**Performance**

**Report**

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| Name: | Dans In Home Care |
| Commission ID: | 201303 |
| Address: | 80B Talbragar Street, DUBBO, New South Wales, 2830 |
| Activity type: | Quality Audit |
| Activity date: | 7 February 2024 to 8 February 2024 |
| Performance report date: | 25 March 2024 |

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

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 2982 Sunsouth Pty Ltd  
Service: 26169 Dubbo Area Nursing Service  
  
**This performance report**

This performance report for Dans In Home Care (**the service**) has been prepared by M.Wyborn, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable** |
| **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 | | HCP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

The service demonstrated that each consumer is treated with dignity and respect, and their identity, culture and diversity is valued. Consumers and representatives advised the service and staff are respectful in relation to their communication and provision of care. Care workers (CWs) demonstrated their understanding of the importance of treating consumers with dignity and respect and highlighted their knowledge of consumer identities, background and diversity. Consumer care plans demonstrate respectful content and contain relevant information about consumer former careers, life histories, religious beliefs and cultural backgrounds. The service’s training records show that all staff have completed the module ‘Person Centred Care’.

The service demonstrated that care and services are culturally safe, and consumers and representatives advised that the service and CWs routinely provide services in a culturally respectful way and in line with their cultural preferences. CWs demonstrated appropriate understanding of how they consider consumers’ cultural and religious beliefs and highlighted how these cultural and religious beliefs were essential in providing safe and effective services to consumers.

The service demonstrated that consumers are supported to exercise choice and independence. Consumers and representatives advised that the service supports them to exercise choice and maintain their independence while they are still living at home, and some consumers described the service as ‘absolutely essential’ for them to maintain their independence. Consumers and representatives also advised that the service makes communication easy, including by way of the service’s application, email or phone.

The service demonstrated that consumers are appropriately supported to take risks to enable them to live the best life they can. Consumers and representatives advised the service supports them to undertake activities and to engage in risk, which increases their sense of independence and quality of life. CWs demonstrated appropriate understanding of consumer ‘dignity of risk’ and demonstrated the importance of respecting consumer choice, even if those choices posed a risk to the consumer. Consumer care plans provide relevant information relating to consumer choice of how they receive care or their choices to refuse care. The service’s policies and procedures contain relevant information to ensure the service ‘promotes dignity of risk and clients making informed decisions of their own free will’.

The service demonstrated that information provided to consumers is current, accurate, timely, and communicated in a way that is easy to understand and enables them to exercise choice. Consumers and representatives advised they are satisfied with the way the service communicates information to them and confirmed that they’re provided with information in their consumer handbooks when they first enter the service. The handbook, contains relevant information, including how to provide feedback and make complaints, how to access advocacy and financial information.

The service demonstrated that consumer privacy is respected, and personal information is kept confidential. Consumers and representatives advised that the service respects their privacy and their personal information is kept confidential. CWs demonstrated an appropriate understanding of the importance of respecting consumer privacy and confidentiality, including ensuring they do not to talk about other consumers and they can only access information and progress notes about the consumer for whom they are providing care. The service’s policies and procedures outlines the service’s approach to maintaining confidentiality of consumer information and outlines how paper and electronic documents are secured, and these procedures are administered by the service.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| 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 and representatives advised that they receive care and services that meet their needs. Care Managers (CMs) demonstrated how they effectively identify consumer risk and consumer care planning documentation provides detailed information to guide delivery of care and services for individual consumers. CMs maintain oversight of assessment and planning in consultation with consumers and representatives and registered staff when a consumer commences with the service or when a change occurs. Effective risk assessment tools are used to identify health and well-being risks, including environmental, falls, continence, skin integrity and wound management. The service administers appropriate policies and procedures related to consumer assessment and planning.

The service demonstrated, and consumers and representatives advised, they receive care and services that meet their needs, goals and preferences. CMs and registered nursing staff demonstrated how they appropriately support consumers in advanced care planning and through the end of life (EOL) care planning processes. Consumers and representatives advised that they’ve discussed advanced care planning with staff, and management advised that discussion occurs as part of the admissions process.

Consumers and representatives advised of their satisfaction in the assessment and care planning processes and highlighted that registered nursing staff and CMs routinely involve them and provide them with relevant information. Registered nursing staff demonstrated effective partnerships with other organisations, individuals and service providers to ensure robust consumer assessment and care planning and they communicate regularly regarding changing needs of consumers.

