Performance

Report

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| Name of service: | Eureka Village Hostel |
| Service address: | 16-40 Balmoral Drive BALLARAT EAST VIC 3350 |
| Commission ID: | 3369 |
| Approved provider: | Grampians Health |
| Activity type: | Site Audit |
| Activity date: | 4 April 2023 to 6 April 2023 |
| Performance report date: | 03 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 Eureka Village Hostel (**the service**) has been prepared by E Blance, 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

I find this Standard compliant.

Consumers say they are treated with dignity and respect. The staff know, respect and value their identity and cultural background and encourage their diversity. Staff described how they respect consumers. The handover and care documentation contains information on preferences, identity, culture and what is important to consumers. Staff were observed engaging with consumers in a dignified, calm, and gentle manner.

Consumers and representatives say the service recognises and respects their backgrounds and provides care that is consistent with their cultural traditions and preferences. Staff identified consumers from culturally diverse backgrounds and were able to describe how they tailor care that meets the specific cultural needs and preferences of consumers. Consumers had preferences for either male or female staff attend to their needs. Consumers with religious beliefs are supported to express their identity.

Consumers say they are supported to choose who they wish to involve in their care, how they would like their care and services delivered, and to make connections with others. Care planning documentation guides personal cares. Staff say they ask consumers about their preferences and respect their choices. Families and friends were observed visiting consumers.

Staff are aware of the consumers who take risks and that they support their right to make choices that enhance their independence and well-being. Care planning documentation demonstrates risks are adequately identified using risk assessments and appropriate measures are taken to ensure consumers are provided with the knowledge and information to make informed decisions. Consumers say they are involved in making decisions about risk.

Information about care and services is provided in a timely manner that is clear, easy to understand and enables consumers to exercise choice. Representatives say they are kept informed by regular emails and phone calls in relation to care and services and when changes occur. Consumers say they are provided with timely and accurate information either verbally or by receiving a paper-based notification.

Consumers say their privacy is respected and personal information is kept confidential. Staff say consumer information is secured and a handover is conducted in a private area.

I have considered information as assessed within the site audit report in coming to a decision of compliance.

# 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

I find this Standard compliant.

Assessment and care planning included consideration of risks to the consumer’s health and well-being and informed staff on how to deliver safe and effective care and services. Consumers and representatives say they are satisfied with the care consumers receive, and risks are identified and managed to promote their independence and safe care. Care plans identified key high impact and high prevalence risks. The service has a comprehensive admission assessment process using validated assessment tools that includes participation of consumers and representatives in the development of care plans to support the delivery of safe and effective care.

Consumers and representatives say consumers have been provided the opportunity to discuss their current care needs, goals and preferences, including advance care planning and end of life care. Assessments including, but not limited to, sleep, personal hygiene and communication contained individualised preferences and goals of care. Care plans reflected end of life care wishes and advance care directives. Staff were able to describe what is important to consumers in terms of how their care is delivered.

Consumers and representatives say consumers are satisfied with the quality of care and services they receive, and that assessments and planning are based on partnership with them and include others they choose to involve in their care. Staff could describe the process of referring consumers to relevant allied health professionals. Care plans identified that consumers and their representatives are consulted and also include input from other multidisciplinary team members, such as medical practitioners and allied health providers.

Consumers and representatives say the outcomes of assessments and planning are communicated to them and most could remember receiving a current copy of their care plan or know where to access one if they chose to. The service utilises an electronic documentation system for the assessment and planning of consumers care and services and generates copies of consumer care plans in either a summary or detailed format. These are readily available for consumers or representatives who request them or accept these when offered.

The service has processes in place for the regular review of care and services for effectiveness, when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. Staff detailed the processes in relation to frequency of review of care plans and where the care plan had been reviewed following an incident or change in care needs. Care plans evidenced where care and services had been reviewed when consumer needs, goals and preferences had changed.

I have considered information as assessed within the site audit report in coming to a decision of compliance.

# 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

I find this Standard compliant.

