

**Performance Report**

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| Name: | Carinity Hilltop |
| Commission ID: | 5048 |
| Address: | 23 Rochester Terrace, KELVIN GROVE, Queensland, 4059 |
| Activity type: | Site Audit |
| Activity date: | 7 January 2025 to 9 January 2025 |
| Performance report date: | 11 February 2025 |
| Service included in this assessment: | Provider: 970 The Baptist Union of Queensland  Service: 3405 Carinity Hilltop |

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 Carinity Hilltop (**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 Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, older people/representatives and others.
* the provider’s response to the assessment team’s report received 29 January 2025.
* other information known to the Commission.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers and representatives said staff treat them with dignity and respect, and understand important aspects of the consumer identity, including their personal history and preferences. Consumers’ care documentation showed personal history, preferences, and information about what is important to consumers is recorded, to enable a person-centred approach to the delivery of care and services. A range of policies and procedures guide staff in delivering dignified, respectful, person-centred care, which values consumers’ identity, culture, and diversity. The Assessment Team report described management and staff interacting with consumers being of a dignified and respectful manner.

Consumers and representatives said they are satisfied care and meet the consumer needs, including in relation to tailored communication resources, and access and choice relating to religious services. Staff confirmed they receive training on providing cultural safe care and services. Consumers care documentation included information about consumers’ culture, religious beliefs, ethnicity, diversity, and their associated needs and preferences.

Consumers and representatives said staff support consumers to nominate who they would like involved in their care, to make connections, and maintain relationships of choice. Consumers described how they are empowered to be their own decision makers, and said they can involve family members in decision making, if they wish. Staff provided examples which demonstrated they encourage consumers to maintain relationships of choice, through receiving visitors to the service, undertaking outings, and attending events and activities. Policies and procedures guide staff in promoting consumer choice, decision making, and maintaining independence.

Consumers said they can take risks to enable them to live the best life they can, including in relation to using electronic mobility equipment to support independence, and to continue to engage in activities they enjoyed prior to living in the service. Care documentation showed consumers who choose to take risks are supported by the service to do this, consumer choices are documented, and strategies to mitigate risks to consumers are implemented. Policies and procedures guide staff in supporting consumer choice and supporting consumers to take risks.

Consumers and representatives said they receive up to date information about a wide range of matters, which enables them to make informed choices, including relating to events, activities, and meals. Documentation showed a range of written materials regarding activities, events, and feedback mechanisms are displayed throughout the service. Management and staff described a variety of ways information is communicated to consumers, to enable accessibility to information including, verbally, in writing, and electronic formats. The Assessment Team report provided information about the observations of the activity program, the service newsletter, and complaints and feedback mechanisms are displayed in consumers’ rooms and communal areas of the service.

Consumers reported their privacy is respected by staff, and their personal information is kept confidential. Staff described strategies they use to ensure consumers’ privacy, and said they receive training on privacy and confidentiality. Training records confirmed staff receive training on maintaining consumers’ privacy and confidentiality.

Based on the information summarised above, I find this Standard is compliant.

# Standard 2

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

Findings

Consumers said their care plans record relevant information about their goals, needs and preferences, and staff support them to take risks. Consumers’ care records demonstrated assessments are undertaken to identify risks to consumers health and well-being, including high impact high prevalence risks, and assessments inform the care planning process to minimise risk to consumers wellbeing. Policies and procedures guide staff practice in the assessment and care planning process, including the consideration of risks. Management and staff described how risks are assessed throughout the consumers’ journey, including on entry to the service, following changes to consumers condition, and during care plan reviews. Assessments inform the care plan, to ensure the delivery of safe care and services to consumers.

Consumers and representatives said the assessment and planning process identifies and addresses the consumers current needs, goals, and preferences, including relating to maintaining independence in activities of daily living, personal hygiene preferences, assisting with supports to enable them to maintain their mobility and strength, and end of life planning. Staff described how they support consumers to undertake advanced care and end of life planning, where consumers and their representatives, wish. Consumers’ care documentation evidenced the implementation of an end-of-life pathway, the provision of multidisciplinary care and services, and the provision of comfort care and pastoral care support.

Consumers and representatives said they engage in the assessment, planning, and review of care and services, and described other health professionals who are involved in the care of the consumer. Care planning documents reflect the involvement of consumers and medical officers, dementia support specialists, palliative care specialists, and allied health professionals. A range of staff confirmed they are involved in the assessment and planning process and provided examples of involving consumers, representatives, and health professionals in these processes.

