Performance

Report

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| Name of service: | Estia Health Hervey Bay |
| Service address: | 6-8 Medical Place URRAWEEN QLD 4655 |
| Commission ID: | 5892 |
| Approved provider: | Estia Investments Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 28 March 2023 to 30 March 2023 |
| Performance report date: | 19 May 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 Estia Health Hervey Bay (**the service**) has been prepared by G.Hope-Simpson, 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
* the provider’s response to the assessment team’s report received 1 May 2023 and 2 May 2023.
* 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 said the service treated them respectfully and with dignity, irrespective of their various requirements, traits, and backgrounds. Organisational documentation including policies and procedures, described the organisational approach towards treating consumers as individuals, protecting their dignity, and respecting their rights and preferences. Staff were observed treating consumers respectfully including taking the time to listen to consumers during mealtimes and assisting them in ways which maintained their dignity and independence.

Consumers described actions taken by staff to provide safe care, respects their needs and preferences such as making their visitors feel welcome and comfortable to spend time with consumers at the service. Care planning and lifestyle documentation reflected consumers’ cultural and spiritual preferences such as participating in yarning circle activities or attending church services. Newsletters and lifestyle calendars providing information about cultural and spiritual events were observed displayed in the service.

Consumers said they feel supported to make decisions regarding their care, including who should be involved and how care should be provided, staff respect their independence, including being able to maintain relationships of their choice. Staff described how they help consumers to maintain contact with their family and friends such as assisting them to make phone or video calls. The service has policies and procedures outlining freedom of choice and how consumers can exercise choice over their care, including who is involved and the services provided.

Consumers said staff understand what is important to them and support them in taking risks to do what they enjoy. Staff described using problem solving skills to provide consumers with a well-rounded understanding of risks involved in activities. Care planning documentation reflected dignity of risk forms were in place recording consumer preferences, evaluating possible risks involved and mitigation measures.

Consumers said they are satisfied with information provided by the service and are kept updated about meals, activities and care services by staff, the weekly calendar is handed to them and displayed on notice boards. Staff said they regularly visit consumers to inform them about activities taking place daily at the service. Various flyers, menus and activity schedules were displayed throughout the service on notice boards.

Consumers said the service respected their privacy and confidentiality. Staff described steps taken to maintain consumer privacy when providing care, such as closing doors. Management described steps taken to protect consumer information, including password protection on computers and locking doors containing consumers’ personal information. Colour coded cards displayed on consumer’s food trays inform staff about consumers’ meal requirements without letting others know.

# 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 regular assessments are completed to identify and formulate care plans in response to identified needs and possible risks. Care planning documentation reflected validated assessment tools are used to identify individual risks such as falls, pressure injury risk, depression, and malnutrition, with appropriate mitigation strategies listed in response. Staff demonstrated an understanding of assessment and care planning processes on admission and ongoing, and the electronic care management system demonstrated risk assessments are completed to populate care plans.

Consumers and representatives stated the service addresses and supports the needs and preferences of consumers, including discussing and documenting palliative and end-of-life preferences, where they agree to do so. Staff discussed how assessment processes inform care plans based on each consumer’s needs and preferences, including for palliative and end-of-life care. Assessment and care planning documentation was individualised to consumer needs, reflecting their preferences for care, including advance care planning.

Consumers and representatives confirmed they provide input into the assessment and care planning process. Staff reported regularly liaising with consumers, multidisciplinary team members and family members to ensure a partnership through assessment and care plan completion. Care planning documentation reflected the inclusion of multiple disciplines and services into consumer assessments.

Consumers and representatives said information provided by the service regarding outcomes of assessments and care delivery is accurate and provided in a timely manner. Staff confirmed they have easy access to consumer care planning documents through their availability in consumers’ rooms and on daily handover sheets. Staff identified handovers as frequently used options for communicating outcomes of assessments and reviews. Care planning documentation contained frequent entries reflecting communication with consumers and representatives. Consumers had copies of care planning documentation.

