Performance

Report

**1800 951 822**

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| Name of service: | City of Bayswater Hostel |
| Service address: | 21 Embleton Avenue EMBLETON WA 6062 |
| Commission ID: | 7303 |
| Approved provider: | City of Bayswater |
| Activity type: | Site Audit |
| Activity date: | 02 August 2023 to 04 August 2023 |
| Performance report date: | 08 September 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for City of Bayswater Hostel (**the service**) has been prepared by K. Richards 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 consumers, representatives, staff, management, and others.

The service submitted an email dated 31 August 2023 reflecting their acceptance of the Assessment Team’s report.

# 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

This Quality Standard is Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers and representatives said they were treated with dignity and respect and their identity, diversity and culture were valued. Staff could describe how they supported consumers to maintain their identity, culture and diversity and ensure they were treated with dignity and respect. Care planning documents demonstrated consumers’ life histories, identities, cultural needs, and preferences were documented and these aligned with responses from consumers and staff. The service had written policies and procedures and staff training records related to dignity, choice, privacy and culturally appropriate care.

Consumers and representatives said their care and services were culturally safe. Staff identified consumers with specific cultural needs and confirmed the delivery of culturally safe care and services as documented in consumers’ care and services plan. The service had policies and procedures detailing the delivery of culturally safe care and services, and associated training modules were completed by staff.

Consumers and representatives said they were supported to exercise choice, maintain independence, make and communicate decisions about the delivery of their care and services, and involve others they wished to involve. Consumers said they were able to make and make new connections and maintain relationships of choice. Staff confirmed they supported consumers and their representatives to make decisions about their own care and services. Care planning documents confirmed each consumer exercised choices and involved other people they wished to involve in their care decisions and delivery. The service had documented policies supporting consumers’ right to exercise independence and choice in all aspects of their lives, for as long as they were able.

Consumers said they could live their best lives including taking risks if they desired. Staff said they were trained regarding choice and risk and supported consumers to take risks in order to live their best life, regularly reviewed and documented any changes to consumers’ assessment reflecting increased risks to consumers and mitigating strategies in line with . The service had policies and procedures supporting consumers’ choice and risk taking.

Consumers and representatives said they received current, accurate and timely information about their care and services, that was easy to understand and enabled them to exercise choice. Staff explained how they communicated with consumers and representatives in various ways including through face-to-face discussions, email and phone and printed materials, including newsletters, activities programs, meeting minutes and dining menus. Care planning documents confirmed adequate information was exchanged between the service and consumers and representatives.

Consumers said their privacy was respected and personal information was kept confidential. Staff described measures they took for protecting consumers’ privacy and personal information. Staff were observed knocking on doors prior to entering consumers’ rooms and closing the doors to provide personal care. All computers were locked, and password protected to ensure personal information was kept and confidential.

# 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

This Quality Standard is Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives confirmed they were involved in the assessment and planning of their care and services, and that risks to their health and wellbeing were considered along with their needs and preferences. Staff and management described their roles in the care planning process and how it informed the delivery of safe and effective care and services. Care plans had completed risk assessments and management strategies and directives to inform staff.

Consumers and representatives said assessment and planning identified and addressed consumers’ current needs and preferences, including advance care and end of life planning if they wished. Clinical staff said they talked to consumers and representatives about advance care directives and end of life plans at each annual care plan review, or when their needs and condition changed. Care planning documents demonstrated discussion and review of advance care directives and end of life wishes.

Consumers and representatives said staff regularly communicate with them and they can choose level of involvement in the assessment, planning, and review of consumer care and services. Clinical staff explained how they included consumers and representatives in the assessment, planning and review of consumers’ care and services. Clinical management said they included other providers of care whenever a need was identified. Care plans demonstrated undertaking of regular case conferences, and the involvement of external service providers including medical officers, allied health providers, dementia and mental health services, and palliative care services.

Consumers and representatives said they were advised of the outcomes of assessments and always offered a copy of the consumer’s care plan. Staff confirmed they offered consumers and representatives either an electronic or paper copy of their care plan, at every review or if there were changes. Care plans included evidence that consumer and representatives were offered a copy upon initial completion and at reviews. The service’s care planning and assessment policy and procedures provided guidance to staff in communicating the outcomes of assessment and planning.