Consumers and representatives said they were satisfied with the information they receive and the various formats in which they receive it, and consumers reported being offered a copy of their care plan. Staff are informed about changes to consumers’ care and service needs in a variety of ways including, via the electronic care management system, verbal handover, written communications, alerts, and schedules. Documentation demonstrated a range of information is available to staff, and a variety of health professionals are involved in the care of consumers.

Consumers and representatives said staff discuss care and service needs with them on an ongoing basis and provided examples where staff had reviewed the care and services. Management and staff provided examples of the care review process which included regular planned reviews and reviews following incidents, adverse events, and changes to a consumers’ condition. Consumers’ care documentation showed regular review of the effectiveness of care and services following incidents such as, unplanned weight loss, wounds, falls and increased pain.

Based on the information summarised above, I find this Standard is compliant.

# Standard 3

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

Findings

Consumers and representatives provided positive feedback about the standard of clinical and personal care provided which is in accordance with the needs and preferences of the consumer. Consumers’ care records showed personal and clinical is tailored to the consumer, optimises consumers’ health and wellbeing, including relating to the management of complex health conditions, and high impact high prevalence risks. Policies and procedures guide staff in providing best practice, tailored, care and services, in line with consumers’ needs goals and preferences.

Consumers said they feel safe, and the care they receive is right for them. Staff demonstrated an understanding of effective risk management, including relating to wound care, falls, skin integrity, changed behaviours and medication management. Documentation showed high impact high prevalence risks to consumers are effectively managed and strategies to mitigate risks are documented and implemented. Clinical incident data is reviewed, analysed, and trended to improve outcomes to consumers.

Consumers and representatives said they are confident end of life care is provided in line with their preferences, and will ensure the comfort, dignity, and pain is professionally managed for the consumer. Staff confirmed end of life planning is discussed with consumers and representatives and provided examples of consumers they had supported at the end of life including, consulting with consumers, family members, the medical officer, palliative care team, and chaplain. Consumers’ end of life preferences are documented in a care plan to guide staff in providing preferred care and services.

Consumers and representatives said they are confident staff are skilled in identifying and responding to changes in consumer condition. Staff provided examples of actions they undertake to respond to deterioration including, providing immediate care, documenting incidents, completing relevant assessments, escalating concerns to the clinical manager and other providers of health care, where required. Policies and procedures guide staff in recognising and responding to deterioration to ensure the safety and wellbeing of consumers.

Consumers said their needs and preferences are effectively communicated between staff and they receive the care they need. Staff advised they receive up to date information about consumers via progress notes, alerts, care plan documentation, and clinical handover. Documentation including clinical meeting minutes, and care plan documentation evidenced effective information sharing practices.

Consumers said the service undertakes strategies to minimise the risk of infections and staff keep them safe and comfortable. The service has two Infection Prevention and Control leads in place, and management described infection monitoring processes including the collection, analysis, and trending of infection related data, to identify ways of minimising infection related risks to consumers. Staff described examples of practices they implement to prevent and control infections, such as, hand hygiene, the use of personal protective equipment, and obtaining pathology results prior to commencing antibiotics. Policies and procedures guide staff practice in infection control, outbreak management, and antimicrobial stewardship.

Based on the information summarised above, I find this Standard is compliant.

# Standard 4

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

Findings

Consumers confirmed the lifestyle program supports their social engagement and assists them to maintain their wellbeing, independence, and quality of life. Staff described providing consumers with personalised one to one support for daily living, to optimise consumers independence and quality of life.

Consumers said staff ask them about what is important to them to promote their emotional, spiritual, and psychological wellbeing, and said they can participate in religious and spiritual practices as they prefer, and staff support them to feel emotionally and psychologically well. Staff described examples of the supports for daily living provided to consumers to promote consumers’ wellbeing including, access to religious services, providing companionship and emotional support to consumers, and referring consumers to the chaplain, where consumers wish. Care documentation reflected consumers’ preferences for emotional, spiritual, and psychological well-being.

Consumers reported being supported to maintain relationships of importance to them through taking social leave to visit with family members, staff welcoming their visitors, and having access to an activity program which enables them to participate in activities they enjoy. Documentation showed a diverse activity program, and consumer care plans showed consumer preferences for activities are recorded to guide the activity program.

