Performance

Report

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| Name of service: | Esida |
| Service address: | 79 Foxglove Street MOUNT GRAVATT EAST QLD 4122 |
| Commission ID: | 5958 |
| Approved provider: | Queensland Rehabilitation Services Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 23 January 2023 to 25 January 2023 |
| Performance report date: | 28 February 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 Esida (**the service**) has been prepared by K. Reed, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers were treated with dignity and respect. Staff engaged with consumers in a dignified and respectful manner and understood consumers’ individual choices and preferences. Care planning documentation reflected the history and background of consumers and what was important to them to maintain their identity. The organisation had documents and processes which outlined consumers’ right to respect and dignity and the expectations and responsibilities of staff in relation to their kind, respectful and dignified treatment of consumers.

Consumers and representatives described how staff value the consumers’ culture, values and diversity. This included how consumers’ culture influenced how staff delivered their care on a daily basis. Care planning documentation reflected consumers’ cultural needs and preferences. During entry procedures, staff documented consumers’ individual values and cultural wishes, with further information included over time. The service hosted a number of cultural days with activities and meals based upon the culture celebrated. Cultural days include Australia Day, Chinese New Year and Italy Day.

Consumers were supported to exercise choice and maintain their independence by making decisions about their care and services. Consumers were supported to nominate who they would like involved in their care, communicate their decisions, make connections with others and maintain relationships of choice. Lifestyle staff conducted a range of activities to encourage consumers to develop and maintain relationships of choice. The organisation had documented policies and procedures regarding consumer choice and decision making to guide staff in the importance of consumers maintaining their independence and making informed decisions about their care and services.

Consumers were satisfied and supported by staff to take risks and live the best life they could. Staff described areas in which those consumers wanted to take risks, how the consumer was supported to understand the benefits and possible harm when they made decisions about taking risk, and how consumers were involved in problem-solving solutions to reduce risk where possible. The organisation had documented policies and procedures regarding consumer dignity and risk to guide staff in supporting consumers to take risks to enable them to live their best lives.

Consumers and representatives advised they received up to date information about activities, meals, COVID-19 and other events in the service. Posters and flyers of upcoming activities were located on noticeboards and in rooms. The consumer information book, which was provided to consumers on entry to the service, identified consumers were provided with information related to choices, including meals, activities, involvement of family in their care and services, and care provision.

Consumers were confident their information was kept confidential. Care staff maintained consumers’ privacy when providing care. Consumers were provided with the Charter of Aged Care Rights which was signed by the service and consumer and copies were stored in consumers’ care planning documentation. The service had an up-to-date privacy policy, and details regarding privacy were included in the consumer handbook.

This Standard is Compliant as all six Requirements are Compliant.

# Standard 2

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

Findings

Consumers and representatives considered assessment and care planning processes delivered safe and effective care and services. Documentation reviewed considers potential risks to consumers’ health and wellbeing including falls, diabetes management and skin integrity. Registered staff described the assessment and care planning and review process. The organisation has policies and procedures available to guide staff practice in the assessment and care planning process. The outcomes of assessments were documented in care plans and discussed with the consumer and representative. This information guided staff in the delivery of safe and effective care.

Assessment and planning identified consumers’ goals and preferences in relation to advance care planning and end of life care, including when the consumer was entering a palliative stage of life. Clinical staff discussed end of life preferences with consumer and representatives when the consumer entered the service and if the consumer or representative did not wish to have this conversation, staff will approach again at appropriate intervals.

Consumers and representatives confirmed they were involved in the assessment, planning and review of consumers’ care and services. Care planning documents reflected the consumer and others involved in assessment and planning, including Medical officers, Physiotherapists and Speech Pathologists. Clinical staff partnered with consumers to assess, plan and review care and services, including case conferences involving Medical officers and other allied health professionals if required. Consumer files demonstrated input from other health care professionals and services.

Staff had access to care plans for consumers through the electronic care management system and information shared at handover. Consumer files demonstrated the outcomes of assessment and planning was documented. Care planning documents were readily available to staff delivering consumer care and services. Consumers provided feedback of their awareness of their care plan availability. Consumers and representatives were involved in the assessment and review process through case conferences and four-monthly care plan reviews.