Consumers and representatives said staff regularly review consumers’ health, wellbeing and needs, and update them with any relevant outcomes. Representatives confirmed the service communicates with them following any change in circumstances or incident, including an update of any changes to the consumer’s care plan because of the change or incident. Staff said care and services are reviewed in response to a change in consumer circumstances, preferences or incidents.

# 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 said consumers receive personal and clinical care that is safe and effective, tailored to their needs and optimises their health and well-being and were confident in the service’s ability to meet their personal and clinical care needs. Staff said they access senior staff to receive support and guidance in relation to best practice care and processes, or if care needs have changed and confirmed guidance material is available to inform their practice. Care planning documentation evidenced consumers are receiving individualised care that is safe, effective and tailored to their specific needs and preferences.

Consumers and representatives said the service manages high impact or high prevalence risks effectively, ensuring risks are identified with mitigation strategies put in place. Staff were confident in managing consumer’s high impact or high prevalence risks. Care planning documentation demonstrated consistent assessments and planning to address individual consumer’s high impact and high prevalence risks.

Consumers and representatives confirmed the service has discussed and recognised their preferences in relation to end-of-life care. Staff described general principles of palliative care; staff are supported by the medical officer and the community palliative care team to ensure consumer needs are identified early and palliative care is planned to align to identified needs. The service is guided by policies and procedures relating to end-of-life pathways.

Consumers and representatives were confident the service would respond in a timely manner to effectively address any deterioration in their health status. The service demonstrated clear processes for escalation of any change or deterioration in a consumer’s health or wellbeing including through handover, progress notes and scheduled reviews, incident reports, clinical charting, and feedback about consumer’s condition. Management described how they review all progress notes to ensure changes have been reported and responded to in a timely manner.

Consumers and representatives said staff are aware of consumer needs and preferences. Staff consistently described several avenues and processes utilised to ensure information relating to consumer care needs and preferences is communicated, including shift handover, weekly buzz meetings and daily head of department meetings. Staff were observed accessing the service’s electronic care management system to ensure they updated and reviewed information relating to consumer’s condition needs and preferences.

Consumers and representatives stated the service has facilitated appropriate referrals when required by consumers. Care planning documentation reflected referrals to a range of services and providers with an onsite physiotherapist providing services 5 days a week and able to respond to consumer needs as they arise. Staff reported referrals are generated by the clinical care managers to ensure referrals are lodged through appropriate avenues and can be fast tracked if needed.

Consumers and representatives said they observe staff consistently wearing their personal protective equipment, including masks and gloves when applicable. Staff demonstrated a knowledge of infection control practices relevant to their duties. Policy documentation confirmed principles of antimicrobial stewardship are implemented at the service, including confirming suspected infections through pathology tests prior to commencing antibiotics.

# Standard 4

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

Findings

Consumers said they were happy with the supports and services provided to them for their daily living. Staff demonstrated an understanding of what is important to consumers and had knowledge of their preferred activities. Care planning documentation highlighted what is important to consumers and what they enjoy doing and their preferences for hobbies, television, and reading.

Consumers said their emotional, spiritual and psychological needs, goals and preferences are supported and care planning documentation detailed consumers’ emotional, spiritual and psychological requirements. Staff described how they engage with consumers appropriately and how various religious organisations provide pastoral services to consumers, which includes emotional, spiritual and psychological support. Staff were observed sitting with consumers, conversing with them and listening attentively.

Consumers said they are encouraged to undertake activities they are interested in and maintain relationships important to them. Staff said they support consumers to stay in touch with family and friends by phone and videocall. Care planning documentation included information about how consumers can participate in the community and stay connected to those who are important to them.

Consumers said staff keep them updated with information regarding their care services and supports. Staff said they are updated on any changes in consumer care through handover processes and updated progress notes on the electronic care management system. Care planning documentation provided appropriate information to deliver individualised care and services to meet consumers’ needs and preferences.

Consumers said they are referred to other organisations of their choosing. Staff described how they work with consumers to provide a tailored referral approach which meets their individual needs and preferences. Care planning documentation demonstrated the service communicates with individuals and referral organisations to provide consumers with care and services including for counselling services, disability support and attendance at various church services or community group activities.