Consumes said their individual care needs and preferences are known by staff, and the care they receive is consistent with their needs and preferences. Staff described ways they are kept informed about consumers’ needs goals and preferences, including, via the electronic care management system, communication books, dietary requirement profiles, and various checklists and monitoring records. Care documentation evidenced information sharing with other providers of care and services.

Consumers expressed their satisfaction timely and appropriate referrals to other providers of care and series are made, including relating to improving their mobility, independence, and social interaction. Staff described the referral process, and said they work in partnership with health professionals and external providers, to support consumers. Observations of the Assessment Team showed information about external social support providers is available to consumers.

Consumers said meals are of suitable quality, variety, and quantity, they are offered choice and can provide their feedback about the menu to staff and via feedback mechanisms, including the food focus group. Consumer feedback informs the seasonal menu, and a variety of meals are available to consumers.

Consumers said equipment is safe, suitable for their use, clean, and well maintained. Staff described the maintenance and cleaning of equipment to ensure equipment is safe and suitable for consumers. Equipment such as mobility aids, lifting and transfer equipment, and lifestyle equipment, was observed to be clean and well maintained.

Based on the information summarised above, I find this Standard is compliant.

# Standard 5

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

Findings

Consumers said they feel at home in the service environment, they can personalise their rooms, and the environment is welcoming and easy for them to navigate. Staff said consumers are encouraged to personalise their rooms, so they feel a sense of belonging. The environment has signage and handrails to assist consumers in navigating throughout the service, and consumers were observed accessing internal and external communal areas.

Consumers said the service environment is clean, tidy, and well maintained, and they can move freely throughout the service. Documentation showed maintenance and cleaning schedules are followed by staff, and regular audits are conducted to ensure cleaning and maintenance processes are followed, and the environment is clean, and safe. The service was observed to be clean and tidy, including internal and external areas.

Consumers said they are satisfied with the cleanliness and suitability of the furniture, fittings and equipment provided. Management described the monitoring processes in place to ensure furniture and fittings are safe for use, and well maintained. Staff demonstrated understanding of how to use equipment safely, and the processes they undertake to ensure equipment is kept clean and well maintained.

Based on the information summarised above, I find this Standard is compliant.

# Standard 6

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

Findings

Consumers and representatives said staff support them to provide feedback about a range of care and services, and they can make formal complaints if they have any concerns. Management described how they encourage consumer feedback including explaining the feedback processes during entry to the service and at other times. Feedback forms are available in communal areas of the service and information about feedback and complaints processes are displayed throughout the service.

Consumers said they are aware of advocacy services, language services, and external complaints resolution bodies, and reported they prefer to raise matters internally. Information regarding external complaints mechanisms and aged care advocacy services are accessible to consumers in communal areas of the service.

Consumers said where they have raised complaints, management had discussed their concerns with them, how they would like matters to be resolved and said any concerns were resolved to their satisfaction. Management described the complaint resolution process including implementing appropriate time frames, and the use of open disclosure principles. Documentation showed complaints had been responded to in a timely manner, actions taken to resolve the issues had been completed, and an open disclosure process was undertaken. Policies and procedures guide staff in complaints and feedback processes and in open disclosure.

Consumers reported confidence that complaints are actioned to improve care and services. Management described how the service analyses feedback and complaints data to identify trends, and opportunities for service improvement. Documentation including the complaints register and plan for continuous improvement showed consumer feedback is used to drive service improvements, such as the introduction of consumer representation at committee meetings.

Based on the information summarised above, I find this Standard is compliant.

# Standard 7

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

Findings

Consumers and representatives said there are enough staff to support the delivery of safe, quality care and services, staff are not rushed, and staff respond to their requests in a timely manner. Management demonstrated ongoing monitoring of staffing levels. Staff across various roles advised there are sufficient staff of the right mix available to care for consumers, and they have sufficient time to undertake the duties of their roles. Documentation showed vacant shifts are filled with qualified staff, staff are allocated across service areas depending on the care needs of consumers, and there are sufficient registered staff across all shifts to meet the clinical care needs of consumers.

Consumers and representatives said staff have a kind and respectful attitude and take the time to engage with them. Staff were observed assisting consumers in a patient, unrushed and respectful way. Staff described training they receive to enable them to provide dignified, kind, respectful care, and said they are guided by the code of conduct.

