Performance

Report

**1800 951 822**

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| Name of service: | Flinders Island Multipurpose Centre |
| Service address: | 4 James Street WHITEMARK TAS 7255 |
| Commission ID: | 8835 |
| Approved provider: | Tasmanian Health Service |
| Activity type: | Site Audit |
| Activity date: | 27 June 2023 to 28 June 2023 |
| Performance report date: | 9 August 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 Flinders Island Multipurpose Centre (**the service**) has been prepared by N Wapling, 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

# 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 sampled were satisfied staff support consumers to feel accepted and valued, relating this to their needs, background, ability, religion, and spirituality. Staff provided examples of consumers’ individual choices and preferences and were observed treating consumers with dignity and respect. Consumer care plans detailed information about consumer backgrounds and preferences consistent with feedback provided by consumers and staff. The service has policies and procedures relating to consumer rights and cultural diversity to guide practice. Consumer rights and cultural diversity information was on display in the service.

Consumers and representatives sampled expressed satisfaction that consumers’ individual cultural needs and preferences are respected. Staff described how they identify and adapt care and services they deliver to be culturally safe. Care planning documents consistently showed consumers’ cultural background and religiosity as part of their initial assessment. The service has a cultural diversity policy to guide staff to support the rights of consumers and observe their cultural beliefs.

Consumers and representatives sampled were satisfied consumers are supported to exercise choice and independence with care decisions, maintain relationships and social connections. Staff provided examples of how consumers are supported to make daily choices and connect with their families, friends, and social networks important to them. Care planning documents reflected individual consumer choices as described by consumers, representatives, and staff. The service has a choice and decision-making policy to guide staff when providing consumers, the opportunity to participate in making decisions about care and services.

Consumers and representatives sampled described how they are supported to take risks to live the best life they can. Management and staff described and provided examples of how consumers are supported to safely engage in activities of their choice which involve elements of risk. Care planning included risks and mitigation strategies.

Consumers and representatives sampled were satisfied the service provided information appropriate to their needs and supported them in their decision-making. Staff described how information is communicated with consumers in an easy format, and processes are in place to communicate with consumers who are living with cognitive impairment or who have communication difficulties. The Assessment Team observed examples of information such as large print activity calendars, menus and newsletters provided to consumers and representatives that was current, accurate and timely.

Consumers and representatives sampled were satisfied staff respect consumers’ privacy and consumers’ health and personal information are treated confidentiality. Staff provided examples of how they ensure consumer privacy is maintained during care and treat consumer information as confidential. Consumer documentation reflected consumer consent in relation to sharing and display of medical and personal information. The service has a privacy and dignity policy and procedure to guide staff practice.

# 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 sampled expressed satisfaction that assessment and care planning inform safe and effective consumer care. Staff demonstrated knowledge of consumer risks and described strategies to ensure safe and effective care. Care documentation reflected relevant assessment and risks are identified. The service has a range of validated risk assessment tools used to identify and manage consumers’ risks.

Consumers and representatives sampled were satisfied assessment and planning are reflective of consumers’ current care needs. Clinical staff described individual consumer needs and the service’s process in developing medical goals of care. Care planning documentation demonstrated agreed medical goals were documented for all consumers and some advanced care directives.

Consumers and representatives sampled described the assessment and planning of consumer care they participate in, and with others they wish to include. Clinical staff and management described care reviews with consumers and representatives occur at least 6 monthly and also include other health professionals where appropriate to ensure the delivery of safe and individualised care. Care planning documentation demonstrated assessment and planning ongoing reviews in partnership with consumers, representatives, and external health care providers.

Consumers and representatives sampled were satisfied that staff effectively communicate information that is relevant including any changes in consumer care. Clinical staff described how they schedule care consultations with consumers and representatives and provide access to their care plans or provide copies on request. Care documentation demonstrated assessment and planning outcomes are documented and communicated to consumers and their representatives.

