Performance

Report

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| Name: | Fairway Bayside Aged Care |
| Commission ID: | 3218 |
| Address: | 195 Bluff Road, SANDRINGHAM, Victoria, 3191 |
| Activity type: | Site Audit |
| Activity date: | 24 September 2024 to 26 September 2024 |
| Performance report date: | 24 October 2024 |
| Service included in this assessment: | Provider: 520 Fairway Bayside Aged Care  Service: 1977 Fairway Bayside Aged Care |

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 Fairway Bayside Aged Care (**the service**) has been prepared by V Stephens, 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 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 on 8 October 2024.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers and representatives indicated staff treat consumers with dignity and respect and provide care in accordance with consumer preferences. Staff described knocking on consumer doors before entering rooms and confirming preferences directly with the consumer. Care plans captured cultural needs and what is important to consumers. Staff receive mandatory training in dignity and respect and were observed by the Assessment Team to engage with consumers in a respectful manner, addressing them by name.

Care is delivered in a culturally safe manner. Cultural activities and faith-based services are offered, and consumer preferences in relation to such activities are recorded in care plans. Staff receive training in cultural safety and there is a cultural awareness policy in place. The staff handbook contains the Code of Conduct for Aged Care.

The Assessment Team report indicated consumers and their representatives are involved in decisions regarding how care and services are delivered, including decisions regarding who will be involved in consumer care. Consumers are supported to make and maintain relationships, for example via a men’s breakfast group offered at the service. Consumer preferences regarding family contacts are recorded in care plans, and there was evidence staff are sensitive to complex family relationships and respect consumer decisions regarding who is to be involved with their care.

Consumers indicated the service supports them to take risks and maintain control over their lives. They described being supported with decisions such as keeping doors locked or keeping alcohol in their rooms, and there was evidence staff work with them to minimise associated risks. Dignity of risk forms are signed by consumers and record agreed plans. Such consumer activities are recorded in a risk register.

Consumers were satisfied they receive information which is current and accurate via a monthly newsletter. They can also attend resident and relative meetings if they wish. The newsletter contains written information and pictures to aid those who require assistance to understand the contents. Information is provided on lifestyle activities, volunteers, consumer advisory body membership and Quality Care Advisory Body membership.

Consumers were satisfied their privacy is respected, and staff confirmed receiving training in privacy and confidentiality. Representative feedback indicated discussion regarding consumer care occurs privately and information is kept confidential. Staff described closing bathroom doors while delivering personal care, and staff were observed to wait for a response to knocking before entering consumers’ rooms. Handover meetings occur in nurses’ stations and electronic documentation is password-protected and available only to those who require access.

# 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 were satisfied consumer risks are appropriately assessed, and tailored risk mitigation strategies planned. Risk is identified on admission, during monthly ‘resident of the day’ reviews, during 3-monthly care plan reviews, and when changes occur in consumer condition. A range of validated risk assessment tools are used, and risks and associated interventions are recorded in consumer care plans. There was evidence the service involves nursing staff, medical practitioners and allied health professionals as required. Physiotherapists assess each consumer’s falls risk, mobility and pain management needs, as evidenced by a review of care documentation. Staff are alerted to risk via risk alerts in the electronic care documentation system and during handover meetings, and demonstrated awareness of risks and mitigation strategies for specific consumers. The service has an assessment and care planning procedure which guides staff in assessing needs and preferences.

Consumers and representatives indicated needs and goals are reflected within consumer care plans, including preferences for end-of-life care. Consumers confirmed receiving information about advance care planning. Consumer care plans were observed to reflect care preferences, for example receiving hygiene care from female staff only, and to contain advance care plans where these had been completed. The organisation has an advance care planning/advance care directive procedure to guide staff.

The Assessment Team report reflected consumers and their representatives are partners in assessment and care planning. Consumer and representative feedback confirmed their active involvement in discussions regarding care needs, including discussion with medical practitioners and allied health professionals. Care documentation incorporated input from external providers and services where appropriate including medical practitioners, allied health professionals and Dementia Support Australia.

Consumers confirmed they are offered a copy of their care plans and expressed satisfaction with how staff communicate the outcomes of assessment and planning. Meetings with clinical staff to discuss care needs occur prior to entry to the service, and at the time of regular and as needed care reviews. Staff confirmed they can access care plans and other documentation in the service’s electronic documentation system and also receive information during handovers. Deficits were found in care documentation for one consumer which were rectified following feedback from the Assessment Team.