Consumers and representatives expressed their confidence staff are appropriately qualified and have the skills and knowledge to provide care, including providing complex clinical care. Staff said they have the knowledge and skill to provide safe, quality care, and they can access support from management to improve their skills, where required. Management described processes in place to ensure staff employed have the appropriate skills and knowledge, and continuous education and training opportunities are available. Documentation showed position descriptions guide staff in understanding the requirements of their roles, and monitoring of staff knowledge and skills occurs.

Consumers said they are confident staff are well trained and equipped to deliver quality care and services in line with their needs, goals, and preferences. Management provided examples of supporting staff training needs on a wide range of topics including through the provision of regular mandatory training, and additional ongoing training. Staff reported they are required to complete mandatory and other training, on an annual and as required basis. Training records confirmed annual mandatory training on a wide range of topics including infection prevention and control, safe manual handling techniques, incident management, and open disclosure.

Management described monitoring processes of staff, including performance reviews following probation, at regular intervals and annually. Staff confirmed their involvement in the performance review process and said they ask for feedback on their performance, and development opportunities. Policies and procedures guide performance management and development of the workforce.

Based on the information summarised above, I find this Standard is compliant.

# Standard 8

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

**Findings**

Consumers said they are engaged in the development and evaluation of care and services and can do so in a variety of ways including participating in meetings, completing surveys and providing verbal and written feedback. Management advised a consumer advisory body is in operation which supports consumer engagement in all aspects of care and service delivery. A social media page is available as an open and transparent feedback forum for consumers and representatives to engage with the service. Management explained how they support consumers who experience barries to effective engagement by assisting them to access translation, hearing, and vision impaired support services. Consumer advisory meeting minutes confirmed this avenue enables effective consumer engagement on a wide range of matters.

Management described the constitution of the governing body, and the range of information provided to them about the services’ performance in relation to the Quality Standards including, clinical and incident data, operational and financial information, results of internal audits, consumer satisfaction surveys, and complaints trends. The organisation’s governance framework identifies a leadership structure, with the governing body holding overall accountability for quality and safety of care and services.

Management and staff provided examples of systems and processes which ensured effective information management including, a password protected electronic care management system, and a range of policies and procedures available to guide staff in providing safe, quality care and services.

Documentation showed the service has a plan for continuous improvement which records planned and completed improvement actions, expected outcomes, time frames, and responsibilities. Management provided examples of how the service has identified and implemented improvement initiatives.

Management outlined the annual budget and expenditure available to ensure consumers receive safe, quality care and services. An annual budget for operating costs is developed by the organisation and monitored by management at the service and organisation level.

Documentation showed the service has a workforce governance framework, staff have position descriptions outlining accountabilities and responsibilities and are provided with a wide range of training.

Management described governance mechanisms in place to track, audit and monitor compliance with legislative and regulatory standards. Regulatory compliance is ensured through mandatory training, monthly service management reports, central registers for monitoring criminal history checks and professional registrations.

Management described the systems in place to encourage consumer feedback and complaints, and to ensure appropriate action is taken, including applying an open disclosure process, to improve outcomes for consumers. The organisation executive monitor feedback and complaints and analyse trends to inform continuous improvements across the organisation.

Management described a range of systems, policies, and processes to ensure effective risk management, including, a range of quality, clinical governance, executive and council meetings, where risks to consumers wellbeing are discussed. Documentation showed serious incidents reportable under the Serious Incident Response Scheme had been reported in accordance with legislative requirements. Staff demonstrated an understanding of identifying and responding to consumer abuse and neglect and supporting consumers to live the best life they can. Policies and procedures guide staff practice in risk management, incident management, and recognising and responding to abuse and neglect of consumers.

Management described clinical care delivery and clinical governance are discussed during a variety of executive, clinical, and staff meetings. Documentation showed a clinical governance framework is in place and associated policies and procedures guide the delivery of safe, quality, clinical care, open disclosure and restrictive practices, and staff and management were able to demonstrate an understanding of these. A guideline is in place to support staff in adopting antimicrobial stewardship, antibiotic usage data is collected and reviewed by the clinical governance and medication advisory committees, to ensure antimicrobial stewardship is in line with best practice.

Based on the information summarised above, I find this Standard is compliant.

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