

**Performance Report**

**1800 951 822**

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| Name: | Edenfield Family Care - Ramsay |
| Commission ID: | 6039 |
| Address: | 77 Seaview Road, PORT AUGUSTA, South Australia, 5700 |
| Activity type: | Site Audit |
| Activity date: | 29 October 2024 to 1 November 2024 |
| Performance report date: | 9 December 2024 |
| Service included in this assessment: | Provider: 9265 El-Jasbella Ramsay Pty Ltd  Service: 4056 Edenfield Family Care - Ramsay |

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 Edenfield Family Care - Ramsay (**the service**) has been prepared by M Dubovinsky, 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.

# Material relied on

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

* the assessment team’s report for the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, older people/representatives and others; and
* the provider’s response to the assessment team’s report received 26 November 2024.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers and representatives said consumers are treated with dignity and respect and described how the service recognises and values their identity, culture and diversity. Staff were observed to interact respectfully with consumers, speaking in a positive tone, using consumers’ preferred names and titles and checking with consumers before performing tasks, such as the provision of personal care by care staff of the same gender. Management described organisational processes, such as ongoing training programs to promote positive interactions between staff and consumers and ensure care is provided in a way that maintains dignity, conveys respect and values consumers’ identity, culture and diversity.

Consumers and representatives described how the service understood what was important to consumers and were satisfied the care, supports and services received are culturally safe. Staff and managers described requirements specific to consumer backgrounds, culture, interests, personality and preferences. Care planning documentation demonstrated considerations of the cultural identity of each consumer and staff were observed to be delivering care and services in a way that was respectful of consumers’ ethnicity and culture.

Consumers confirmed they are supported to exercise choice and independence and said staff listen to and respect their choices, such as who should be involved in their care and how their care is delivered. Staff and management explained how individual consumers exercise choice when making decisions about their care, level of support, relationships, participation in activities and mealtime preferences. Observations of staff interactions with consumers were consistent with care documentation and promoted decision making, independence and interaction with other consumers.

Consumers are supported to engage in risky activities of their choosing to enable them to live the best life they can. Care documentation for consumers sampled contained a risk assessment outlining their chosen activity, discussions with consumers regarding risks associated with the activity and interventions to minimise the risks.

Consumers said they are provided information that is current, accurate and timely and provided in a way that is easy to understand and promotes choice. Care documentation was found to be recently reviewed, and consumers confirmed the information to be reflective of their current needs.

Consumers interviewed were satisfied consumers’ privacy is respected, and personal information is kept confidential. Staff and management are aware of privacy and confidentiality principles. Care documentation was only accessible to authorised personnel and staff were observed to maintain consumers’ privacy by knocking on bedroom doors and not discussing consumers’ personal information in communal areas.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all requirements in Standard 1 Consumer dignity and choice.

# Standard 2

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

Findings

Consumers and representatives said they are satisfied with assessment and care planning processes and are confident in staff’s ability to identify risks to consumers’ health and well-being. Staff demonstrated knowledge and understanding of assessment and care planning process and discussed how individual risks to a consumer’s health and well-being are considered. Care documentation demonstrated validated assessment tools are used by clinical staff to identify risk to consumers’ health and well-being, and mitigation strategies associated with consumer risk are documented in consumer care plans.

Consumers and representatives said the service addresses current needs, goals and preferences, including advanced care planning discussions. Care documentation for consumers viewed confirmed person-centred discussions with consumers and representatives are documented on a continuous basis in progress notes and identifies current needs, goals and preferences, including those relating to end-of-life care. Clinical staff said they discuss advanced care planning with consumers on admission, during care plan reviews, or when there is a change in a consumer’s condition.

Consumers and representatives said they are actively involved in assessment, planning and review of care and services. Staff confirmed involving consumers, their representatives, and other health professionals, such as medical officers, in the assessment, planning and review process. Care documentation demonstrated consumers, and their representatives are involved in care planning on admission, at regular intervals, and when a consumer’s needs or goals change.

Consumers and their representatives reported the service efficiently communicates the outcomes of assessment and planning, and said they have access to consumer care plans when they wish. Staff described the process for sharing and receiving outcomes of assessment and planning, through handover processes and review of the electronic care system. Care documentation and progress note reviews demonstrated assessment outcomes are effectively communicated to consumers, their representatives, staff, and other allied health professionals, such as the medical officer.