The Assessment Team report reflected regular review of care and services. Consumers and representatives were satisfied reviews occur regularly and also following changes in consumer condition. An example was provided of medical practitioner and physiotherapist review in response to a change, leading to a medication change and the introduction of additional equipment. Reviews are conducted by clinical staff monthly through the ‘resident of the day’ process, during 3-monthly care plan reviews, when incidents such as falls occur, when changes in condition are identified, following hospital discharge, and when consumers or representatives request review.

# 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 were satisfied with the personal and clinical care received. The service maintains a psychotropic medications register and separate chemical and environmental restrictive practice registers. No consumers at the service are currently subject to physical or mechanical restraint or seclusion. Consumers subject to restrictive practice have individualised behaviour care plans, with information to aid staff in identifying potential triggers for changed behaviours and employing non-pharmacological strategies in the first instance. All restrictive practices are reviewed 3-monthly and psychotropic medication reviews are conducted by a pharmacist twice annually. Staff advised as needed medications to manage behaviour are used as a last resort. The Assessment Team observed behaviour charting was not completed consistently and thoroughly. In response to feedback clinical staff and management advised they were aware of this deficit and had planned staff training and toolbox sessions.

Documentation review evidenced wound care is provided in accordance with care plans, and weekly reviews are undertaken by a registered nurse. Complex wounds are referred to the medical practitioner and a wound specialist. Staff were aware of consumers’ wounds and management strategies such as the use of air mattresses, heel wedges and pressure relieving booties. Wounds were described as healing with the interventions being provided. Inconsistencies were observed by the Assessment Team in wound measurements; in response to feedback management indicated these deficits had previously been revealed during a wound audit and wound training from a specialist had been organised. Wound training was observed to occur during the Site Audit.

Pain assessments and pain management strategies were evident within consumer care planning documentation. Pain charting in accordance with the service’s policy was confirmed via review of care documentation.

Consumers and representatives were satisfied risks related to consumer care are effectively managed. Care documentation and feedback from staff evidenced effective management of high-impact and high-prevalence risks including falls, pressure injury, changed behaviours, sensory impairment, advanced cognitive impairment, swallowing changes, and risks associated with medications and specialised care. Specialist medical, nursing and allied health staff are involved in the treatment and care of at-risk consumers as required.

The service has a palliative care policy which guides staff practice as consumers near the end of life. A palliative care pathway is commenced in consultation with the consumer and medical practitioner, and consumers may be referred to a local palliative care service. Consumers receiving palliative care were observed by the Assessment Team to receive comfort care and emotional support from staff in accordance with their end-of-life care wishes.

Consumers and representatives indicated staff at the service detect changes in consumer condition and respond in a timely manner. Staff described how they identify and communicate changes to the registered nurse in charge, who then conducts an assessment and actions any necessary referrals or hospital transfers. A consumer example was provided in which staff detected an increase in shortness of breath and other physical symptoms and referred to the consumer’s medical practitioner on the same day, leading to prompt intervention.

Consumers were satisfied their needs and preferences are communicated within the organisation, and information shared with others involved in their care. Staff explained information is shared via electronic alerts, progress notes, and verbally. Workflow tasks are created within the electronic care system to support the delivery of care, for example alerting staff when catheter changes are due. Consumer care documentation was observed to record individualised care interventions as well as reports from external providers, and information was consistent across documents.

Consumers and representatives have access to medical practitioners, allied health professionals such as physiotherapists and dietitians, and other specialist health care providers. Care documentation reflected timely and appropriate referrals in response to issues such as falls, reduced appetite and pain. Consumers were satisfied with the service’s referral processes.

Consumers and representatives provided positive feedback regarding the service’s infection prevention and control practices, such as isolating infectious consumers, practising hand hygiene and using personal protective equipment (PPE). All antibiotic use by consumers is monitored and prolonged use is referred to a medical practitioner for review. Pathology specimens are collected before antibiotics are commenced. The service has an outbreak management plan and policies and procedures relating to infection prevention and control. An infection prevention and control lead is employed and the service maintains annual immunisation registers for staff and consumers. Visitors and staff are screened for COVID-19 daily. Staff were observed by the Assessment Team to use appropriate PPE when providing consumer care.