The service demonstrated that the outcomes of consumer assessment and planning are appropriately documented in their electronic care planning system (ECMS), and relevant access is available to staff at the point of care. Consumers and representatives advised they receive a copy of their care and services plan, and advised that the service explains to them the services they receive, the frequency, and when changes occur. Care workers confirmed they have access to the care and services plans via the services mobile phone application.

Consumers and representatives advised that the CM and registered nursing staff routinely enquire if the care and services delivered meet consumer needs, goals and preferences. The service demonstrated that consumer care plans are reviewed annually or when the need of a consumer changes, and a review of care planning documentation confirmed care plans are reviewed at least annually with oversight by registered nursing staff.

# Standard 3

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| Personal care and clinical care | | HCP |
| 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 advised that care they receive is tailored to their needs and that the service is flexible in their delivery of care and services. Staff demonstrated knowledge of individual consumer needs, goals and preferences and described how care is tailored to individual consumers. Further, consumer needs, goals and preferences are described in sufficient detail to guide staff in delivery of appropriate care and services, and the service administers relevant policies, procedures and assessment tools to guide staff practice in delivering effective personal and clinical care.

Consumer risk assessments are undertaken for high prevalence or high impact risks with a focus to minimise occurrence. Risks identified include falls, changed behaviours and wound management. Staff demonstrated knowledge of what risks apply to individual consumers and what strategies are implemented to manage these risks. Support workers confirmed they refer to consumer care and service plans or contact the care manager (CM) if they require support to manage consumer risk. Care staff also work with clinical staff if they require information on managing high prevalence risks, and management advised that support workers routinely report any incidents directly to them.

Consumers and representatives advised that the service discusses advance care planning (ACP) and end of life (EOL) wishes upon entry to the service, during annual care plan reviews and when individual consumer needs change. The service demonstrated consumers’ ACP and EOL care preferences are documented in their care plan and registered nursing staff reiterated that they discuss ACP and EOL preferences during consumer care plan reviews and as consumers enter palliative care phases. Registered nursing staff monitor consumers for comfort during EOL and follow care plans for individualised consumer preferences. The service demonstrated established relationships with hospitals, medical services, and allied health services to support consumer needs and end of life wishes.

Consumers and representatives advised that staff know the consumers and they would recognise deterioration in a consumer’s health or wellbeing. CMs advised they aim to provide consistent staffing and because care workers (CW) visit consumers regularly, they can identify deterioration or change in a consumer. The Audit Team’s review of consumer care planning documentation confirmed that the service responds in a timely manner when deterioration in a consumer’s wellbeing is identified.

Consumers and representatives advised of their satisfaction with the quality of care and services provided by staff. CWs advised they have relevant access to consumer care and service information via the service’s mobile device application at the point of care, and consumers and representatives reported that staff know consumers’ needs and are provided with continuity of support workers. Review of documentation demonstrates care and service plans provide adequate information to support delivery of safe and effective care and services.

Consumers and representatives advised the delivery of care, including the referral processes, is timely and appropriate. Consumers advised they have access to medical officers (MOs) and other health professionals as needed. A review of consumer care planning documentation demonstrates that referrals are undertaken following consultation with consumers and representatives, input from other health professionals, including MOs and occupational therapists, and their recommendations are incorporated into consumer care plans. Management demonstrated that where a need is identified, the service refers consumers to other organisations to provide care and services that address individual consumers’ needs.

Consumers and representatives advised that staff routinely follow infection control protocols, including handwashing and use of personal protective equipment (PPE) when entering their homes. Management and support workers demonstrated knowledge of various practical ways to minimise transmission of infections including the risks associated with influenza and COVID-19. Support workers advised they have received infection control training and have access to sufficient supplies of PPE, and registered nursing staff monitor the use of medications including antibiotics. Training records demonstrate staff are trained in infection control practices and the service maintains records of staff vaccination status. The service administers relevant policies and procedures related to infection prevention and control, including COVID-19 guidelines to best support staff practice.

# Standard 4

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| Services and supports for daily living | | HCP |
| 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. | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives advised they are supported to maintain their quality of life and independence. Staff demonstrated understanding of what is important to consumers and could describe how they help consumer’s to participate in activities aligned to their preferences. The service’s assessment process identifies consumers’ goals and preferences, and their chosen services are documented in their care and services plan.

Consumers and representatives advised that they are satisfied with care, services, and supports they receive. Staff demonstrated an appropriate understanding of individual consumers’ daily living preferences and routinely provide appropriate emotional support for consumers. Care and service plans effectively guide care staff to support consumers’ emotional, spiritual, and psychological well-being.