Consumers and representatives said their care and services were regularly reviewed, including when circumstances changed. Clinical staff explained the processes for reviewing consumers’ care and services plans regularly, and following incident or change. Management said they ensured care plans were evaluated for effectiveness and monitored the review of care plans. Records showed the annual review of care plans was up to date and reviews had also been completed when consumers’ needs or preferences changed, or incidents had occurred.

# 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

This Quality Standard is Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives were satisfied consumers received tailored and effective personal and clinical care that optimised their health and wellbeing. Staff described consumer’s individual care needs and explained how they delivered their care in accordance with their care plans, with supports from management and the organisation’s policies, procedures and tools, to provide best practice personal and clinical care. The Assessment Team identified whilst one named consumer’s wound was improving, wound care had not been managed and recorded in line with directives, with management taking immediate responsive action for improvement in adherence and documentation.

Consumers and representatives said the service effectively managed high impact or high prevalence risks to consumers. Staff and management could identify the high impact or high prevalence risks for specific consumers and the related management strategies. Care planning documents showed high impact/high prevalence risks such as falls, weight loss, pressure injuries, and diabetes had been identified and effectively managed by the service. The service had policies and procedures to guide staff practice in relation to the management of high impact and high prevalence risks.

Staff gave examples of how they identified consumers approaching end of life and supported the comfort and dignity of consumers during the provision of palliative care, including providing pain management. Management explained the service made referrals to an external palliative care service in line with policies, procedures, and consumer needs.

Consumers and representatives said the service was responsive and prompt in managing deterioration in consumers’ condition, function, or capacity. Staff and management explained the process for identifying and reporting changes and deterioration in a consumer’s condition and the responses required for both sudden and longer-term deterioration. Care planning documents and/or progress notes demonstrated the identification of and response to deterioration or changes in condition. The service has policies, procedures and flowcharts relating to acute deterioration to guide staff in identifying and responding to the deterioration of consumers.

Consumers and representatives said the consumer’s care needs and preferences were effectively communicated between staff, and they received the care they needed. Staff said information relating to consumers’ conditions, needs and preferences was documented in the electronic care management system, and communicated through alerts and shift handovers to those responsible for providing care. Care planning documents confirmed timely and effective communication of the consumers’ needs and condition to staff, representatives, medical officers, and allied health personnel. Staff were observed communicating current information at the shift handover.

Consumers and representatives stated timely and appropriate referrals were made, and they had access to other health services such as medical officers, allied health staff, and specialist providers. Care planning documents confirmed referrals to other health care providers were made, when needed, with the consent of consumers and representatives. Staff described the process for referring consumers to other health professionals and how this informed the provision of their care and services.

Consumers and representatives were satisfied with the service’s management of the COVID-19 pandemic, following all required infection control practices. Management advised they have specialist infection prevention and control leads and a documented outbreak management plan. Staff and consumers were vaccinated for influenza and COVID-19 and staff had frequent training related to infection control processes and using personal protective equipment. Management and staff described practices to reduce infection rates and promote appropriate prescribing of antibiotics.

**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

This Quality Standard is Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers identified how services and supports for daily living optimised their independence, health, and well-being. Staff described how they confirmed services and supports for consumer needs, goals, and preferences were effective. Management explained that during admission there was a detailed assessment process where consumers’ needs, goals and preferences were captured, and these were reviewed regularly. Care planning documents detailed the individual services and supports provided to each consumer and these aligned with consumers’ stated needs, goals, and preferences.

Consumers said they received the emotional and spiritual support they needed, and could talk with staff, including pastoral care members, if feeling low. Representatives said staff told them if their loved one was feeling low, and they would provide suggestions to support their emotional, psychological, and spiritual well-being. Staff were observed spending time with individual consumers and described how they promoted each consumer’s emotional and spiritual wellbeing.

