Performance

Report

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| Name of service: | Churches of Christ Brig-o-doon Aged Care Service |
| Service address: | 425 Mortimer Road ACACIA RIDGE QLD 4110 |
| Commission ID: | 5965 |
| Approved provider: | Churches of Christ in Queensland |
| Activity type: | Site Audit |
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| Performance report date: | 12 October 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 Churches of Christ Brig-o-doon Aged Care Service (**the service**) has been prepared by K. Spurrell, 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.
* other information and intelligence held by the Commission in relation to the service.

# 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 felt valued by the service and said they are treated with respect and dignity, with their culture and diversity being important. Staff were observed treating consumers with dignity and respect and understood consumers individual choices and preferences. Care planning documentation reflected what is important to consumers to maintain their identity. The service displayed documentation expressing the values of the service and the rights of the consumers.

Consumers described how staff value their culture, values and diversity and staff said their care and service is respectful of consumers’ cultural, religious, preferences and what matters most to them. Care planning documents express consumers cultural and spiritual backgrounds. Lifestyle calendars and newsletters providing information about cultural and spiritual activities and events taking place at the service were displayed in the service.

Consumers said they are supported to make decisions about who is to be involved in their care and how it is delivered, consumers felt supported to maintain relationships and communicate their decisions. Information provided by consumers was observed to align with information recorded on care planning documentation. Staff described enabling consumers to maintain relationships and frequent communications with families, especially during the lockdowns where the service made use of various electronic platforms including Skype, Zoom, Face Time, email to ensure consumers were connected to loved ones, with window visits enabling infection-controlled contact for some consumers with representatives and family.

Consumers said they are supported by staff to take risks and live the best life they can. Staff could describe areas in which those consumers want to take risks, how the consumer is supported to understand the benefits and possible harm when they make decisions about taking risk. Dignity of risk forms stating consumer preferences and documenting the benefits and risks of making such choices as well as strategies to mitigate risk and support the consumers were recorded to inform risk management practices.

Consumers confirmed they are satisfied with information provided by the service and felt well informed about meals, activities and allied health services provided, updates are provided directly from staff and the service uses a wide range of communication channels including a regular newsletter, posters, menus, various flyers, monthly activity calendars, newsletters, and a noticeboard to communicate daily activities to consumers. Staff confirmed they inform and promptly notify consumers what is happening on the day and if there are any changes.

Consumers said they felt their privacy and personal and confidential information is respected. Staff described how they maintain a consumer’s privacy when providing care such as closing doors, keeping computers locked and using passwords to access consumer’s personal information. Information about consumers is kept locked at the nurse’s station and staff were observed closing consumers doors when attending to personal care for consumers and when in open areas were seen being attentive to consumers when asking about choices and preferences in a quiet, gentle, and respectful voice.

# 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 service demonstrated assessment and planning is completed to inform and support the delivery of safe and effective care, including consideration of individual consumer risks. Staff demonstrated knowledge of consumers’ risks and described strategies to ensure their safe and effective care. The service has policies and procedures to guide staff in assessment, care planning and risk management. Care planning documentation evidenced assessments and care plans including for the identification of risk.

Consumers and representatives confirmed the service has discussed and documented their preferences for their end of life, the representative of a consumer said the service had recently reviewed the consumer’s palliative care needs and preferences in recent weeks. Staff described the needs and preferences of consumers, which aligned to consumer care planning documentation. The electronic care management system provides staff with automatic prompts to generate advance health and end of life plans as part of care assessments and planning.

Consumers and representatives confirmed they provide input into the assessment and care planning process through care conference discussions and regular feedback, updates and input including the involvement of their medical officer and allied health professionals. Staff reported liaising regularly with consumer and family members to ensure a partnership throughout the assessment and care planning process. Documentation reflected the inclusion of multiple health disciplines and services into consumer assessments and planning.

Consumers and representatives were satisfied they had an accurate understanding of the consumers’ care needs and services provided, representatives confirmed receiving regular updates regarding their consumer. Staff confirmed they have easy access to consumer care planning documents via several computer terminals throughout the service and through information stored in each consumer’s room. Staff described frequently used methods of communicating assessment outcomes and reviews including staff handovers, diaries and the ‘alert’ function of the electronic care management system. Care documentation reflected staff communication with consumers, representatives and others where care is shared.