Consumers and representatives expressed satisfaction care and services are reviewed regularly, and are confident these processes identify changes in needs, goals or preferences of consumers. Care documentation evidenced assessment and care plans are reviewed regularly for effectiveness, including following an incident or change in a consumer’s condition, needs or preferences. Clinical staff said consumers and representatives are involved in reassessment 6-monthly or more frequently as clinically required

Based on the information summarised above, I find the provider, in relation to the service, compliant with all requirements in Standard 2 Ongoing assessment and planning with consumers.

# 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

**Requirement (3)(d)**

The assessment team recommended requirement (3)(d) not met as they were not satisfied consumer deterioration was recognised and responded to in a timely manner, specifically in relation to one consumer who experienced acute deterioration and subsequent hospitalisation where increased clinical monitoring was not consistently undertaken. The following evidence was considered relevant to my finding:

* The consumer was reviewed by the medical officer following weight loss, and progress notes showed the consumers was more confused than usual. The following day the consumer continued to present confused, and a urinalysis was undertaken with pathology sent the following day.
* Daily progress notes continued to record the consumer being confused. Following confirmation of pathology outcomes 4 days after the initial medical review, the consumer was transferred to hospital for medical treatment.
* The assessment team were not satisfied sufficient clinical monitoring was undertaken.
* Management said in response to the incident, training was initiated for staff, however this was not completed for the two clinical staff involved.
* The service demonstrated an understanding of the escalation pathway when a consumer shows signs of deterioration.

The provider disagreed with the assessment team’s recommendations and included a range of supporting evidence and commentary. The following evidence was considered relevant to my finding:

* The providers response included evidence the service identified the deficit in clinical monitoring, and this was discussed during daily operation meetings and the two staff involved were followed up individually with records provided.
* A corrective action was undertaken following the incident and was included in the response. A range of information was included with actions undertaken prior to the site audit and immediately following; including training on catheter care and deterioration, meeting records, staff training records and progress notes excerpts.

Based on the assessment team’s report and provider’s response, I have come to a different view and find the service was able to demonstrate 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. I have noted staff undertook relevant pathology, liaised with the medical officer and undertook regular monitoring. Whilst I recognise the evidence provided demonstrated limited clinical observation being recorded, I have noted for the first two days clinical observations were being undertaken and regular progress note reviews were being completed to monitor the consumer’s health status. In addition, I have noted the service recognised the deficit in reduced clinical observations being recorded and had followed up with the relevant staff. Finally, to support my view I have noted a range of training which was completed immediately following the incident which was prior to the site audit and actions undertaken since. I have also considered evidence in Standard 2 requirement (3)(e) where care and services were being effectively reviewed including following changes in clinical care needs.

Based on the information summarised above, I find requirement (3)(d) compliant.

**In relation to all other requirements**, consumers and representatives said consumers receive personal and clinical care, in line with their preferences, which optimises their health and well-being. Staff demonstrated how care and services are tailored to consumers’ needs and described how they provide safe and effective care. Personal and clinical care is provided using best practice guidelines, specifically in relation to falls management, medication management oxygen therapy, and restrictive practices.

Consumers and representatives expressed satisfaction with how the service manages risk associated with the care of consumers. Staff were knowledgeable of high-risk consumers and described management strategies to support and mitigate identified risks. Care documentation demonstrated appropriate management of pain and chronic wounds.

Consumers and representatives expressed satisfaction with how the service address the needs, goals and preferences for consumers nearing end-of-life. Clinical staff were knowledgeable about how to maximise comfort and preserve dignity during end-of-life care, by monitoring pain and distress, using verbal and non-verbal indicators for pain.

Consumers and representatives confirmed staff are familiar with consumers’ needs, goals and preferences. Staff and external health providers have access to the electronic care system, and confirmed they receive accurate and up-to-date information when providing care. A handover sheet was observed, which identified the specific needs of individual consumers to support effective communication.

Consumers and representatives confirmed referrals are undertaken in a timely manner. Staff described the process for referrals to external specialists, which is in line with the service’s policy. Care documentation demonstrated referrals are appropriate and completed in timely manner and included referrals to speech pathologists, and wound specialists.