Care planning documentation demonstrated assessments and consents were reviewed in a timely manner. Staff interviewed were aware of incident reporting processes and how these incidents may trigger a reassessment or review. The service monitored clinical indicators, including pressure injuries, medication incidents, restrictive practices and falls. Shift handover, alerts on the service’s electronic care system and wound charts were used to communicate identified changes in consumers’ health status.

This Standard is Compliant, as all five Requirements are Compliant.

# Standard 3

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

Findings

Consumers and representatives provided positive feedback about the care provided at the service. Care documentation and medication records demonstrated effective care delivery including in relation to management of wounds, pain, falls, challenging behaviours, diabetes and medication administration. Staff demonstrated a shared understanding of consumers’ care needs and the processes in place to support care delivery.

The service had a psychotropic register which reflected ten consumers at the service were prescribed psychotropic medication considered to be chemical restrictive practice. Care documentation identified current assessments for the use of the restrictive practice were documented and reflected consultation with the consumer’s representative, the Nurse practitioner and Medical officer. All consumers prescribed psychotropic medication had a documented Behaviour support plan. Consumers prescribed psychotropic medication had their medication reviewed every three months by the Medical officer. The service had a range of clinical policies and procedures to guide staff practice in relation to personal and clinical care including wound management, skin integrity and restrictive practices.

The service had effective processes to manage high impact or high prevalence risks associated with the care of each consumer which included falls, and complex needs management. Documentation demonstrated the service was effectively managing high impact and high prevalence risks. Documents including incident reports, training records and clinical indicator data, identified effective monitoring and clinical oversight of care delivery for consumers. The service’s Physiotherapist completed falls risk assessments for consumers identified at risk of falling and documented mobility aids required and non-pharmacological strategies for the management of pain.

Registered and care staff described how they supported consumers nearing end of life and gave examples of interventions such as mouth and eye care, repositioning and pain management to be delivered to maximise comfort and dignity for consumers. Care planning documents identified the service produced palliative care plans for consumers which reflected their needs, goals and preferences when they approached end of life. Consumer representatives provided positive feedback in relation to the palliative care provided for consumers. The service had access to palliative care services, Nurse practitioners and pastoral care visitors to support consumers during end of life care.

The service demonstrated how deterioration or change in the consumers’ condition was recognised and responded to in a timely manner through a range of systems and processes such as handover, progress notes, flow charts at nurse’s stations, scheduled reviews, incident reports, clinical chartings and feedback about consumers’ condition. Staff were guided by organisational polices for assessment, reassessment, and escalation of changes in consumers’ condition. The service had Registered staff on site 24 hours a day and senior clinical staff could be contacted for advice and support. Staff had access to visiting Medical officers and Nurse practitioners who visited the service regularly for consultation as required. Registered and clinical staff reviewed progress notes daily to identify and changes or deterioration in consumers’ condition to ensure appropriate follow-up occurred.

Consumers and representatives confirmed consumers’ care needs and preferences were effectively communicated between staff and consumers received the care they required. Care documentation contained adequate information to support effective and safe sharing of consumers’ information in providing care. Consumers’ files demonstrated staff notified the consumer’s Medical officer and their representatives when the consumer experienced a change in condition, experienced a clinical incident, is transferred to or returned from hospital, or is ordered a change in medication. Staff received up to date information about consumers at handover and message alerts on the services electronic clinical system.

Care documentation demonstrated input from other health services including dementia care specialists. Referrals were made by registered staff to speech pathology, podiatry, dietitian, wound and dementia specialist services. Clinical staff reviewed progress notes and incident reports daily to identify consumers to be reviewed and if referrals to other health professionals or services were required.

The service had documented policies, procedures and an outbreak management plan to guide staff in relation to antimicrobial stewardship, infection control and management of COVID-19 outbreak. The service had a COVID-19 vaccination program for staff and consumers, and trained Infection Prevention Control leads.

Staff described practices to prevent and control infections such as hand hygiene, use of personal protective equipment, encouraging fluids and obtaining pathology results prior to commencing antibiotics.

This Standard is Compliant as all seven Requirements are Compliant.

# Standard 4

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

Findings

Consumers and representatives confirmed the service’s lifestyle program was supporting consumers’ lifestyle needs and staff assisted consumers to be as independent as possible. Staff demonstrated knowledge of consumers’ needs, goals and preferences and the support they required to participate in activities or pursue individual interests. Care planning documentation reflected strategies to deliver services and supports for daily living that reflected the diverse needs and characteristics of consumers.

