmed that outcomes of consumers’ assessment and planning were documented and discussed with consumers. Consumers and representatives said staff regularly communicate with them about the consumer’s needs and that the care and services received are effective.

Whilst the service demonstrated processes are in place to generally ensure care plans are regularly reviewed and meet the consumer’s current needs including when changes in the consumer’s health condition or personal preference occur. The assessment team report brought forward instances where this was not the case for some consumers including those receiving meal provision services and in particular married couples who had their information recorded on shared documents, which had not been adequately or effectively reviewed to ensure their current needs and preferences are being met for each individual consumer.

The approved provider, in their response acknowledged the deficiencies identified and provided a plan of continuous improvement, of commenced and planned improvement actions.

In coming to my decision of compliance with this Standard, I have considered the information included in the assessment team report under this and other standards alongside the Approved Provider’s response. Based on the information summarised above I find this Standard is non- compliant.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| 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 | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Not 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 | 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 | 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. | Not Compliant | Not Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | 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 | Compliant |

Findings

Consumers and representatives reported satisfaction with the personal and clinical care delivery. The service demonstrated personal and clinical care is individually tailored based on assessment of the consumer’s needs, goals, and preferences.

Staff demonstrated knowledge of consumers personal and/or clinical needs, goals and preferences relating to the delivery of the consumers’ care. Policies and procedures relevant to this standard provide guidance to staff.

Whilst the Home Care Package program demonstrated through care planning documentation and clinical staff knowledge of risks for each consumer including falls, behaviours and skin integrity are assessed, reviewed and monitored by the clinical staff to ensure they are being managed effectively and changes are made as needed. The Commonwealth Home Support Program services did not demonstrate effective knowledge of or management of risks for all consumers, with some risks not being identified in assessment and care planning and therefore strategies or monitoring of these was not included or undertaken to ensure effective care. Consumers and representatives said the clinical staff have discussed risks with them, and they review these often with the consumer to monitor for changes and for effectiveness of strategies.

The service collaborates with palliative care organisations and medical practitioners to support end of life care. Care planning documents showed that advance care directives are discussed with consumers and outcomes documented within their care plans. The service has policies and procedures regarding palliative care.

Consumers and representatives said staff know the consumers well and were confident staff would identify changes in consumer condition and expressed confidence in staff responding appropriately. Staff described how they recognise deterioration of consumer health and care documentation identified how deterioration of consumers’ health was responded to.

Whilst consumers and representatives said staff know the consumers well, the services do not effectively share consumer information related to medical conditions and care needs between the programs where care is shared. The Home Care Package program and Commonwealth Home Support Program do not have a shared system for care planning documentation with the Home Care Package program using an electronic care management system and the Commonwealth Home Support Program using a paper-based system. Therefore, staff do not have access to all consumer information across the programs.

The service demonstrated they gain consent when providing consumer information to external care providers such as allied health professionals, however the service does not share consumers care planning documentation or incident information within the service between the programs effectively. Consumers risk strategies were not communicated in documentation to guide staff practice or when incidents occurred.

Consumers and representatives reported satisfaction with services and access to external health care providers. The service demonstrated there are timely and appropriate referrals to internal teams and to external providers to meet the needs of the consumer. Staff described processes to refer consumers for allied health services and additional services through the internal and/or external referral processes.

Consumers and representatives expressed satisfaction that the service implements strategies to minimise infections to consumers. Staff and management described, and documentation identified, the service has documented policies and procedures to support the minimisation of infection related risks, through infection prevent and control practices.

The approved provider, in their response acknowledged the deficiencies identified and provided a plan of continuous improvement, of commenced and planned improvement actions.

In coming to my decision of compliance with this Standard, I have considered the information included in the assessment team report under this and other standards alongside the Approved Provider’s response. Based on the information summarised above I find this Standard is non- compliant.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| 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 | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Consumers reported they are supported with safe and effective services and supports for daily living that meets their needs, goals and preferences. Consumer documentation showed, the service identifies consumers’ interests and preferences to inform services and supports.