Consumers and representatives say they are satisfied the care delivered is tailored to consumers’ needs. Staff demonstrated and understand the individualised personal and clinical needs of consumers. Care plans reflect individualised care that is safe, effective, and tailored to the specific needs and preferences of the consumer. The approved provider has policies and procedures in place to support the delivery of care provided, such as wound management, restraint practices, falls prevention, skin integrity, and pressure injury prevention. Consumers subject to restrictive practices have a behaviour support plan in place, a completed risk assessment and consent. The approved provider has policies and procedures to guide staff practice in relation to restrictive practices. Wound management plans guide staff in caring for wounds. Wounds are consistently attended to, reviewed, photographed, and documented as scheduled. Consumers had a pain assessment and relevant pain charting completed for the assessment of pain. Care plans for consumers who experienced pain included best practice interventions to manage pain effectively. Pain management strategies included both non-pharmacological and pharmacological interventions and an evaluation of effect.

The service was able to demonstrate that risks for each consumer including, but not limited to, falls, weight loss and skin integrity, are effectively managed. Consumers and representatives were satisfied that high impact or high prevalence risks are effectively managed. Care plans identified effective strategies to manage key risks. The service’s physiotherapist and medical practitioner are involved in falls management. Consumers’ care plans include risk assessments, and relevant prevention strategies for risks associated with falls, weight and skin integrity.

Care plans for consumers nearing end of life, evidenced the needs, goals and preferences of consumers. Staff explained processes in relation to the assessment of consumers nearing end of life and detailed procedural requirements for those requiring this assessment. Representative’s say they are satisfied with the end of life cares consumers’ receive saying consumers’ appear to be very comfortable and at peace. The involvement of external medical and palliative care services ensure consumers’ comfort is maximised.

Representatives say they were satisfied the service identify and respond to deterioration in a timely manner. Care documentation identified the service is able to respond to deterioration or change of consumers health condition, function or capacity. There is consistent processes undertaken where changes are identified through routine observation for each consumer, such as referring to the registered nurse, medical practitioner or commencing other management processes in line with the approved provider’s policies and procedures.

Most consumers and representatives are satisfied with the communication of changes to consumers’ condition. Consumers say the staff know them well. Staff described how changes in consumers care and services are communicated through verbal handover, meetings and care plans. Care documentation such as progress notes and care plans identify adequate and accurate information to support effective and safe sharing of the consumer’s care.

Consumers and representatives felt satisfied with the timely and appropriate referrals to individuals, other organisations and providers of other care and services. Staff and care plans detailed specialist referrals conducted for consumer behaviour management review, weight and nutrition support, complex care support and assessment and authorisation of restrictive practices.

Consumers and representatives say they are satisfied with the service’s management of COVID-19 precautions and infection control practices. Staff say they had received training on infection-minimising strategies including hand hygiene, the use of appropriate personal protective equipment and outbreak management processes. Staff interviewed demonstrated an understanding of how to minimise the need for antibiotics and ensure they are used appropriately. The service uses an infection prevention and control (IPC) lead to guide staff practice. Data is used to inform improvements for consumers in relation to infection prevention. Policies and procedures for antimicrobial stewardship, infection control guidelines and handwashing guide staff practice.

I have considered information as assessed within the site audit report in coming to a decision of compliance.

# 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

I find this Standard compliant.

Consumers were satisfied that services and supports for daily living meet their needs, goals, and preferences and maintain their independence, well-being, and quality of life. Staff demonstrated knowledge of consumers’ needs and preferred activities. Assessments and care plans captured the consumers’ life story and identified consumers’ choices.

Care plans outline consumers’ emotional and spiritual needs, with strategies in place to support and promote these needs. Staff individually support consumers who may require extra time in accordance with their emotional and psychological needs. This might mean having a chat, providing a hug or holding their hand, making them a cup of tea or going for a walk or just doing an activity they know they normally enjoy.

Care plans identify activities of interest for the consumers, and how they are supported to participate in these activities and in the wider community. Consumers say they enjoy spending time with their friends, as well as doing things of interest to them including placing a bet, enjoying eating out at restaurants, seeing entertainers at venues external to the service and visiting the art gallery. Staff are made aware of any changes to consumers’ needs through handover processes, information available in the care management system, communications book, and dietary folders. Activity planners and flyers reminded consumers of the activities of the day. Birthday celebrations are held for consumers and for their visitors or family to attend.

Consumers say staff are aware of their conditions, needs, and preferences. Staff say they are guided by care plans, and clinical handovers to provide safe and personalised care including for any changes to condition. Catering staff receive information via the food services assistant and email message, which includes all choices and dietary requirements of each consumer for the day.