Consumers and representatives felt they were supported in their personal relationships and to participate in activities of interest, inside the service and outside in the community. Care plans articulated consumers’ interests and preferences in relation to activities and important personal relationships. Staff described how they supported consumers’ important relationships, and were aware of people of importance in line with care planning documentation. Documentation such as care and services plans, consumer meeting minutes and newsletters demonstrated how the service supported consumers to participate in the community inside and outside the service.

Consumers and representatives said information about their condition, needs, and preferences was communicated to staff and others providing care and support. Staff demonstrated how information was shared between staff and those responsible for providing care. Care planning documents identified consumers’ current condition, needs and preferences.

The service demonstrated timely and appropriate referrals of consumers to other organisations, individuals and providers of care and services. Consumers and representatives felt confident they would be referred to an appropriate external provider if the service could not assist them. Care planning documents evidenced the involvement of various internal and external support services. The service has policies and procedures to support the referral process.

Consumers and representatives said the meals were varied and of a suitable quality and quantity. Consumers and representatives said they were involved in the menu planning and could provide feedback regarding the meals and dining experience. Staff were aware of individual consumer’s dietary needs and preferences, and these were reflected in their care plans. Lunch and dinner had different options available and salads, sandwiches, and toasted sandwiches were also available, with snacks available between meals. All meals were prepared on-site, and consumers’ dietary needs and requirements were on file in the kitchens and up to date.

Consumers and representatives said the equipment provided for their use was safe, suitable, clean, and well-maintained. Consumers and representatives said they spoke to staff, or maintenance directly, if they had issues or concerns with their equipment. Equipment such as lifting aids, walking aids, wheelchairs, and lifestyle equipment appeared clean, suitable and well-maintained. Staff described cleaning schedules for equipment, and daily cleaning logs were up to date.

# 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

This Quality Standard is Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers and representatives said the service was welcoming, easy to navigate, and felt like home. Management described the features of the service that optimised consumer’s sense of belonging, independence, interaction and function, including consideration of sensory stimuli and quiet areas. The service was tastefully decorated with a variety of indoor and outdoor communal areas available for consumers and visitors. The service appeared clean, with adequate lighting and signage to aid navigation. The halls were wide with handrails to assist independent mobility and doors to outdoor areas were automated.

Consumers and representatives said the service was safe, well-maintained, clean, and comfortable. Consumers and representatives said they could access different areas of the service and knew how to report maintenance issues. Management and staff explained the cleaning and maintenance systems and said maintenance issues were addressed promptly and it was a standing agenda item at the Resident and Relative meetings. The service environment was observed to be a comfortable temperature, safe, clean, and well-maintained. All doors were unlocked allowing consumers to move freely both indoors and outdoors, including to the external courtyards.

Consumer and representatives said the furniture, fittings and equipment felt safe to use and clean. Staff explained there was enough equipment, and shared devices were cleaned after every use and stored safely. Staff knew how to log any issues with equipment or household services. Staff were observed cleaning consumer rooms, communal areas and sweeping and mopping the dining area. The preventative maintenance schedule confirmed that all maintenance was up to date, with furniture noted to be clean and in good condition.

# 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

This Quality Standard is Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives said they were encouraged, supported, and comfortable to provide feedback and make complaints. Staff said they encouraged and assisted consumers to provide feedback and make complaints, and they tried to resolve their issues immediately if possible. Management said they had an ‘open-door’ policy and welcomed complaints and feedback. The service had robust written policies and procedures for managing feedback and complaints and using open disclosure.

Consumers and representatives were aware of other avenues to make complaints and external support services to resolve complaints but said they hadn’t needed to use them. Staff were aware of local and national advocacy and language services, and offered interpreter assistance to consumers where appropriate. Information about advocacy and language services was displayed in reception and communal areas.

Consumers and representatives said the service took appropriate action to resolve complaints and described actions in line with open disclosure principles. Management and staff said they involved consumers and representatives in resolving complaints and used open disclosure when things went wrong. Staff said they were trained in complaints handling, serious incident response scheme processes and use of open disclosure. The service had written policies and procedures for managing complaints and open disclosure.

