Performance

Report

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| Name of service: | Feros Village Bangalow |
| Service address: | Cnr Bangalow Road and Ballina Road  BANGALOW NSW 2479 |
| Commission ID: | 0468 |
| Approved provider: | Feros Care |
| Activity type: | Site audit |
| Activity date: | 11 October 2022 to 13 October 2022 |
| Performance report date: | 9 November 2022 |

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 Feros Village Bangalow (**the service**) has been prepared by S Turner 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 4 November 2022
* the following information received from the Secretary:
  + Exceptional circumstances determination to continue accreditation dated 24 January 2022
  + Exceptional circumstances determination to continue accreditation dated 11 July 2022.

# 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 | **Non-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 | **Non-compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* The organisation is required to ensure that where restrictive practices are applied that each consumer receives safe, effective care that is best practice and optimises consumers’ health and well-being.
* The organisation is required to ensue that the workforce is trained, equipped and supported to deliver the outcomes required by the Quality Standards.
* The organisation is required to ensure that there is regular assessment, monitoring and review of staff performance.

# 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

This Quality Standard is compliant as six of six requirements have been found compliant.

Consumers and representatives said staff treat consumers with dignity and respect. Consumers reported that staff support them to remain independent and to take risks, and that they can do those things that are important to them. Consumers said they can come and go from the service and participate in activities of interest within the broader community.

Consumers reported receiving up to date information about various aspects of life at the service including meals, activities, COVID-19, and any other relevant events that are occurring. They felt they received sufficient information to make informed choices.

Care planning documentation reflected what is important to consumers including their cultural needs and preferences. For those consumers who choose to take risks, a risk assessment had been completed and discussions had been held with the consumer about their choices and the associated risk.

Staff consistently spoke about consumers in a way that demonstrated respect and an understanding of the consumers’ individual personal circumstances. They could provide examples of how they promoted consumers’ privacy while delivering care. Staff demonstrated a shared understanding about the processes that identify consumers’ needs and preferences including identifying people and relationships of importance.

Staff were familiar with those activities that involve an element of risk for the consumer and could describe how they support the consumer to understand the benefits and possible harm when the consumer is making a decision.

The organisation has a suite of policies which includes guidance relating to consumers’ rights for example dignity, respect, privacy and confidentiality.

The Assessment Team observed staff treating consumers with respect, using consumers’ preferred names and providing them with information about what was occurring at the service. Posters and flyers were displayed throughout the service notifying consumers of upcoming activities.

# 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

This Quality Standard is compliant as five of five requirements have been found compliant.

The service partners with consumers and representatives to identify consumers’ needs and preferences through assessment and care planning processes. Care planning is undertaken in consideration of risks to consumers including falls, skin integrity, weight loss, complex behaviours and chronic disease such as diabetes mellitus.

Overall, consumers and representatives were satisfied with assessment and care planning and felt that care delivery was safe and effective. Consumers provided examples of how allied health specialists were involved in their care when a need was identified, for example following weight loss or a fall.

Management staff and registered nurses said consumers and representatives are involved in assessment and care planning through case conferences, the ‘resident of the day’ and through the 3 monthly review process.

Staff advised that the information in the care plans guides them in the delivery of safe and effective care. The said that they were able to access this information through the electronic care management system, hardcopy care plans and at handover. The Assessment Team found staff were familiar with consumers’ care needs.

Policies and procedures guide staff practice and include assessment and care planning processes.

The Assessment Team reviewed consumers’ care planning documentation and identified that it included detailed information about the consumers’ needs and preferences including end of life care. Risks, including those associated with specialised nursing care needs were addressed. Care planning documentation evidenced the involvement of medical officers and allied health specialists including a physiotherapist, dietitian and speech pathologist.

# 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. | Non-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

This Quality Standard has been found non-compliant as one of the seven requirements has been found non-compliant. Deficiencies relate to the application of restrictive practices, specifically the documentation associated with consent and authorisation resulting in care that is not best practice and does not optimise consumers’ health and well-being.