Consumers reported feeling connected with staff, that staff knew them well and encouraged them to participate in activities they enjoy. Staff demonstrated how they support consumers emotionally and promote their wellbeing through understanding consumers personal circumstances and backgrounds.

Staff demonstrated an understanding of individual consumer needs and preferences and described how they encourage and support consumers to maintain their interests and connections.

Consumers expressed satisfaction with communication between themselves, the service, and others where responsibility of care is shared. The service has processes in place to ensure information about the consumer’s condition, needs and preferences are communicated within the service, and utilises an electronic and paper-based care management system where information is shared and kept confidential. I have considered the sharing of consumer information more broadly under standard three.

The services internal and external referrals process facilitates access to additional services to supplement supports and services for daily living.

Consumers provided positive feedback about the varied food services and stated the food is of suitable quality and quantity. Consumer dietary requirements and preferences are documented and accommodated.

Consumers reported equipment provided is safe, well-maintained and meets consumers’ needs. The service demonstrated processes for reporting and managing maintenance issues.

In coming to my decision of compliance with this Standard, I have considered the information included in the assessment team report under this and other standards alongside the Approved Provider’s response. Based on the information summarised above I am satisfied the Standard is compliant.

# Standard 5

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| --- | --- | --- | --- |
| Organisation’s service environment | | HCP | CHSP |
| 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 | 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 | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

The environment was easy to access, spacious and well lit, and consumers reported enjoying attending the service. Consumers said, and observations confirmed, the environment is safe, clean, well maintained, and comfortable.

The service environment was clean, well maintained and consumers of varied mobility were able to access and move freely, within the service area. Staff described gardening and maintenance procedures for maintaining the service environment, which were observed to be effective.

Staff described the cleaning and maintenance program for furniture, fittings and equipment, including the service vehicle utilised to support consumers attending social activities. Consumers said they felt safe utilising equipment provided by the service which is kept clean for each use.

In coming to my decision of compliance with this Standard, I have considered the information included in the assessment team report under this and other standards alongside the Approved Provider’s response. Based on the information summarised above I am satisfied the Standard is compliant.

# Standard 6

|  |  |  |  |
| --- | --- | --- | --- |
| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | 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 | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

The service demonstrated there are various opportunities for consumers to provide feedback and raise a complaint. Consumers and representatives were aware of how to provide feedback and make complaints and said they would be comfortable doing so.

Consumers and representatives were able to describe how the service seeks their feedback regarding care and services they receive. On entry to the service, the service provides an information pack to consumers which includes information about how to provide feedback, raise complaints and how to access advocacy and language services. Staff were able to describe how consumers are supported to access external agencies to support them in raising feedback or complaints.

The service demonstrated appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. The service maintains an established system for logging, escalating, and tracking feedback and complaints. Management described current trends in feedback and complaints, and how this is reported through senior management and board meetings. The service responds to feedback and complaints and uses this information to identify opportunities for improvement. Consumers and representatives stated they are satisfied with how the service handles feedback and complaints.

The service demonstrated feedback and complaints are reviewed and used to improve the quality of care and services for consumers. Consumers described how services have improved after a complaint was raised. Management described how feedback and complaints are analysed and trended, and how the information is used to make service improvements.

In coming to my decision of compliance with this Standard, I have considered the information included in the assessment team report under this and other standards alongside the Approved Provider’s response. Based on the information summarised above I am satisfied the Standard is compliant.

# Standard 7

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| --- | --- | --- | --- |
| Human resources | | HCP | CHSP |
| 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 | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | 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 | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

Consumers said there are sufficient skilled and qualified staff who attend to their care and service needs in a safe manner. Staff said they have sufficient time to deliver quality care and services to consumers.

The service has workforce management processes, including workforce planning, recruitment and performance monitoring processes, to ensure there is a sufficient and competent workforce to deliver safe and quality care and services to consumers.