Consumers and representatives are satisfied the service supports them to participate in the community, to have social and personal relationships and to participate in activities of interest to them. Staff understand consumers’ daily living preferences and provide appropriate support. Care and service plans guide the delivery of services and supports that meet consumers preferences to participate in the community and do things of interest to them.

Consumers and representatives advised that staff know them well and support their needs and preferences. Consumers advised of their satisfaction with the quality of care and services they receive. The service demonstrated effective and established systems to enable sharing of consumer information within the organisation and with others who share care responsibilities. The service administers appropriate policies that guide staff in relation to information management.

Consumers and representatives advised that the service avails them to relevant information related to suitable services that are available to them. Staff and management described the process for referrals to other organisations in a timely and appropriate manner and individuals involved in the consumer’s care. Consumers advised that they the service routinely assists them to access any service they need, as required.

Consumers and representatives advised that the service assists them in accessing and maintaining the equipment they require and provided positive feedback about transport provided by the service. Management advised that the service does not supply equipment directly to consumers, however consumers are assisted in purchasing equipment to meet their needs with the support of allied health professionals. The service also ensures that private vehicles used to support consumers are insured, registered and serviced regularly.

# Standard 6

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| Feedback and complaints | | HCP |
| 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 demonstrated that consumers and representatives are encouraged and supported to provide feedback and make complaints. Consumers and representatives advised that they feel supported to provide feedback and CWs demonstrated their knowledge of the importance of listening to consumer feedback and advised if they receive feedback they routinely report it in progress notes and advise the CM. Consumers and representatives are provided with a consumer handbook upon admission, which outlines the service’s approach to welcoming feedback, and provides information in relation to how a consumer can offer feedback or complaints. The service issues an annual feedback survey and their continuous improvement register demonstrates that management provide consideration to whether this needs to be undertaken more frequently if further insight into consumer satisfaction is required.

The service demonstrated that consumers are made aware of, and have access to, advocacy services and other methods for raising and resolving complaints. Consumers and representatives advised that advocacy services are outlined in their consumer handbook, and care staff demonstrated an appropriate understanding about the role of advocacy services. The consumer handbook also states that if a consumer is dissatisfied with the outcome of any complaint, they may pursue alternative pathways to resolution such as lodging a complaint with the Aged Care Quality and Safety Commission.

The service demonstrated that appropriate action is taken in response to complaints and that open disclosure is applied when things go wrong. Consumers advised of their satisfaction with the complaints process and the action taken by the service to resolve their complaint. Consumers advised that the service engages in open disclosure by accepting that something went wrong and maintaining transparency about how it proposes to remediate the issue.

The service demonstrated that feedback and complaints are reviewed and data is used to improve the quality of care and services for consumers. The service’s continuous improvement register demonstrates that the service provides a focus on feedback and complaints to improve the quality of care and services for consumers.

# Standard 7

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

Findings

The service demonstrated that the workforce is planned, and the number and mix of members of the workforce deployed enables delivery and management of safe and quality care and services. Consumers and representatives advised that care workers (CW) are on time and available at the consumers’ preferred time and that they are satisfied with the quality of care and services provided. CW and registered staff said that they have enough time to complete their work tasks.

The service demonstrated that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. Consumers and representatives advised that CWs are kind, caring and respectful of their diversity and culture, and CWs demonstrated appropriate knowledgeable about individual consumer culture and identities, which leads to the provision of culturally safe services.

The service demonstrated that the workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles. Consumers and representatives advised they are overwhelmingly satisfied with the competency of the service’s staff. Consumers and representatives described staff as ‘fabulous’, ‘very happy’, ‘delighted’ and ‘very satisfied’. CWs interviewed said the service ensures their competency by providing mandatory and non-mandatory training and information sessions about relevant topics , and said that the training provided is adequate to perform their roles. CWs demonstrated appropriate knowledge and commitment to their roles and responsibilities. The service ensures that different job descriptions have segregated competencies and qualifications, such as: (i) registered staff requiring a valid NSW Nursing Registration and manual handling knowledge, (ii) CS requiring a Certificate III in Aged Care, first aid certificate and manual handling knowledge, and (iii) domestic assistant’s requiring a first aid certificate and manual handling knowledge.

The service demonstrated that the workforce is recruited, equipped and supported to deliver the outcomes required by the Quality Standards. CWs interviewed advised they receive a comprehensive induction program, which includes being provided with an induction handbook with relevant information about how to perform their role. CWs said the service provides mandatory training in relevant areas, such as cultural diversity, and non-mandatory training. The induction handbook provided to new staff contains relevant information about essential topics, such as the aged care code of conduct, how to identify and report incidents under the serious incident response scheme (SIRS), reporting incidents, and identifying elder abuse. The service also utilises ‘buddy shifts’ for new staff and experienced workers.