Consumers and representatives were satisfied with the ways the service assisted consumers to access spiritual support, interact with their families and friends and provide access to internal and external activities which supported consumers’ emotional well-being. Staff demonstrated awareness of individual consumers’ needs and preferences for spiritual and emotional support and explained the ways in which they supported consumers to access support.

Lifestyle staff supported consumers’ spiritual wellbeing. Anglican and Catholic Church services were conducted in the service once per month, online church services were streamed live each Sunday morning in the common room and a Catholic Nun attended weekly to meet with consumers individually and provide Holy Communion.

Consumers were supported to take part in community activities outside of the service including to go shopping and to meet friends. Staff described those consumers who had developed friendships and relationships of importance. Care planning documentation identified the people important to individual consumers, those people involved in providing care and of interest to the consumer.

Consumers and representatives were satisfied with the way information about consumers was communicated. Staff described how information was shared and how they were provided with updates about changes in relation to consumers’ daily living supports. Changes to consumers’ preferences or needs were shared through handover, via care documentation, communication books and dietary folders. Catering staff were kept up to date with any changes in consumers’ dietary needs or preferences.

The service demonstrated timely and appropriate referrals to other individuals, organisation or providers and the service collaborated with other providers to meet the diverse needs of consumers. Entertainers were often brought into the service to hold concerts and musical events. Lifestyle staff engaged a Greek speaking volunteer from the Community Visitor Scheme to meet with the service’s Greek speaking consumers on a fortnightly basis.

Consumers and representatives provided feedback meals were satisfying, varied and of suitable quality and quantity. Alternative meal options were offered to consumers if they did not prefer any of the meals offered on the menu. Staff knew consumers’ nutrition and hydration requirements and preferences which were available through the electronic care system. Catering staff spoke to consumers and representatives about the meal service and had regular food focus meetings and raised menu changes and choices at the consumer meetings to ensure they received regular feedback about consumer meal satisfaction. Meal options were displayed in the dining areas of the service and offered a variety of choices for breakfast, lunch and dinner, including hot breakfasts each day of the week.

Consumers stated the equipment was safe and they knew how to report any concerns or issues. The service had processes for purchasing, servicing and replacing equipment. Equipment used to support consumers to engage in lifestyle activities was observed to be suitable, clean and well-maintained.

This Standard is Compliant, as all seven Requirements are Compliant.

# Standard 5

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

Findings

The service was easy to navigate with open corridors, natural light, activity room and dining areas were located downstairs, with a smaller quiet lounge area upstairs where consumers could meet with friends. Consumers could freely access outdoor areas. Consumers personalised and decorated their rooms that reflected individual tastes and styles. Consumers were observed to be participating in and observing activities in the activity room and other common areas throughout the service.

The service was clean and well maintained, and cleaners were observed cleaning consumers’ rooms and common areas throughout the service. Outdoor areas allowed consumers to move easily with walking aids and have seating and shade. The service’s external and internal environments were observed to be safe, comfortable and well maintained. Consumers were observed moving freely around the service, participating in individual and shared activities, or sitting quietly in the well-maintained gardens or socialising.

Furniture, fittings and equipment were observed to be well maintained, clean and safe. Cleaning and maintenance were scheduled and monitored daily by staff. Maintenance and cleaning logs supported maintenance and cleaning jobs were completed in a timely manner. Processes were in place for preventative maintenance monitoring.

This Standard is Compliant, as all three Requirements are Compliant.

# Standard 6

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

Findings

Consumers and representatives felt safe and supported to provide feedback and make complaints and described the various methods available for them. Staff supported and encouraged consumers and representatives to provide feedback and make complaints through the various consumer meetings or verbal feedback. The service’s feedback and complaints forms were located throughout the service and complaints information was included on a rotating electronic display located at reception.

Consumers were provided with information to access services that assist with advocacy and language services. Posters promoting advocacy networks such as the Older Person Advocacy Network and the Aged Care Quality and Safety Commission were located throughout the service. Staff had a shared understanding of both Older Person Advocacy Network and the Commission as external advocacy services for consumers.

Management and staff demonstrated a shared understanding of the service’s process that was followed when feedback or a complaint was received including documenting the complaint or feedback into the electronic care system. Consumers were confident appropriate action was taken following the lodgement of a complaint. The service had a suite of documented policies which guided staff in documenting, investigating, resolving, evaluating feedback and complaints made by consumers or representatives, including applying an open disclosure process where appropriate.