Consumers and representatives said staff regularly review consumer’s health, wellbeing and needs, and update them with any relevant outcomes. Representatives confirmed the service communicates with them following any change in circumstances or incident, including an update of any changes to the consumer’s care plan because of a change or incident. Whilst some overdue reviews were observed, management evidenced this is a temporary situation due to a system upgrade and implementation of a new electronic system to comprehensively review consumer’s health status on a 6 monthly basis will significantly enhance and improve the review process.

# 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 felt consumers are receiving care which is safe and right for them and tailored to their needs. Staff said they access senior staff to receive support and guidance in relation to best practice care and processes, or if care needs have changed. Care planning documentation reflects consumers are receiving individualised care which is safe, effective, and tailored to their specific needs and preferences.

Consumers and representatives confirmed they felt the service effectively managed high impact or high prevalence risks to consumers, including in relation to falls, weight loss, skin integrity and pain. Staff identified individual consumer’s risks and strategies in place to mitigate these. Care documentation demonstrated consistent assessments and planning to address individual consumer’s high impact and high prevalence risks. The service has a suite of policies and procedures to support staff in the management of high impact and high prevalence risks.

Care planning documentation for a palliative consumer evidenced staff had ensured their dignity is preserved and care was being provided in accordance with their needs and preferences. Staff discussed care provided in line with the consumer and representative preferences. Care documentation confirmed staff responded in a timely manner, involved representatives regularly and consumers received effective palliative care with symptoms well controlled. Statement of choices were completed for all consumers reflecting their end of life wishes.

Staff described appropriate actions taken in response to a deterioration or change in a consumer’s health which aligned with those reflected in care planning documentation. Organisational policies and procedures guide staff in the timely identification and response to consumer deterioration and consumer care files reflected any changes were identified and responded to in a timely manner. Consumers and their representatives expressed satisfaction in how the service has responded to a change or deterioration in the consumer’s condition, health or ability.

Consumers and representatives said they were confident consumer information was well documented and shared between staff and services. Staff described using the electronic care management system to store information relating to consumers’ condition, needs and preferences, the system provided alerts and any consumer changes were communicated during handover, communal staff diary and face to face communication. Staff were observed attending handover to ensure information regarding consumers is consistently shared and understood.

Staff described how input from other health specialists is arranged in response to an identified need, including the dietitian, speech pathologist and the wound specialist. Care planning documentation reflects timely and appropriate referrals and contributions from individuals to other organisations and providers of other care and services. Management and staff described processes and provided outcomes of referrals to other services, the service has a full-time physiotherapist available for consumer support as the need arises.

Consumers and representatives stated they have observed staff consistently wearing their personal protective equipment including gloves and masks. Staff demonstrated a knowledge of infection control practices relevant to their duties. The service has policies and procedures to inform and guide staff practice in relation to infection control matters. The Assessment Team observed staff adhering to infection control practices.

# Standard 4

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

Findings

Consumers said they were satisfied with the services and supports for daily living which meet the consumer’ needs, goals, and preferences. Staff understood what is important to consumers and what they like to do, this was reflected in care planning documentation including information about the services and supports required for consumers to optimise their quality of life, health, wellbeing, and independence. The service was in the process of improving the quality and variety of activities on offer to consumers.

Consumers said their emotional, spiritual, and psychological well-being needs, goals and preferences are being well supported within and outside of the service. Staff said they engage with consumers the best way they can, using various methods appropriate for each consumer in line with their care planning documentation. The Chaplains provide services for consumers as well as emotional, psychological and spiritual support. Care planning documentation for consumers contained information about their emotional and spiritual or psychological well-being and how staff can support them. The Assessment Team observed staff sitting and chatting with consumers.

Consumer confirmed they are supported to maintain relationships and actively participate in the community if they wish and do things of interest to them. Staff said they support consumers to keep in touch with family and friends by Skype, phone, Zoom and email as well as provide examples of how they support consumers to do things of interest and access the community if they wish. The chaplain provides services for consumers to connect with others as well as emotional, psychological and spiritual support. Care planning documents include information about how consumers participate in the community and stayed connected with family and friends.