The Assessment Team brought forward information that for three named consumers who were subject to a restrictive practice, that there were discrepancies in relation to the documentation associated with consent and authorisation. Management advised the Assessment Team that a review of consumers with restrictive practices in place had occurred and that gaps were identified in the consent and authorisation process. The approved provider’s response to the site audit report states that in some instances verbal discussions had been held with representatives. With respect to the absence of documented consent and authorisations, the service has taken action to rectify this situation for those named consumers and provided documented evidence that these are now in place/or are being sought. However, the service has not identified the actions that it is taking to ensure the service maintains its responsibilities in relation to restrictive practice for all consumers subject to restrictive practices on an ongoing basis, ensuring that consumers receive care that is best practice and that optimises their health and well-being.

Consumers and representatives said they were satisfied with the communication processes and said they received the care they required. Consumers and representatives expressed satisfaction with the management of consumers’ personal and clinical care including consumers’ pain, wounds, medications, specialised nursing needs and chronic health conditions.

Consumers’ care planning documentation evidenced engagement with the consumer and their representatives and there were processes to manage high impact and high prevalence risks. Care plans provided guidance and instructions to staff, care delivery was being monitored and medical officers and specialist health providers were involved in planning and delivering care. Referrals occur when a need is identified including to a speech pathologist, physiotherapist, dietitian, podiatrist and wound specialist. For those consumers approaching end of life, palliative care planning was in place and was individualised and tailored to the needs and preferences of the consumer.

The service demonstrated how deterioration or change in a consumer’s condition is recognised and responded to in a timely manner and communicated through handover, progress notes, incident reports, clinical charting and feedback.

Staff were able to explain the assessment process following a change to a consumer’s condition which included making contact with the medical officer where a need was identified. Staff were familiar with the palliative care pathway and the resources available to them to support consumers nearing death and could provide an example of how they supported a consumer’s pain management, symptom management and comfort.

The service has access to organisational policies and procedures that provide staff with guidance in relation to care delivery including wound management, skin integrity and restrictive practices. Additionally, policies and procedures are in place that support infection control, antimicrobial stewardship and the management of a potential outbreak of COVID-19. The Assessment Team noted that some contact details were absent from the service’s outbreak management plan; this had been identified by management and was being addressed. Staff were familiar with how to prevent and control infections and said they practice hand hygiene, encourage fluids, use personal protective equipment and obtain pathology results to support the appropriate use of antibiotics. Management advised all staff have been vaccinated for influenza and COVID-19. The Assessment Team observed clinical and care staff using personal protective equipment when attending consumers and practising hand hygiene.

# 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

This Quality Standard is compliant as seven of seven requirements have been found compliant.

The Assessment Team found that services and supports for daily living are safe, effective and promote consumers’ health and well-being.

Consumers said they are satisfied with the service’s lifestyle program and said that staff support them to remain as independent as possible and that their emotional and spiritual needs are met. Consumers, including those with sensory impairment provided examples of how staff support them so they can fully participate in the lifestyle provided by the service.

Consumers were satisfied with the food service and said the food provided is tasty, fresh, sufficient in size and that there was enough variety and choice to satisfy their needs. Consumers said there are snacks available in between meals and the Assessment Team observed bowls of fresh fruit available in kitchenettes throughout the service. Staff said menu options are determined with consumer input and that a dietitian has oversight of the menu to ensure food is nutritious and appropriate for consumers. Registered staff, catering and care staff could describe how information about consumers’ dietary requirements is communicated.

Care planning documentation was individualised to optimise consumers’ independence and well-being. While care planning documentation relating to consumers’ lifestyle had not been reviewed recently, the Assessment Team found that the information remained relevant to consumers and accurately reflected their needs and preferences.

Staff said they encourage consumers to participate in activities of interest to them and that they are provided with relevant supports such as equipment and resources. Staff said the activities schedule is developed every month and that consumer input is sought when developing the program. They could describe how they support consumers who prefer to be by themselves and those who go into the broader community to participate in activities external to the service.

Staff advised that consumers can go on weekly bus trips and said that the bus is driven by volunteers from another community organisation. Consumers said they enjoyed the bus trips and that they are often accompanied on the trip by a puppy that interacts with them.

The Assessment Team observed activities in progress throughout the day and consumers leaving the service with family and friends for social activities. Consumers were observed playing cards, interacting with animals at the service and generally enjoying themselves smiling and laughing. The service was visited by the mounted police with their horses during the site audit and consumers reported that they enjoyed the opportunity to see them. Staff were observed engaging meaningfully with consumers and offering emotional support and companionship.