Consumers and representatives sampled were satisfied staff regularly review care and, consumers and representatives are provided with the opportunity to provide feedback or discuss changes. Clinical staff described how they review care documentation during the 6 monthly reviews and when incidents occur and provided examples including a review of strategies and referrals. Care documentation demonstrated regular assessment and review of care planning to ensure care needs, or preferences are met.

# 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 sampled were satisfied they receive personal and clinical care that is safe and effective in relation to the management of pain, wounds, and restrictive practices. Staff described recommended strategies that are implemented in relation to skin integrity, pain, and restrictive practices to optimise consumer health and wellbeing. Care planning documentation demonstrated individualised care that addresses the needs, goals, and preferences of consumers. All consumers subject to restrictive practices have documented informed consent and behaviour support plans in place.

Consumers and representatives sampled expressed satisfaction that risks impacting each consumer are effectively managed. Management and staff described high impact and high prevalence risks to consumers and the strategies in place to minimise the risks and identified falls as the main risk in the service that is high impact and high prevalence. Clinical staff described the management of a consumer post a fall including a review of preventative strategies. Care documentation demonstrated the management of falls and other high impact and prevalence risks identified such as changed behaviours and other specialised care needs. Policies and procedures reflected processes to promote the effective management of high impact high and prevalence risks.

Staff and management described the resources available to them including an end-of-life pathway, an external palliative care service and medical personal to support consumers nearing the end of life. Care planning documentation reflected how the service plans to meet the needs and preferences of consumers in palliative care to ensure comfort care with dignity is delivered.

Consumers and representatives sampled felt that the service identified and actioned consumers’ acute and gradual deterioration in a reasonable time frame. Clinical staff described how deterioration or changes were identified, actioned, and communicated. Care documentation demonstrated deterioration or a change in a consumer’s health is recognised and responded to with appropriate actions. Information was displayed in staff areas of the service reflecting relevant contact details in the event of an emergency and upcoming education for staff relating to responding to consumer deterioration.

Consumers and representatives sampled were satisfied with the communication the service provided including, with others where responsibility of care is shared. Clinical staff described modes of communication they refer to, to ensure the delivery of personalised care and share information with external services involved in consumer care as required. For example, handover information, checklists, care plans and communication books and boards in staff areas of the service. Consumer documentation and other communication resources including handover information and completed checklists reflect current information relating to the consumers’ condition, needs and preferences support to staff to meet consumer needs and deliver quality care.

Consumers and representatives sampled expressed satisfaction that referrals are made to general practitioners, allied health professionals and other external specialist services, when required. Management and staff described the service’s referral processes and provided examples of referrals completed. Care documentation demonstrated timely and appropriate referrals to individuals, other organisations and providers of consumer care and services with reviews and recommendations completed.

Consumers and representatives sampled were satisfied the service has communicated to them the response to acute respiratory infections and other infectious diseases. Staff demonstrated understanding of infection prevention and control practices including the promotion of antimicrobial stewardship. The service has appointed an Infection Prevention and Control (IPC) lead. The service has policies and practices to minimise infection related risks of infection. The service has an outbreak management plan that provides guidance to prepare, respond and recover from outbreaks such as acute respiratory infections. The Assessment Team observed staff adhering to infection prevention and control practices such as performing hand hygiene in between attending to consumers and wiping down equipment in between use.

# Standard 4

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

Findings

Consumers and representatives sampled felt consumers are supported to optimise their independence, health, well-being, and quality of life. Staff provided examples of how consumers are assessed, supported to engage in activities based on their preferences, and maintain independence with a range of individual supports provided. A weekly calendar of individual and group activities is developed based on consumer preferences. Lifestyle care planning documentation demonstrated individualised goals, preferences and the level and type of assistance individual consumers required.