Care plans evidenced the service collaborates with other individuals, organisations, or providers to support the diverse needs of consumers. Consumers said that where the service has been unable to provide a suitable service or support, the service has referred them to meet their changing services and supports needs including Dementia Support Australia and allied health wellness programs for receiving massages. Consumers said that referrals happen promptly when their needs, goals, or preferences change, and they are satisfied with the services and supports delivered by those they’ve been referred to.

Most consumers said the meals are of reasonable quality, somewhat varied and there is plenty available including between main meals. Consumers also expressed how much they enjoy the homecooked meals or the vegetables they cook from the service’s gardens, and the outings to hotels and fast-food outlets. Some consumers considered the food to be lacking in flavour, however, a survey conducted in March 2023 showed 17 of 18 consumers said they liked the food ‘most of the time.’ Staff demonstrated awareness of consumers’ nutrition and hydration needs. The menu is changed 6 monthly and is a rotating 28-day menu. All meals are approved by a dietitian and meet all nutritional standards and requirements. Consumers have input about food services at the consumer and representative meetings.

Consumers felt safe when they are using the equipment and they knew how to report any concerns. Consumers say the maintenance staff attend to issues quickly and efficiently. Equipment to assist consumers with their independence and mobility such as wheelchairs and walkers were accessible, safe, clean and maintained. Staff confirmed they have the supplies to provide suitable activities for the consumers.

I have considered information as assessed within the site audit report and information under other Requirements in coming to a decision of compliance.

# 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

I find this Standard compliant.

Consumers and representatives say the service is welcoming and optimises their independence, interaction, and function. Consumers say having the opportunity to furnish their room and surroundings with their personal items makes the service feel like a home. Visitors are welcomed when they visit their family members and that they can utilise common areas such as the outdoor areas to have lunch, coffee, or a chat with their friends and families. The service has soft lighting and clear signage throughout that leads to rooms, common areas and wings. The corridors in the service are equipped with support rails for consumers and representatives who require them. Consumers’ rooms are personalised with ornaments, pictures, bedspreads, and furnishings. Central courtyards have garden beds, shaded sitting areas, barbeque facilities and safe pathways.

Consumers were observed moving freely throughout the service. The Dementia Support Unit (DSU) is secure however consumers have access to a large courtyard to move around. Consumers who still drive can park their car at the service. Consumers say their rooms were always cleaned and maintained to a high standard. Preventative and reactive maintenance and cleaning schedules ensure the environment is clean and well maintained.

Consumers and representatives say the furnishings such as lounge chairs and dining room tables and chairs are comfortable, safe and well maintained as well as any personalised equipment they need for their care. Items such as wheelchairs, lifters were functional, maintained, clean and stored appropriately. Assistive equipment such as shower and over toilet aids were noted to be in all consumer bathrooms. Staff say they clean equipment after every use. The service were currently updating furnishing within the service in consultation with allied health and consumers. Firefighting equipment and emergency exit doors were free of clutter and obstacles and servicing records were up to date.

I have considered information as assessed within the site audit report and information under other Requirements in coming to a decision of compliance.

# 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

I find this Standard compliant.

Consumers and representatives are encouraged and supported in providing feedback and making complaints. Mechanisms are utilised to capture feedback or complaints such as surveys, consumer and representative meetings, food focus groups. Consumers and representatives say they felt comfortable raising feedback or making a complaint. Staff say they support consumers raising concerns or making a complaint, by speaking directly with other staff or management where appropriate or by completing a feedback form which is available in multiple locations around the service.

External complaints information is provided to consumers in various formats such as posters, brochures, in the consumer handbook, and in multiple languages. Staff could describe advocacy services and how to access them for consumers and advise how to get an interpreter if ever one was needed. The welcome handbook provides further information for contacting advocacy services. Consumers say they did not have a requirement to contact advocacy services at this time however were aware of the various available.

Consumers say while they have provided feedback or complaints through the service’s feedback mechanisms and were satisfied that appropriate action is taken by the staff and management, mostly they did not have any need to make any complaints and felt management are very responsive to anything raised. Staff demonstrated an understanding of using an open disclosure process. Documentation evidenced open disclosure being used by the service when things have gone wrong.

Consumers and representatives say they felt the feedback and complaints provided was generally used to improve the quality of care and services. The approved provider has documented policies in relation to using feedback and complaints information to identify areas for continuous improvement including guidance in registering feedback and complaints, trending the data, and documenting improvement strategies.

I have considered information as assessed within the site audit report and information under other Requirements in coming to a decision of compliance.