Equipment used to support consumers to engage in lifestyle activities was found to be clean, well-maintained and suitable for the consumers. Large print cards and large dice were available for vision impaired consumers. Shared equipment was noted to be cleaned by staff after use.

Several meal services were observed by the Assessment Team who found the food smelled and appeared appetising, the dining environment was relaxed, staff were assisting consumers and consumers were seated with other consumers of their choice.

# 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

This Quality Standard is compliant as three of three requirements have been found compliant.

The Assessment Team found the service provides an environment that promotes consumer engagement and allows consumers to express their independence. Directional signage and maps supported consumers and visitors to move within the environment.

The service was welcoming, with wide and well-lit corridors, several large common areas, an onsite hairdresser and spacious garden areas including a sensory garden and barbecue area.

The service was observed to be clean, safe and well-maintained and consumers could move freely both indoors and outdoors. Consumers’ rooms were personalised and reflected their individual tastes.

Furniture, fittings and equipment were observed to be maintained and clean. Cleaning and maintenance are scheduled and are monitored daily by staff. Staff were able to describe the cleaning and maintenance process and documentation reviewed by the Assessment Team confirmed that work was completed promptly.

Consumers provided feedback that they found the environment welcoming, that they enjoyed sitting in the courtyard and that there are areas where they can visit with family and friends. Consumers were happy with the cleaning services.

Mechanisms are in place to monitor consumer satisfaction with the environment, with the most recent survey demonstrating high levels of consumer satisfaction.

# 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

This Quality Standard is compliant as four of four requirements have been found compliant.

Consumers and representatives said they feel encouraged, safe and supported to provide feedback and make complaints. They could advise of the various methods available for them to provide feedback including speaking to management and staff directly, attending consumer meetings, using feedback forms and contacting the service via email or phone. Consumers were familiar with the role of the Aged Care Quality and Safety Commission and the Older Persons’ Advocacy Network. Those consumers who had made a complaint advised the Assessment Team that their concerns were addressed promptly and that agreed improvement actions were implemented.

Staff demonstrated a shared understanding of the internal and external complaints mechanisms, feedback avenues, advocacy and translation services. Staff could describe the ways they support consumers who have barriers to communication for example through accessing multi-lingual staff, using communication aids and contacting the representatives for assistance.

Management said that consumer feedback is actively sought and that the principles of open disclosure are applied. The service has recently implemented an electronic complaints database and management advised that feedback received has been analysed and added to meeting agendas and used to inform the service’s plan for continuous improvement which was reviewed by the Assessment Team.

Posters promoting external complaints mechanisms and advocacy services are displayed throughout the service, additionally the consumer handbook includes complaints information. Complaint forms are located in reception and throughout the service and are also available from staff. Complaint forms can also be emailed to those who wish to provide feedback. A locked box is located in the reception area where consumers and representatives can place their completed forms.

The Assessment Team observed consumer feedback is communicated through clinical handover, daily huddles and shift handover. Staff said they are informed about concerns raised by consumers.

# 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. | Non-compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Non-compliant |

Findings

This Quality Standard has been found non-compliant as two of the five requirements have been found non-compliant. Deficiencies relate to:

* The service could not demonstrate that training programs were effective, staff had not consistently completed mandatory training and, in some instances, staff did not demonstrate the skills required for their role.
* The service could not demonstrate that regular assessment, monitoring and review of staff performance is undertaken.

The Assessment Team brought forward deficiencies in relation to aspects of consumers’ care and service delivery including care planning relating to lifestyle, documentation relating to restrictive practices and incident reporting. While the service has an established mandatory training program a significant number of staff had not completed the required training across multiple areas including elder abuse and the Serious Incident Response Scheme, restrictive practices and infection prevention and control. Management advised the service has employed an aged care consultant who is implementing a new education program and that improving completion of the mandatory training program is a priority. The Assessment Team identified that this initiative is reflected in the service’s plan for continuous improvement.

With respect to staff performance reviews, the service was not able to demonstrate that it regularly assesses and monitors staff performance. Staff could not recall when their last performance review was undertaken and the service could not provide evidence that other methods for monitoring performance such as through complaints, incident reporting and observations, were effective. The Assessment Team reviewed personnel files and identified that performance reviews had not been completed since 2020. Management advised that external factors had impacted the completion of annual performance reviews and said that the recommencement of this process had been included on the service’s plan for continuous improvement.