Consumers and representatives sampled were satisfied the service supports consumers’ emotional, spiritual, and psychological well-being. Staff demonstrated knowledge of individual consumers’ emotional and spiritual needs. Care planning documentation included information about the emotional, spiritual, and psychological needs and preferences of each consumer. Management provided an example of a professional counselling service that promotes the emotional well-being of consumers, representatives, and staff.

Consumers and representatives sampled were satisfied the service provides support for consumers to maintain relationships, participate in the community and do things that interest them. Staff described the relationships and interests of each consumer, both within and outside the service. Care planning documents recorded information relating to consumer interests and family relationships.

Consumers and representatives sampled were satisfied consumer information is effectively communicated within the service and shared with others where the responsibility for care is shared. Staff explained how changes to consumer needs and preferences are shared through written and verbal communication. The Assessment Team observed written notes, handover information, meetings, and communication books and boards that demonstrated information about consumer’s condition, needs, and preferences are communicated within the service and others where care is shared.

Consumers and representatives sampled confirmed that referrals occur promptly to a range of organisations. Staff described how referrals are made to a range of support services and organisations and lifestyle staff provided examples of engaged services and organisations. Care documentation demonstrated a range of services and organisations referred to that were timely and appropriate.

Consumers and representatives sampled expressed satisfaction with the quality and quantity of meals provided. A variety of meals based on a 4-week rotating menu were provided with the oversight of a dietitian. The service incorporates consumer feedback received into the menu. Feedback examples include, direct verbal interactions, meetings, written feedback, or surveys. Staff identified individual consumers’ preferences and dietary requirements. Care planning documentation demonstrated consumer food needs, preferences, dislikes and allergies and changes to care planning were recorded and communicated to the kitchen. Staff were observed assisting and encouraging consumers with nutrition and hydration needs during the Site Audit.

Consumers and representatives sampled were satisfied the service's equipment is easily accessible, safe, suitable for their needs and well maintained. Consumers and representatives said they are comfortable to report issues if required. Staff and management described equipment cleaning schedules, maintenance reporting processes, and the purchase of new equipment when the need arises including examples of recent purchases. Maintenance staff described how they receive notifications of repairs, and that equipment is serviced through contracted professionals regularly. The Assessment Team observed equipment used for activities of daily living to be safe, suitable, clean, and well-maintained.

# Standard 5

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

Findings

Consumers and representatives sampled were satisfied the service environment is welcoming with comfortable furnishings and consumers are able to personalise their bedroom. Staff said they encourage consumers to personalise their rooms so they will feel at home. The Assessment Team observed consumers accessing the outdoor and indoor spaces with ease, with separate dinning, living areas, and areas for activities. Consumer bedrooms were personalised.

Consumers and representatives sampled expressed satisfaction that the buildings and gardens are maintained. They feel safe and consumers can access the indoor and outdoor areas easily. Staff described how they complete checklists to monitor consumers’ personal items for laundering. Management and maintenance staff described the maintenance and minor works planned and use daily maintenance records to monitor all reactive and preventative maintenance. Maintenance documents confirmed regular preventative maintenance occurs with oversight of the service and timely resolutions of reactive maintenance. The Assessment Team observed a laundry machine available for consumers who choose to launder their personal clothing, timely resolution of reactive maintenance requested during the Site Audit, and the service environment to be clean, safe, comfortable, and well maintained.

Consumers and representatives sampled were satisfied that furniture, fittings, and equipment are well-maintained and cleaned regularly, and staff are responsive to their requests. Staff described how they are able to access and arrange cleaning, maintenance and the repair of equipment when required. The Assessment Team observed equipment, furnishings and fittings were clean and fit for use and consumers using a range of mobility aids to independently move within and outside the service.

# 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 sampled confirmed they are aware of the complaints mechanisms available to them. Management and staff described the feedback processes available including how they acknowledge feedback and complaints from consumers or representatives. Management explained how the service protects the identity of consumers or representatives who provide feedback. The Assessment Team observed information readily available about complaints mechanisms, and documentation of feedback and complaints in the service’s reporting system.