# Standard 4

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

Findings

Consumers were satisfied the services they receive support them to maintain independence and quality of life. The service offers exercise classes, social events, and activities such as bingo, armchair travel and craft. Consumers can contribute to the planning of lifestyle programs and undergo regular allied health assessments to ensure programs are tailored to their needs, goals and preferences. Tailored programs are provided where required. Staff explained agency staff do not always know consumer preferences so they ‘buddy’ with them to ensure optimal support for consumers.

Consumers indicated staff understand their needs for emotional or psychological support and provide care accordingly. Staff inform the nurse in charge if they feel a consumer requires additional emotional support, so appropriate referrals can be made. Referral pathways are in place for external services and the service also has its own psychologist. Documentation outlined consumers’ emotional, spiritual and psychological support needs.

The Assessment Team report reflected consumers have opportunities to do things that are meaningful to them, attend community events and maintain contact with friends. Care documentation outlined strategies to support consumers to maintain their community connections, relationships, and interests. Activities are provided at the service which support consumers to develop social relationships, including a daily café and weekly bike rides around the neighbourhood. A modified e-bike has been purchased to accommodate consumers in wheelchairs and comfort chairs.

Consumers and representatives were satisfied the service communicates information effectively. Feedback indicated staff know consumer needs and preferences, and involved family members are kept informed of changes in consumer needs. Care documentation was observed to contain adequate information to facilitate consumer care and staff confirmed they can access the information they need. Daily handovers are provided for staff and information is shared with other involved support services as required.

Consumers receive timely and appropriate referrals to other services such as community groups, advocates, counselling and psychological support services. Staff also engage with external individuals and providers to supplement the lifestyle program.

Consumers confirmed the meals they receive are large enough, of good quality, varied, and align with their needs and preferences. Feedback indicated consumers have choice. All meals are cooked fresh on site in accordance with a 4-week rotating menu which is reviewed by a dietitian and speech pathologist. Consumers have input into the menu via a food forum group.

Lifestyle staff clean shared equipment after each use and tailor the use of equipment to consumer needs. There was evidence staff clean individual consumers’ equipment and conduct maintenance checks of mobility aids such as wheelchairs. Staff report any faulty equipment for action.

# Standard 5

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

Findings

Consumers indicated they feel safe and welcome at the service. Feedback from one consumer regarding the garden view from their room was extremely positive. Navigational aids optimise the ability of consumers living with visual or cognitive impairment to move around the service independently. There are sitting areas, a café and gardens which consumers were observed to interact with others and participate in activities. Consumers rooms were personalised. Action has been taken during current building works to ensure consumers are not negatively impacted by noise or the presence of contractors.

Consumers were satisfied the service is clean, well maintained and comfortable. Maintenance issues reported by staff are responded to in a timely manner. Internal areas were observed by the Assessment Team to be well-lit and free of hazards. Consumers were observed moving freely inside and outside.

Furniture, fittings and equipment were observed to be clean and in good condition. Equipment needs are outlined in consumer care plans and staff reported they can access the equipment they need to provide consumer care. Maintenance reports reflected regular checks and maintenance of all equipment. Staff demonstrated an understanding of the process for reporting hazards.

# 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 confirmed they feel comfortable to make complaints. Staff know how to assist consumers to provide feedback, in accordance with the service’s feedback and complaints policy. The service’s consumer handbook informs consumers that feedback can be provided via a complaints and feedback box, email, in person or using a QR code.

Consumers are provided with information regarding advocacy and language services via the service’s monthly newsletter and information displayed at the service. They confirmed they are aware of advocacy services and know they can lodge complaints with the Aged Care Quality and Safety Commission.

The Assessment Team report reflected the service responds to complaints in a timely manner and consumers receive an apology in line with open disclosure principles. Positive consumer feedback was obtained in relation to the service’s management of complaints. Where a complaint cannot be resolved within the 2-week timeframe set out within the service’s complaints policy, management provide updates to the complainant until a satisfactory resolution is achieved.

The service reviews and uses complaints data to identify trends and improve care and services. Consumers and representatives indicated trends are discussed during consumer and relative meetings along with improvement opportunities and the outcomes of previous complaints. An example was provided of increased meal choices resulting from a complaint.