The approved provider, in its response to the site audit report, acknowledges the deficiencies relating to staff training and performance review processes. The approved provider states:

* an annual training calendar has been re-introduced at the service
* there has been an increased focus on completion of mandatory training following the site audit with staff required to complete their training by 30 November 2022
* high risk areas have been targeted as a priority
* an aged care consultant is implementing a revised education program for staff
* performance reviews have been scheduled for completion by 30 November 2022
* staff have received the preparatory paperwork to complete their self-evaluation prior to their performance review.

I am satisfied the service is addressing the deficiencies relating to human resources that were brought forward in the site audit report. I note however that the planned actions are yet to be finalised and evaluated for effectiveness.

The service has demonstrated that there are sufficient staff to deliver care and services in accordance with consumers’ needs and preferences and that staff are kind caring and respectful. Management said there are processes for monitoring criminal record checks and ensuring staff have the required qualifications required by their role.

Consumers and representatives generally reported that staff are available when needed and promptly attend to consumers’ requests for assistance. They spoke highly of staff saying they are kind, caring and treat consumers well. Consumers felt that staff had the knowledge and skills to deliver safe, quality care and services.

Staff said there are adequate staff to provide care and services in accordance with consumers’ needs and preferences. Staff said they generally have sufficient time to undertake their allocated tasks and responsibilities.

Management said the service employs a mix of registered staff and care staff. They said that recruitment processes are ongoing and that there are strategies to manage unplanned leave such as extending existing shifts or offering additional shifts to staff.

Management said there are mechanisms to monitor staffing sufficiency and staff behaviour including through call bell reports, consumer surveys and via complaints mechanisms. Call bell reports for the previous three months identified that the majority of calls were answered in under 10 minutes.

The Assessment Team observed staff responding in a timely manner to consumers’ requests for assistance and demonstrating kindness and respect in their interactions.

# 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

This Quality Standard is compliant as five of five requirements have been found compliant.

The Assessment Team found that consumers are involved in the development and evaluation of care and services with management able to describe the various ways consumers contribute including through monthly consumer meetings, regular surveys and feedback forms. Meeting minutes evidenced consumer involvement in providing feedback to the service. Consumers and representatives said they felt the service was well run and they felt they can provide feedback and suggestions to management.

The service’s governing body consists of a Board of Directors who meet monthly with the service’s management staff to review incident data and trends, financial information, complaints and audit and/or survey results. This information is used to monitor compliance with the Aged Care Quality Standards and to identify and manage risk.

Management said that industry standards and guidelines are monitored through subscriptions to various legislative services and peak bodies. They described the various ways in which the organisation communicates with stakeholders on changes relating to policies, procedures and relevant legislation; this generally occurs via memoranda, newsletters, meetings and training.

There are effective governance systems in place evidenced by the following information brought forward by the Assessment Team:

* Consumers and representatives were satisfied with the information provided to them and said it supported decision making. Staff said the information they need to undertake their role is readily available to them and there are mechanisms to communicate any changes in consumers’ needs. The electronic care management system provides staff with a level of access to information that is determined by their role.
* Opportunities for improvement are identified through a range of sources including but not limited to consumer and representative feedback and complaints, audit and survey results, clinical indicator trends and critical incident data. The continuous improvement plan is discussed at weekly management meetings and management meeting minutes reflected this. The Assessment Team reviewed the plan for continuous improvement and found that it identified planned and completed improvement actions that included actions that had resulted in improved outcomes for consumers.
* Consumers were satisfied with their ability to provide feedback and complaints and management and staff had a sound understanding of complaints mechanisms and how this information is used to improve consumer outcomes.
* Management advised that a yearly budget is prepared and that forecasting includes a review of the workforce, consideration of capital planning, capability development and quality improvement initiatives. Management staff can make routine purchases within certain limits and can access additional funds as needed through an approvals process.
* There are sufficient skilled and qualitifed staff to meet consumers’ care and service needs and while the Assessment Team brought forward deficiencies in the completion of mandatory training and performance review processes, the approved provider has commenced addressing these areas. Additionally, consumers were very satisfied with staffing including staff knowledge and skills.

There are systems and processes to effectively manage risk that include policies and procedures, staff training and incident management system. A clinical governance framework is in place that addresses antimicrobial stewardship, minimisation of the use of restraint and open disclosure. Staff were aware of relevant policies and could describe how they applied these in a practical way.

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)