Consumers said they are treated with dignity and respect by staff, and expressed confidence in staff competency and said their needs are met.

Staff were able to demonstrate they have the knowledge to effectively perform their roles. The service ensures staff are recruited with the appropriate qualifications and are continued to be supported to improve their knowledge and skills through ongoing training.

On commencement of employment, and annually, role-specific mandatory training is provided to staff as well as any additional training needs identified on an ongoing basis.

Staff performance is monitored through annual performance review, observations and consumer and representative feedback. Staff confirmed they are involved in annual performance reviews, are provided feedback from supervisors on their performance, and are given an opportunity to identify areas for further improvement and/or training.

In coming to my decision of compliance with this Standard, I have considered the information included in the assessment team report under this and other standards alongside the Approved Provider’s response. Based on the information summarised above I am satisfied the Standard is compliant.

# Standard 8

|  |  |  |  |
| --- | --- | --- | --- |
| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | 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 | 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. | Not Compliant | Not 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 | 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 | Compliant |

Findings

Consumers and representatives are encouraged and engaged in the development, delivery and evaluation of care and services. Consumers and representatives expressed satisfaction with the quality of the service and confirmed the service seeks their input into the care and services the consumers receive, including through surveys and speaking to staff and management.

The governing body (the Board) promotes a culture of safe, inclusive and quality care and services. Governance processes are in place to ensure the governing body is accountable for the delivery of safe and quality care and services. The organisation communicates with consumers, representatives and staff regarding updates on policies, procedures or changes to legislation. These are communicated via notifications through electronic mail, traditional mail, newsletters and training sessions.

The service has a clinical governance framework and effective risk management systems relating to continuous improvement, financial governance, workforce governance, and feedback and complaints. However, the assessment team report brought forward deficiencies related to information management and regulatory compliance.

Information management: Whilst consumers were satisfied with the way information about care and services is managed and how the information is provided to them, the two programs do not share a care management system and management meetings between the services, do not discuss individual consumers or share information about the programs.

Staff do not have adequate access to all consumer information at the point of care; specifically for consumers who are part of both programs.

The service maintains separate complaint and feedback registers and incident registers for each program. This information is not effectively shared between the programs.

Regulatory compliance: The Organisation provides updated policies and procedures, training and communicates changes to the service and staff through staff meetings and electronic mail. However, whilst the service has systems to ensure regulatory compliance, understanding of how to apply this in practice was not adequately demonstrated by the service staff. In particular, support plan reviews were not consistently undertaken, and not all consumers had individual care documentation or agreements. Some care documentation recorded two consumers (married couples) on the one document and agreement. Some care documentation was incomplete and not current.

The service demonstrated there are organisation wide governance systems in place to manage and monitor, continuous improvement, financial and workforce governance and feedback and complaints. The service has policies and procedures in place to guide staff across the governance systems.

Continuous improvements are identified through various mechanisms including feedback, complaints, incidents, and changes in compliance requirements. The plan for continuous improvement identified various actions the service has identified for improvement.

The service demonstrated there are systems in place for risk management and associated practices. The service maintains incident management systems for both programs, however, incident and risk register information is not always shared between the service where care of consumers is shared.

The service provides mandatory training for staff, including in relation to falls minimisation, challenging behaviours, fire and emergencies, preventing and managing pressure injuries and infection control.

The organisation’s clinical governance framework guides staff, sets out responsibilities, accountabilities, and how the service will deliver safe and quality clinical care for consumers. This framework includes processes for antimicrobial stewardship, minimising the use of restrictive practices and open disclosure.

The approved provider, in their response acknowledged the deficiencies identified and provided a plan of continuous improvement, of commenced and planned improvement actions.

In coming to my decision of compliance with this Standard, I have considered the information included in the assessment team report under this and other standards alongside the Approved Provider’s response. Based on the information summarised above I find this Standard is non- compliant.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)