Consumers said they felt information about their daily living choices and preferences was effectively communicated, and staff who provide daily support understand their needs and preferences. Care staff said handover processes keep them informed regarding updates to consumer care and services as well as alerts on the care management system. Care planning documentation provided adequate information to support the delivery of effective and safe care and detailed their individual care needs and preferences.

Consumers said they can be connected and referred to other organisations if they wish. Staff said for each consumer they explore individual community ties and facilitate ways of enabling the consumers to keep them. The chaplain of the service provides religious services, one to one support and connections with the community. Care planning documents were found to reflect the involvement of others in the provision of supports such as volunteers from local churches.

Consumers said they are satisfied with the variety, quality, and quantity of food, one named consumer mentioned at times the food is cold, management advised the serving process was under review for improvements and logistically changes were underway to ensure food was served warm. Staff were knowledgeable about individual consumers’ preferences and dietary requirements. Care planning documents note consumers’ dietary needs, dislikes, allergies, and preferences. The daily menus are given to each consumer in their rooms and consumers choices are collected by the staff the day before.

Consumers said they felt safe when using the service's equipment and it was clean, 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 were repaired or replaced quickly when required. Maintenance staff were able to describe how maintenance requests are prepared and lodged at the nurses’ desks and signed off when the service is completed. Equipment used for activities of daily living was observed to be safe, suitable, clean, and well-maintained. The Assessment Team reviewed maintenance documentation which identified current and scheduled preventative maintenance, which includes hoists, weight chairs and other equipment.

# 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 very much at home at the service. The service environment features several design elements which are welcoming and easy to understand and both campuses were observed to have dining rooms, lounge areas, quiet areas and are surrounded by gardens and outdoor sitting areas and walking paths. Staff described how they work to enable the consumers to feel at home and seek out ways of providing supports where needed.

The service environment was observed to be clean, well maintained, and comfortable, and enables consumers’ free movement within and outside of the service. All areas of the service were safe, well serviced, and both buildings were maintained at a comfortable temperature. Consumers agreed the service is very clean, well maintained, and comfortable. Staff described the process for documenting, reporting, and attending to maintenance issues.

Furniture, fittings, and equipment were observed to be safe, clean, well maintained, and suitable for the needs of the consumers. Maintenance staff were observed checking, cleaning and repairing equipment used by the consumers. Consumers and representatives said the equipment is well maintained, safe and clean. Maintenance staff described and demonstrated how maintenance is scheduled and carried out for routine, preventative, and corrective maintenance requirements.

# 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 service has processes and systems in place for consumers to raise concerns about their care and services, such as through the monthly residents/representatives’ meetings. Consumers and representatives said they felt supported by the service to provide feedback and make complaints. Staff explained the avenues available for providing feedback including feedback forms, direct verbal communication, family conferencing, residents, and staff meetings, and how they support consumers to raise any issues. Management said consumers and representatives are advised to call, email, or access management by requesting a meeting in person to raise any concerns or complaints or provide feedback. Feedback forms and collection boxes were observed throughout different areas of the service.

Consumers knew of alternative avenues or support persons for making a complaint. The consumer handbook included information on external advocacy information and phone numbers and notice boards were observed throughout the service displaying posters for the Aged Care Quality and Safety Commission and information relating to complaint and advocacy services.

Consumers stated when feedback is provided the service responds appropriately and in a timely manner. Staff reported when things go wrong, they inform management, and an appropriately designated staff member apologises and acts quickly to resolve issues. Feedback forms demonstrated the use of open disclosure, timely management of complaints in accordance with the service’s policy, capturing complainant feedback and satisfaction with actions taken.

Consumers said they have seen feedback and complaints used to improve care and services. Staff described how feedback and complaints have resulted in care and service improvements, including dietary preferences and food services. The service demonstrated feedback and complaints are trended, analysed, and used to improve the quality of care and services. Improvement actions taken in response to feedback and complaints are evaluated in consultation with consumers/representatives at meetings and through surveys.

# 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 said they had noticed some shortage of staff of late due to unplanned leave however they felt there had been no negative impact to them due to this and no impacts could be observed in care planning documentation. Whilst staff reported recent short staffing and expressed concern regarding potential impact of this on consumers, rosters confirmed registered staff are allocated 24 hours per day and strategies to replace unplanned leave includes extending staff hours, negotiating additional shifts with staff and the regular use of agency staff. Management said they can provide additional support where required. Call bell data confirms, on average, 92% were answered within 10 minutes.