# 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

While overall consumers and representatives expressed satisfaction with the care received, some consumers reported occasional delays in call bell response. The Assessment Team noted call bell analysis for August 2024 evidenced an average call bell response time of within 3 minutes. The longest wait time observed for a consumer who reported lengthy delays was 10 minutes. Overall staff indicated satisfaction with staffing levels, reporting they can complete their assigned tasks when there is a full complement of staff. The master roster and shift allocation demonstrated there were no vacant shifts during the week from 9 September 2024 to 15 September 2024, with 7 agency staff being used to cover unplanned leave. Documentation reflected a planned workforce with suitable allocation and mix of staff to enable safe and quality care. Management explained workforce planning considers consumer acuity, care minute requirements and consumer and representative feedback. Recruitment is ongoing and the roster will be reviewed once building at the service is completed and the number of consumers increases.

Consumers and representatives confirmed staff are kind and caring. Staff were aware of consumers’ identities and individual needs and demonstrated respect for their backgrounds and cultures.

Consumers and representatives expressed confidence staff at the service are competent. Interviews, reference checks and registration checks are completed during recruitment. Staff receive orientation on commencement with the service and complete ‘buddy’ shifts with other staff. The service monitors staff skills, qualifications and professional registrations. Competency in medication administration is assessed annually.

Staff receive training in hand hygiene, infection control, the Code of Conduct for Aged Care, elder abuse including reporting via the Serious Incident Response Scheme (SIRS), and restrictive practice. Training is also provided in aspects of clinical care such as wound management and incontinence associated dermatitis. Completion of mandatory training is monitored, and review of training records demonstrated a 97 per cent completion rate. Management outlined proactive identification of additional training needs, for example when a consumer chose voluntary assisted dying. Training needs are also identified through consumer and representative feedback, performance appraisals, incidents, and audit results.

The service has policies and processes in relation to the assessment, monitoring and review of staff performance. Performance review for new staff occurs at 6 months then annually. Review may also occur in response to adverse feedback regarding staff performance.

# 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

The service has a Consumer Advisory Body and a Quality Care Advisory Body which both have consumer membership. Consumer feedback indicated the Board has acted on suggestions made by the Consumer Advisory Body such as improving the orientation process for consumers new to the service. Consumer input is also sought via consumer meetings including the food focus meeting, surveys, and individual conversations.

Consumers expressed feeling safe at the service and representatives were satisfied with management’s and the Board’s attention to safety issues and risks. The service has a suite of policies, procedures and work instructions which support and guide staff in providing a safe and inclusive culture. The Board is informed of quality indicators, feedback, compliance issues, hazards, incidents, and audit results, and is actively involved in operational matters. There is a clinical governance committee responsible for the oversight of clinical care. Board meeting minutes evidenced discussion regarding upcoming changes to aged care legislation, and other issues relating to consumer care. The Board has approved the attendance of 2 additional staff at an infection prevention and control lead course.

The service has effective organisation wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Staff confirmed they have ready access to consumer information and policies. Opportunities for improvement are identified through feedback, audits, incidents, and meetings. A recent example of an improvement action was provided involving the purchase of a light projection system to stimulate physical activity and social interaction among consumers living with dementia. Management monitors progress notes in consumer files for unreported incidents and understands its mandatory reporting responsibilities. The service subscribes to external bodies for regulatory updates, reviewing policy and procedures and informing staff as required. Documentation review confirmed the service’s policies are in accordance with current legislative requirements. There was evidence of effective financial governance with recent approval for the purchase of sensor mats, hoist slings, pressure relieving cushions and overbed tables to meet increasing consumer needs. There is a feedback and complaints management system in place which enables the service to detect trends and develop relevant continuous improvement plans.

The service has a risk management framework which identifies, manages and reports high-impact and high-prevalence risks and implements actions to minimise these. Staff receive education in relation to abuse and incident reporting. There is an incident management system in place and serious incidents are reported in line with regulatory requirements. The organisation has policies and procedures in place regarding dignity of choice, which outline the consumer’s right to participate in activities which may involve a degree of risk with support from staff and health professionals.

The service has a clinical governance framework providing overarching monitoring systems for clinical care. There are policies and procedures in relation to antimicrobial stewardship, minimising the use of restraint and open disclosure. Clinical and care staff described non-pharmacological measures taken to reduce urinary tract infections. Pathology specimens are collected for culture with medical officer review prior to antibiotic use. Restrictive practices are used as a last resort in managing changed behaviours. Psychotropic medications are reviewed quarterly by a medical practitioner with a view to decreasing or ceasing medication where possible. Restrictive practice is monitored and evaluated for effectiveness. Staff receive education in open disclosure during induction and annually thereafter.

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)