Feedback and complaints were reviewed and used to improve the quality of care and services, as the service document all concerns raised by consumers in the service’s electronic care system. Management confirmed all feedback was considered from a positive perspective and demonstrated how feedback and complaints were entered into the electronic care system to record progress and outcomes. Feedback and complaints were trended and reported at Management, Clinical Governance and Board meetings.

This Standard is Compliant, as all four Requirements are Compliant.

# Standard 7

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

Findings

Consumers and representatives provided positive feedback in relation to the sufficiency and responsiveness of staff and were satisfied consumers received safe and quality care and services. Staff said there were enough staff to provide care and services in accordance with consumers’ needs and preferences and enough time to complete these tasks. Staff were encouraged to extend shifts to cover unplanned leave. The service recruited roving registered nurses to cover unplanned leave across all the organisation’s facilities.

Staff were observed interacting with consumers respectfully and in a kind and caring manner demonstrating a purposeful interaction with each consumer. Consumers provided feedback that staff interactions were positive, respectful and kind. Management used consumer and representative feedback through complaints, meetings and surveys to monitor staff behaviour and to ensure interactions between staff and consumers met the organisation’s objectives. Care plans, meeting minutes and complaint logs identified staff used respectful language when describing the diversity of consumers’ care and service needs.

Staff had the qualifications and knowledge to effectively perform their roles. Management described how they determined whether staff were competent and capable in their role, including observations by management and registered staff, reviews of clinical indicators and care delivery and feedback from consumers and representatives.

Consumer and representatives felt confident in the ability of staff that delivered consumer care in line with the Quality Standards. Staff described the education and training they received at induction and electronic learning sessions through the service’s Learning management system to enable them to carry out their role. Management advised all staff completed mandatory training at induction and managers liaised with the organisation’s Senior leadership team to discuss new training requirements to be delivered online as required. A Training facilitator was based at the service to monitor mandatory training requirements and deliver face-to-face training where required.

The service had an established performance review process to regularly assess and monitor the performance of individual staff. Staff confirmed they had participated in a performance appraisal in 2022. Management advised they undertook annual performance appraisals with each staff member and discussed any training requirements during the assessment. Management confirmed they also completed spot checks on care in practice with all staff, including senior staff, to ensure best practice care was delivered.

This Standard is Compliant, as all five Requirements are Compliant.

# Standard 8

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

Findings

Consumers were engaged in the development, delivery and evaluation of care and services through meetings, surveys, case conferencing and conversations. Regular consumer experience, catering and lifestyle surveys were conducted to evaluate the consumer care experience. Management undertook a regular walk through the service to seek and provide face-to-face feedback to build rapport with consumers and representatives.

The governing body promoted and was accountable for a culture based on a set of values that governed everything the service performed in line with their vision, mission and values to support consumer care needs. The organisation had a suite of centralised policies and procedures that documented organisational processes, including communication to the governing body, such as risk management, and information management and security. Consumers felt safe within the service and felt the service was providing quality care to consumers.

The systems and processes of organisational wide governance relating to workforce and financial governance, information management, continuous improvement, regulatory compliance and feedback and complaints were effectively managed.

The systems in place to identify, manage and monitor high impact, high prevalence risks associated with the care of consumers including falls, challenging behaviours, skin integrity and pressure injuries, medication errors and restrictive practice were effectively managed. The service’s incident documentation identified incidents had been reported in a timely manner and in accordance with reporting requirements. The service had policies and procedures in relation to incident reporting which captured types of incidents to report under Serious incident response scheme and reporting timeframes.

The Clinical governance framework ensured the provision of safe and quality care to consumers, including reporting process, monitoring systems, analysing clinical indicators, and training provided to staff. Restrictive practice assessment and authorisation forms demonstrated the use of policies in line with the minimising of restrictive practices, guides for use, authorisation and application of restrictive practices. Open disclosure was a requirement in incident reporting process and feedback and complaints. Registered staff demonstrated a shared understanding of antimicrobial stewardship and explained their conversations with Medical officers in this regard to reduce the risk of unnecessary antibiotic usage.

This Standard is Compliant, as all five Requirements are Compliant.

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