# 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

I find this Standard compliant.

Consumers and representatives say they are satisfied with the quality of staff and feel safe and their care needs are being met. Consumers say while call bells are not always answered promptly, they say this is not impacting their care needs being met, and observations indicated staff were available when consumers needed them. The site audit report raised that while the service are experiencing a shortage for catering staff, recruitment is ongoing and other staff are assisting where required and no impact was identified for consumers. Management described the workforce planning strategies to manage both planned and unplanned leave including using agency or casual staff if required.

All consumers and representatives say the staff are kind, caring, and gentle when delivering care and services. They said staff are respectful of identity and diversity and understand their background and preferences. Interactions observed appeared kind, caring, and respectful of each consumer’s identity, culture, and diversity. Interactions of the workforce are monitored, for example through observation and consumer or representative feedback.

Consumers and representatives say staff are sufficiently skilled to meet their care needs. Management detailed processes for ensuring the workforce is competent and have the qualifications or knowledge to effectively perform their roles. The approved provider has documented policies and procedures for workforce governance including for the qualifications and knowledge requirements of each role employed by the service. Staff have the relevant qualifications to perform their duties outlined in their position descriptions.

Consumers say staff know what they are doing. The workforce are trained, equipped, and supported to deliver care and services that meet consumers’ needs and preferences in line with the Quality Standards. Education has been provided in key areas including but not limited to restrictive practices, Serious Incident Response Scheme (SIRS) including Elder abuse and reporting, manual handling, fire, and emergency training, and the Aged Care Code of Conduct. Staff described the orientation process and training requirements, both mandatory and those specific to their role.

The service regularly undertakes assessment, monitoring, and review of the performance of each member of the workforce.

I have considered information as assessed within the site audit report and information under other Requirements in coming to a decision of compliance.

# 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

I find this Standard compliant.

Consumers feel they are involved in the development and delivery of care provided. The service has a number of strategies to involve consumers in the development of service delivery such as consumer experience surveys, feedback mechanisms, and consumer forum meetings. Management and staff provided examples of collaboration with consumers in relation to care and services.

The approved provider’s clinical governance framework includes partnering with consumers and ensuring they are actively supported and encouraged to participate in care and service improvements. Consumers and representatives felt the approved provider promotes a culture of safe, inclusive, and quality care and is accountable for its delivery. Policies and procedures guide management and staff and inform consumers and others to promote safe, inclusive, and quality care and services. The clinical governance framework establishes cascading accountability and regular reports are submitted by the service to the governing body through various committees, specifically operational meetings which include information about clinical and quality indicators, critical incidents, SIRS reports feedback and complaints, and continuous improvement.

The approved provider has effective governance systems in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance, and feedback and complaints. Staff confirmed information about consumers’ needs, goals, preferences, and care is accessible by the workforce and utilised to guide care delivery and that policies and procedures are also accessible to staff. Continuous improvement is informed by complaints, improvement suggestions, feedback, incident and clinical trends analysis, audit reports, advice from external organisations, and recommendations from the governing body. Improvement activities are recorded on the service’s continuous improvement plan, including organisation-wide improvements. The executive team have delegated limits of authority for expenditure that can be escalated to members of the executive rapidly for approval where required. Workforce governance is closely monitored by the Board. The responsibilities and accountabilities of managers and staff are set out in position descriptions. Individual members of the workforce are required to comply with the requirements of their role including for legislative and professional requirements. Aged care laws and regulation is monitored and changes are communicated to the service and staff. Complaints, investigation of complaints and outcomes are reported through various committees to the governing body.

The service has risk management systems implemented to monitor and assess high-impact or high-prevalence risks associated with the care of consumers. Risks are reported, escalated, and reviewed by management at the service level and the organisation’s executive management including the Board. Feedback is communicated through service and organisation meetings leading to improvements to care and services for consumers. Staff were able to explain the processes of risk management at the service, including key areas of risk that had been identified and mitigated.

Management and staff apply the principles of the documented clinical governance framework when providing clinical care. Documented policies include, infection control management, and antimicrobial stewardship, restrictive practices and freedom of movement, and open disclosure. Staff described processes in relation to the clinical governance framework such as minimising restrictive practices, implementing antimicrobial stewardship strategies, and providing open disclosure to consumers and representatives when things go wrong.

I have considered information as assessed within the site audit report and information under other Requirements in coming to a decision of compliance.

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)