Consumers and representatives said staff follow good infection control practices, and confirmed they are satisfied with how the service prevents and manages outbreaks. Consumers and representatives confirmed they are well informed during outbreak periods. Staff confirmed regular and ongoing training in infection control, antimicrobial stewardship (AMS) and hand hygiene.

Based on the information summarised above, I find the provider, in relation to the service, compliant with requirements (3)(a), (3)(b), (3)(c), (3)(e), (3)(f) and (3)(g) in Standard 3 Personal care and clinical care.

# 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 and representatives interviewed confirmed the service supports their independence and encourages them to participate in activities which reflect their interests and lifestyle needs. Staff described the diverse interest of consumers, including strategies to support their individual preferences. Care planning documentation for sampled consumers included goals, lifestyle and activity preferences, important relationships in their life, needs and preferences relating to emotional and social support needs, and consumers interviewed confirmed these care plans to be reflective of their current needs, goals and preferences.

Consumers and representatives confirmed the service supports consumers emotional, spiritual and psychological well-being, through the provision of religious and cultural services and emotional support provided to staff. Documentation demonstrated consumers are engaging in day to day activities which promote their individual needs and preferences

Consumers and representatives confirmed consumers are supported to participate in the community, have personal and social relationships, and do things of importance to them, including being supported to spend time with friends and family in and out of the facility. Lifestyle staff described how they seek information from consumers on admission, at care plan reviews, and at consumer meetings, to identify ways consumers can be supported to maintain relationships and community ties of importance to them. Care documentation and activity attendance records for consumers sampled confirmed consumers are engaged in activities of their interest and are supported to maintain personal relationships.

Consumers needs and preferences are effectively communicated within the service, through a variety of methods, including through the electronic care system, handover, and staff meetings. Consumers and representatives interviewed confirmed they are kept informed about consumer’s services and support needs, and felt staff are aware of their preferences, supports and care needs

Consumers and representatives said the service undertakes appropriate referrals to individuals, organisations or providers to meet their changing services and support needs. Staff provided examples to other providers for care and services. Care documentation demonstrated referrals to individuals, other organisations and providers has been timely and appropriate, such as volunteer services.

Consumers expressed satisfaction with meals provided within the service, and confirmed meals provided are of suitable quality, quantity and temperature. Consumers are asked daily to select their meal choices, with the service offering 2 hot options and a vegetarian option at mealtimes. Lunch time meal services were observed to be a relaxed environment, where consumers were socialising with each other whilst eating their meals. Documentation provided reflected the menu was reviewed by a dietician to ensure suitable quality and quantity.

Equipment used for lifestyle activities, such as games, soft toys, dolls, books and games appeared clean and in good condition. Mobility aids, such as wheelchairs, comforts chairs and four-wheel walkers were readily used and stored appropriately and were observed to be clean and functional. Consumers interviewed confirmed the equipment they use to participate in the lifestyle program or to assist with their mobility and independence is always clean, maintained when needed and they feel safe using it.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all requirements in Standard 4 Services and supports for daily living.

# 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 and representatives interviewed confirmed the service environment is welcoming, home-like and relaxed. Consumers said they were able to decorate, arrange and personalise their rooms with their own furniture, photographs and pictures on the wall. There was adequate lighting, posters and artwork in the corridors and sufficient space for consumers to mobilise. Staff interviewed said the service environment is monitored through scheduled maintenance, cleaning, surveys, and consumer feedback.

Consumers and representatives interviewed and observations confirmed the environment is safe, clean, tidy and well maintained. Consumers were moving freely throughout the service, including both indoor and outdoor areas. Documentation demonstrates preventative and reactionary maintenance and cleaning schedules are in place and actioned.

Furniture, fittings and equipment were observed to be safe, clean and well maintained. Systems are in place for the preventative and reactive maintenance which is managed by maintenance and staff described how to identify and report hazards. Staff described reporting processes to ensure furniture, fittings and equipment were well maintained.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all requirements in Standard 5 Organisation’s service environment.

# Standard 6

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

Findings

Consumers and representatives said they are aware of how to provide feedback, and they feel encouraged and supported to do so. The organisation has complaints and feedback mechanisms, including written compliments, complaints forms, verbal feedback processes, and individual catch up with consumers via care plan reviews. Staff demonstrated knowledge of feedback processes and confirmed assisting consumers to provide feedback when required.