Consumers said staff engage with consumers in a respectful, kind, and caring manner, and are gentle when providing care. Staff demonstrated a comprehensive understanding of consumers, including their needs and preferences. This information aligned with the Assessment Team’s observations, review of care planning documentation and the information obtained by way of interviews with sampled consumers. Staff were observed to engage with consumers and their family members in a respectful and personable manner. Staff respected consumer’s privacy by knocking on consumers’ doors before entering their room, encouraging them while they mobilised and referring to them by their preferred name.

Consumers felt staff were skilled in their roles and competent to meet their care needs. Staff said they are well supported by management in undertaking training provided to them upon commencement and ongoing thereafter, while at the service. Management ensure staff are comfortable to commence independent practice once buddy shifts are completed and if staff report they are not, additional buddy shifts are scheduled. Management demonstrated the induction process includes a suite of competencies staff are required to complete. Position descriptions specify the core competencies and capabilities for each role. Standard operating procedures guide staff when undertaking specific tasks.

Consumers reported they are confident with staff abilities and practices. Staff described how they have regular training sessions conducted at monthly team meetings and can access training through the organisation’s online learning platform ‘My Learning Portal’. Policies and procedures guide management in staff development and review processes, including the manager handbook, recruitment and selection guidelines, local orientation checklists, and performance development and review guidelines.

Staff said their performance is monitored through educational competencies and annual performance appraisals. All staff stated they had a performance appraisal in place or had one scheduled. Management said staff competency is assessed regularly and the service reviews and analyses internal audit results and clinical data to monitor staff practice and competencies. The service has a suite of documented policies and procedures which guide the monitoring of staff performance and the performance management of staff when issues are identified in performance.

# 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 service has effective systems to engage and support consumers in the development, delivery and evaluation of care and services. Consumers said the service is well run, they have ongoing input into how consumers’ care, and services are delivered, and they felt the service encourages their participation when making decisions. Staff confirmed the service keeps consumers and representatives informed of any changes in care or when things go wrong, to ensure effective communication and engagement while respecting individual likes and preferences. Consumer meeting minutes and the continuous improvement plan demonstrated consumer engagement with activities to improve care and services.

The service demonstrated the governing body has implemented processes to ensure the service is accountable for the delivery of care, and promotes a culture of safe, inclusive, and quality care and services. Consumers reported the service provides regular updates in relation to outcomes of care and COVID-19. Management provided a range of strategies when describing how the governing body satisfies itself that the service is promoting a culture of safe, inclusive, and quality care including monthly reports relating to clinical and quality indicators.

The service has processes in place to ensure effective systems relating to information management. Information regarding consumers’ needs and preferences was observed to be communicated between staff through handovers and assessment charts and care planning documentation is updated in a timely manner. The service has a continuous improvement plan which is updated regularly and opportunities for improvements are identified through audits, complaints, and consumer surveys, these are logged, and actions documented and reassessed where no improvements occur. Management described how they can request budgetary changes to support changing needs of consumers via the regional manager.

Consumers said they are supported to live the best life they can. Staff described how they use the service’s policies, procedures, and practices to minimise risk to consumers including falls, infection prevention, restrictive practices, and reporting of incidents. Management provided the service’s documented risk management framework, including policies and procedures. Policies and procedures such as incident management, serious incident reporting, medication management, falls prevention, antimicrobial stewardship, wound management, and infection control, are available to guide registered and care staff. Progress reports and data relating to risk is recorded on the risk register and reported to management, who then details to the Board through the monthly reports.

The service has a clinical support and governance framework, an antimicrobial stewardship policy, restrictive practices policy and procedure, and an open disclosure policy to support in the delivery of clinical care. Staff were familiar with antimicrobial stewardship such as awaiting pathology results prior to commencing antibiotics and described strategies to minimise the risk of infections including hand hygiene, appropriate donning and doffing of personal protective equipment, and timely identification of infection-related symptoms. Staff identified consumers subject to mechanically, environmentally, or chemically restrictive practices and demonstrated a shared understanding of restrictive practice requirement including obtain consent, trialling alternative interventions prior to using any form of restraint and monitoring restraint when in use. Staff were familiar with terminology of open disclosure and confirmed this included apologising, reporting, escalating and informing consumers why the error occurred.

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)