Consumers were satisfied with the quality, quantity and variety of food provided. Each consumer was provided with a place card noting their preferences and dietary requirements. Staff knew about consumers’ dietary preferences and requirements and said they visited consumers’ rooms the day prior to ask their food choices. Care planning documentation recorded consumers’ dietary requirements, allergies, and preferences. Daily menus were provided to consumers in their rooms and displayed in the dining rooms.

Consumers said they felt safe using the service’s equipment, it could easily be accessed and was suitable for their requirements. Consumers felt comfortable raising issues with staff if equipment needed repair, knew the process for reporting issues and said equipment was repaired or replaced quickly. Maintenance staff described how maintenance requests are recorded at the front office and are signed off once they have been actioned. Preventative maintenance documentation recorded actioned and scheduled maintenance for equipment. Equipment used for daily living was observed to be safe, suitable for consumer requirements, clean and well maintained.

# 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 environment is welcoming, with the front entrance providing ample amounts of natural light and offering plenty of sitting areas, colourful furniture and wallpaper decorate communal areas and consumer rooms, creating a positive atmosphere. The service has several communal spaces, including a library, movie theatre, a dining room on each floor, a men’s shed and various lounge areas. Signage is posted throughout the service to guide consumers.

Consumers said the service environment was safe, clean, well maintained and comfortable and they can move freely indoors and outdoors of the service. The maintenance team described their safety procedures for managing any issues. Cleaning staff explained their process for ensuring the service environment remained clean which aligned with procedural documentation. Consumers confirmed they had been provided with the code to access outdoor areas where a keypad was in place.

Consumers said furniture, fittings and equipment were safe, clean and well maintained. Staff described the process for cleaning shared equipment between uses. Maintenance staff described the steps taken to ensure issues with furniture, fittings or equipment are resolved in a timely manner. Detailed maintenance logs and schedules evidenced action being taken to ensure furniture, fittings and equipment remain safe and well maintained. The service’s furniture, fittings and equipment were observed to be safe and well maintained for consumers.

# 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 felt supported to provide feedback and make complaints. Staff explained the avenues available for consumers and representatives to provide feedback including feedback forms, direct verbal communication, family conferencing, consumer and staff meetings, and how they support consumers to raise any issues. Feedback forms and a collection box were observed at reception and management said they provide each consumer with a feedback form monthly to encourage consumers to provide feedback.

Consumers identified an alternative avenue or support person they could access for making a complaint, whether it be a family member or formal advocacy service. Information provided to consumers such as the consumer handbook included advocacy information and flyers on how to access advocacy support were on display at reception.

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

Consumers and representatives said the service would implement changes if they suggested them such as, improved food based on consumer feedback. Management advised, and documentation demonstrated, changes and improvements made at the service are communicated to consumers, representatives and staff, through the monthly consumer meetings. The service’s continuous improvement plan demonstrated the service records feedback and suggestions, documenting where feedback originated, priority rating, actions taken, progress and outcomes of actions.

# 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

The Assessment Team recommended the following Requirement was not met.

* Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

The Site Audit report brought forward deficits in relation to the regular assessment, monitoring and review of staff performance or concerns. The service had policies and procedures to support the management of staff performance and consumers confirmed, they provided feedback to staff and management regarding staff performance or concerns which the service responds to accordingly. However, staff reported they had an initial appraisal but had not been monitored further through performance appraisals, and staff documentation showed that several routine appraisals had not been completed within the previous 24 months, as per organisational policy.

In response to concerns raised, management said staff performance is monitored through a range of avenues, including observation, consumer and staff feedback, daily review of progress notes, audits, annual competencies, incident reports and clinical indicator reports and acknowledged some difficulties in completing some appraisals as the service was transitioning to a new provider effective 1 December 2022, and scheduled for completion June 2023.