Consumers and representatives said feedback and complaints were reviewed and used to improve the quality of care and services. Management said they reviewed feedback and complaints daily to ensure prompt and effective responses. Management explained how complaints may identify potential improvements to care and services which were captured in the service’s continuous improvement register. The complaints register, Resident and Relative meeting minutes and the continuous improvement register confirmed feedback and complaints were recorded and used to improve the quality of care and services delivered to consumers.

# 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

This Quality Standard is Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said there were enough staff to meet their care needs. Staff said there were enough staff and they worked together to ensure consumers received timely care and services. Management explained how they planned their workforce said they had a casual pool of care staff, and unallocated shifts were always offered back to regular staff members first. The service’s monitoring processes for staffing include call bell response timeframes, staff feedback and consumer surveys.

Consumers and representatives said staff were kind, gentle and respectful when providing care. Management explained how they monitored the workforce interactions with consumers were kind, caring, and respectful of their identity, culture, and diversity, and it was mandatory for all staff to complete Code of Conduct training. Staff were observed interacting with consumers in a kind, caring and respectful manner.

Consumers and representatives said staff were efficient and sufficiently skilled to meet their needs. Management explained how staff were competent and had the necessary qualifications and clearances to successfully perform their roles in line with position descriptions and duty lists. Management described how the organisation checked and monitored staff qualifications, current registrations, criminal history and the Aged Care Banning Order register. All staff, including agency staff, are provided with an orientation before commencing their shifts.

Consumers and representatives said they were confident staff were recruited, trained and supported to deliver the care and services needed. Management described how the service trained, equipped, and supported staff to deliver safe and quality care and services, including through onboarding with mandatory training, competencies and buddy shifts that must be completed prior to commencing work. Training logs confirmed staff received orientation, and ongoing mandatory and optional training.

Consumers and representatives said staff were capable and they felt confident they could provide feedback regarding staff performance. Records showed the service completed performance reviews during the 6 monthly probationary period for all new staff and then every second year. Staff members could describe the performance appraisal process and confirmed they had recently undertaken one. Management advised other processes were also used to monitor staff performance, such as consumer and staff feedback and observations. Management said if an issue, concern, or complaint arises, conversations occurred immediately, with evidence of performance management undertaken where staff do not meet expectations.

# 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

This Quality Standard is Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives felt involved in the development, delivery and evaluation of their services through feedback, surveys, and Resident and Relative meetings. Consumers and representatives said they saw changes made as a result of their feedback. Management and staff explained how they supported and encouraged consumers and representatives to participate in the development and delivery of their care and services. Management described various ways consumers and representatives could provide feedback and suggestions and initiatives undertaken in response.

Consumers and representatives said the service was well managed and they felt safe and well supported. The organisation effective structures and governance systems with effective communication between the service and the organisation’s governing body. The Board actively promoted a culture of safe, inclusive, and quality care and services and supported the service in achieving this with oversight through reporting of clinical indicators, quality initiatives, audit results and incidents. The management team ensured the performance of all aspects of each service were reported on and discussed with both the service and organisational clinical governance subcommittees.

Management described how the organisation had effective organisation wide governance systems in relation to information management, continuous improvement, financial governance, the workforce, regulatory and legislative compliance, and feedback and complaints management. For example, legislation is monitored by the organisation’s quality team, who integrate changes into policies which require Board approval and sign off before being shared with staff.

The service had effective risk management systems in place for high impact or high prevalence risks to consumers, identifying and responding to elder abuse and neglect, supporting consumers to live their best life, and managing and preventing incidents. Consumers and representatives described how the service supported them to live their best lives. Staff confirmed they could access these policies and had received training on these topics and demonstrated actions, including incident reporting, in line with their responsibilities. Management described how the organisation monitored various clinical indicators to manage risks and prevent incidents.

The organisation had a clinical governance framework which included documented policies covering antimicrobial stewardship, minimising the use of restraint and open disclosure. Management and staff understood their responsibilities under the clinical governance framework and staff confirmed they had received training on these policies and systems. The Clinical Governance committee provides oversight and guidance, and is accountable for the delivery clinical care, with reports and audit outcomes used for benchmarking and identifying improvements.

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)