Consumers and representatives were aware of external agencies who could assist them in raising concerns, and this information was displayed clearly in brochures and posters throughout the service. Consumers are made aware during the admission process and on an ongoing basis about accessing advocates, language services and other methods for raising and resolving complaints.

Consumer and representatives interviewed confirmed appropriate action is taken to address feedback and complaints, and felt the service is transparent when things go wrong. Policies and procedures guide staff through complaints management and open disclosure practices, with outcomes, actions and open disclosure recorded in the feedback and continuous improvement log.

Consumers were satisfied feedback, and complaints are reviewed and addressed, and resident advisory meetings are being reviewed and used to improve the quality of care and services. Systems and processes are in place to guide staff in ensuring feedback provided is identified, captured, actioned, and reviewed. Recent improvements following feedback has resulted in improvements relating to the memory support unit courtyard.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all requirements in Standard 6 Feedback and complaints.

# Standard 7

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

Findings

Consumers and representatives expressed satisfaction with staffing levels and said staff are always available to provide safe and quality care and services. Staff interviewed indicated that there were sufficient staffing numbers to effectively complete their roles. Management discussed processes to ensure there are enough staff to deliver care and services.

Consumers and representatives said staff interactions with them are kind, caring and respectful of each person’s identity, culture, and diversity. Staff were interacting with consumers in a positive and caring manner and demonstrated knowledge of what is important to the consumer in their care. Staff said they had been provided with training regarding appropriate consumer interactions, Charter of Aged Care Rights and privacy.

Processes are in place to ensure the workforce is competent through an initial recruitment and induction process followed by mandatory and ongoing role-specific training. Consumers and representatives interviewed expressed confidence the service has a skilled workforce employed to provide care and services. Staff interviewed felt supported by the organisation in their training needs and described how their competency was regularly assessed.

Consumers and representatives interviewed stated staff know consumers’ clinical requirements and personal preferences and said they feel confident in the ability of staff to deliver care and services. Staff described completing relevant training and being supported in their role including being provided training. The organisation provides access to comprehensive training opportunities, delivered either online or face to face, to build on core competencies for staff and ensure an effective orientation process.

Consumers reported they are satisfied with the care they receive, and staff are good at their jobs. Regular assessment and review of staff performance is undertaken on each member of the workforce. Management monitor staff performance through observations, consumer and representative feedback, peer feedback and review of incidents. Staff interviewed confirmed they undertake regular performance reviews where they can identify their strengths and areas for improvement.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all requirements in Standard 7 Human resources.

# Standard 8

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

**Findings**

Consumers and representatives described being involved in the development, delivery and evaluation of care and services. Systems are in place to capture consumer feedback and records demonstrates the organisation involves consumers in consultation processes to develop and evaluate care and services. Management described the range of ways in which they collect feedback from consumers, such as food satisfaction surveys given to consumers weekly, resident satisfaction and lifestyle satisfaction surveys are also completed.

The organisation’s values and strategic directions are promoted and communicated throughout the service. The board meets twice a year and is supported by the chief executive officer and operations manager and various sub-committees. The organisation has policies, procedures and a governance and risk management framework in place which describe the board and key personnel responsibilities, accountabilities and service expectations. The quality care advisory and clinical and quality minutes confirmed a range of clinical and non-clinical information is provided to the board.

Effective organisation wide governance systems support information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The organisation demonstrated an effective risk management framework which outlines the structure and processes to support safety and quality of services when providing care and identifying and managing risks. Consumers are encouraged to take risks, and consumers stated risks are discussed with them and strategies implemented to support them in taking risks which enable them to live the best life they can. Incidents of abuse and neglect are managed and documented through the service’s incident management system.

The organisation has antimicrobial stewardship, restrictive practice, and open disclosure policies and procedures in place to guide staff practice. The use of restrictive practices is monitored, with informed consent sought. Clinical and quality meeting minutes demonstrate the review of monthly and quarterly quality indicator data, including trends in infection identification and management. Antimicrobial stewardship is discussed at the Medical Advisory Committee meetings. Meeting minutes reflect discussions of trends identified in relation to polypharmacy, psychotropic medication, incident, product recalls and antibiotic usage.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all requirements in Standard 8 Organisational governance.

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