The Approved Provider provided additional information by way of written responses on 1 May 2023 and 2 May 2023 including an explanation and documentation to support compliance with this Requirement. Due to minor data inaccuracies, outstanding appraisal data at the time of the Site Audit did not accurately reflect newly recruited staff who had completed initial appraisals and were not yet due for review; these staff members would not report having further appraisals being new employees. The Approved Provider acknowledged some delays in completing all staff appraisals were experienced due to the transition outlined above, I consider this a reasonable explanation for delays in staff appraisals to occur and I agree with the Approved Providers’ view that the service was aware of outstanding appraisals, had a plan in place to address delays and that no impact to care or services had occurred. In addition, I have considered other evidence of compliance contained in the Site Audit report including that consumers and representatives provided overwhelmingly positive feedback regarding how staff performance is managed and reviewed and how the service responds if concerns regarding staff performance are raised by consumers or representatives. I am satisfied that the service has demonstrated compliance with this Requirement and was regularly assessing, monitoring and reviewing staff performance through a range of mechanisms as outlined above and a plan was in place to address gaps in appraisal reviews.

I have considered the evidence brought forward by both the Assessment Team and the Approved Provider, and I am satisfied the Approved Provider has demonstrated it was undertaking the regular assessment, monitoring and review of the performance of each member of the workforce.

I, therefore, find Requirement 7(3)(e) is compliant.

I am satisfied that the remaining four Requirements of Quality Standard 7 are compliant.

Consumers and representatives said staffing shortages had improved in recent weeks since the new ownership commenced. Management said there had been shortages of permanent staff however they have implemented various strategies to address this including ongoing recruitment activities. The call bell audit report demonstrated calls are responded to within target times and staff were observed attending to call bells in a timely manner, consumers appeared well groomed, and staff appeared calm when assisting with meals.

Consumers and representatives said staff engage with consumers in a respectful, kind, caring manner, and are gentle when providing care. Staff demonstrated an understanding of consumers, including their needs and preferences. Management explained the service expects all staff to be kind, caring and respectful. Staff were observed engaging with consumers and their family members in a respectful and personable manner.

Consumers reported staff were skilled in their roles and competent to meet their care needs. Staff said the service ensures they are competent in their role, by assessing their qualifications. Management said staff first complete buddy shifts to ensure they are competent before commencing independent duties. Job descriptions demonstrated the service provides staff guidance and direction relating to responsibilities and duties within each role.

Consumers were confident with staff abilities, and said they are well trained to assist consumers daily. Staff described how they access regular training through meetings, one-on-one or online platforms. Policies and procedures guide recruitment, orientation, and training processes.

# 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 said the service was well run, and confirmed they are invited to participate in consumer meetings and surveys to identify whether there are things that could be improved. Staff talked to the processes of engaging with consumers regarding their care and services including consumer/representative meetings. Continuous improvement planning documentation demonstrated consumer engagement with activities to improve care and services.

The service demonstrated the governing body has implemented processes to ensure the service is accountable for the delivery of care, and promotes a culture of safe, inclusive and quality care and services. Consumers and representatives said the service has provided regular updates in relation to outcomes of care and COVID-19. Organisational documentation including meeting minutes and reports relating to clinical and quality indicators, evidenced how the Board is accountable for delivery of safe, inclusive care and services.

The service demonstrated the organisation has robust, organisation wide governance systems in place. The service has processes and systems in place to ensure effective information management. Management advised a continuous improvement plan is in place which is updated regularly, and they are responsible for managing an operational budget for the service. The service demonstrated it was meeting regulatory obligations such as reporting all SIRS reports within legislated timeframes. The feedback management policy informs staff of the expected response and management of feedback and complaints.

Consumers and representatives said consumers are supported to live the best life they can, the service responds effectively to consumer incidents, and they are kept informed of outcomes. Staff described how they use policies, procedures and practices to minimise risk to consumers including falls, infection prevention and reporting of serious incidents. High impact and high prevalence risks are reported, trended, analysed and benchmarked through monthly reporting, including medication incidents, infections, wounds and skin management, weight loss management, restrictive practices and consumer incidents.

The service demonstrated an organisational framework in place, restrictive practices policy and open disclosure policy to support staff in the delivery of clinical care. Staff described strategies to minimise infection risks including hand hygiene, appropriate donning and doffing of personal protective equipment and quick identification of infection related symptoms. Care planning documentation, progress notes, and incident reports demonstrated implementation and compliance with the organisational policy in relation to antimicrobial stewardship, restrictive practices and open disclosure.

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)