The service demonstrated that regular assessment, monitoring and review of the performance of each member of the workforce. CWs advised that the service regularly monitors their performance, both informally and formally and highlighted that they participate in annual performance appraisals, where their work performance is discussed with management. The service’s Human Resource (HR) management team advised that there are annual performance conversations, where staff are provided feedback and appraisal about their work. The service provided records of performance conversations with all relevant staff, and management regularly monitor staff performance. Management also routinely identify training needs for staff, for example a gap in the knowledge in relation to dementia, in relation to which the service introduced mandatory training.

# Standard 8

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| Organisational governance | | HCP |
| 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 organisation demonstrated that consumers are engaged in the development, delivery and evaluation of care and services. Consumers and representative advised that the service and care workers (CW) are receptive to consumers’ preferences for how services are delivered and feel supported and encouraged to provide feedback. Consumer care plans, including shower plans, are developed in consultation with consumers and representatives, and contain specific detail about how services are to be delivered. As part of the Strengthening Provider Governance reforms, the service sent out invitations to all consumers and representatives inviting inclusion on their Consumer Advisory Body (CAB), to which several consumers and representatives responded affirmatively. The service issues Client Feedback Surveys annually.

The organisation demonstrated an effective governing body which promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. As part of the Strengthening Provider Governance reforms, the service established a three-member Governing Body (the Board), consisting of an executive managing director, and two non-executive members.

The organisation demonstrated effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. The organisation’s policies and procedures outline the ways in which the service protects consumer information contained in electronic and hardcopy. Electronic information is stored in the service’s customer management and the general drive of the service’s computer server and protected by network security, firewalls and access controls, such as passwords. Hardcopy documents are stored and secured in locked cabinets. The service maintains a continuous improvement register, which is used to design the service’s strategic plans. The organisational policies and procedures outline the service’s workforce governance framework which covers recruitment of staff, induction processes including verifying qualifications and references, and staff code of conduct. The service’s incident register provides evidence that staff are aware of their roles and responsibilities. The service administers a regulatory compliance governance system which ensures the organisation can meet its obligations in relation to the Aged Care Code of Conduct and the Serious Incident Response Scheme (SIRS), as well as other regulatory regimes such as consumer privacy and work health and safety.

The organisation demonstrated effective risk management systems and practices, including managing high impact or high prevalence risks, identifying and responding to abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. The service’s policies and procedures outline their approach to risk management. Risks are categorised into five categories: operational risk, market risk, credit risk, insurance risk, financial risk and safety risk. The service’s risk register template contains various risks, their risk rating, the current risk treatment, and residual risks. The service also develops effective emergency response plans for each consumer and the Audit Team reported that the continuous improvement register contains relevant information related to continuous improvement regarding incident management.

The organisation administers a clinical governance framework which includes policies and procedures relating to antimicrobial stewardship, restrictive practices and open disclosure. The clinical framework includes governance, leadership and culture; partnering with consumers; roles and responsibilities; clinical performance and effectiveness, safe service environment for the delivery of care, consumer safety and quality improvement systems; and monitoring, reporting and responding to performance. Clinical issues and follow up actions are discussed at regular registered staff meetings, including high risk consumers, reviews of chronic wounds and restrictive practices. The service’s continuous improvement register contains relevant action items relating to clinical governance including critical clinical indicators (such as wound factors and weight), and these are appropriately monitored and reported and more staff training in relation to caring for consumers with dementia. The organisation demonstrated focus, support and care for consumers to improve the safe and appropriate use of antimicrobials and to reduce the risk of antimicrobial resistance. CWs are provided medication management training related to correct use of antibiotics as prescribed by a health practitioner. The service’s clinical team oversee high risk consumers and work with case managers and consumers’ to mitigate risks to promote antimicrobial stewardship. If a restrictive practice is to be implemented, and all other strategies are appropriately considered by the clinical team and the consumer/representative, the organisation provides a letter outlining the proposed restrictive practice and a signed agreement from the consumer or their representative. A letter is sent to the consumer’s medical officer outlining the practice, the restrictive practice is detailed in the consumer’s care plan, and the practice is reviewed regularly with a minimum annual review. The organisation’s policies and procedures highlight appropriate focus on open disclosure by supporting staff to identify when things go wrong, address immediate needs and provide relevant support, acknowledgement of concerns and to provide an apology if something goes wrong. The organisation ensures a comprehensive investigation and explanation of what happened, and takes relevant action to implement improvement actions.

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