Consumers and representatives sampled confirmed they are aware of external services available to them, including advocacy and language services to raise and resolve complaints. Staff described how they support consumers or representatives to access the advocacy services available. The Assessment Team observed advocacy and language services information available in the service.

Consumers and representatives sampled were satisfied staff and management are responsive when they raise concerns or complaints. Staff described how they acknowledge and escalate concerns or feedback to management, were able to describe the open disclosure process and confirmed having received education in open disclosure. Documentation demonstrated open and timely communication with consumers and representatives following feedback, complaints, and incidents. Policies and procedures reflect complaint handling and open disclosure processes.

Consumers sampled were satisfied care and services have improved in response to their feedback. Management described how the feedback and complaints processes link with the service's Continuous Improvement system. The Assessment Team viewed Continuous Improvement documentation which contained complaints lodged and feedback collected from consumer surveys, consumer meetings, and verbal or written comments and suggestions. Each item was addressed with actions and outcomes.

# Standard 7

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

Findings

Consumers and representatives sampled were satisfied with the staffing levels available to provide care to consumers. Staff felt there is sufficient staffing levels, and vacant shifts, or staff leave are replaced. Management explained the model of care used by the organisation to determine the staffing needs. Management and staff explained how the call bell response is monitored through consumer feedback. Staff said the response time is usually one minute, confirmed by consumer responses. The Assessment Team viewed the roster which demonstrated vacant shifts or staff leave is replaced by regular or casual staff with the right training and skills.

Consumers and representatives sampled expressed satisfaction that staff interact with consumers in a kind and caring manner. Staff demonstrated they are familiar with consumers’ life experiences, preferences, needs, and abilities. Management described how a culture of respect for diversity is driven by the service and integrated into the staff recruitment, orientation, and performance reviews. The service has an employee code of conduct policy to guide staff conduct, and support consumers’ individual cultural and diverse aspects of their lives.

Consumers and representatives sampled felt confident that staff are skilled, knowledgeable, trained, and qualified to meet consumer care needs. Staff described how they work within their qualifications and knowledge base, and demonstrated an understanding of their duties, responsibilities, and professional accountabilities. Documentation demonstrated staff have relevant qualifications and have completed education relevant to their role.

Consumers and representatives sampled expressed confidence in the ability of staff to deliver their care and services. Staff described the training, support, professional development, and supervision received. Clinical staff described the service’s orientation and induction process. Management described how staff training needs are determined in line with new or changing needs of consumers. The Assessment Team viewed a sample of staff files that demonstrated the recruitment and selection process, onboarding and induction process, and performance review processes to identify and support staff training needs and development.

Management demonstrated how staff performance is assessed, monitored, and reviewed. Staff provided positive feedback about the support they receive and confirmed their training needs and professional development are identified and discussed during their annual performance reviews. Performance review documentation demonstrated that management review staff duties and responsibilities, and staff ability to provide safe and quality care and services.

# Standard 8

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

Findings

Consumers and representatives sampled felt supported and included in the planning of consumer care and services. Examples provided included activity programs, menu choices, and upgrades to the service environment. Staff and management described how consumers and representatives are engaged in the development, planning, management, delivery, and evaluation of their care, lifestyle, and initiatives in the wider service. Management described how they actively seek feedback from consumers and representatives through the feedback process, individual and group meetings, and surveys. Consumer meeting minutes and continuous improvement documentation demonstrated consumer feedback and planned improvements.

Consumers and representatives sampled expressed satisfaction that consumers are living in an inclusive environment and the service engages their feedback to improve the service culture. Staff and management described how the organisation supports consumer outcomes and the service’s performance is monitored and reviewed. The Assessment Team viewed documentation including, key performance indicators to guide management and staff in the provision of a safe and inclusive culture, and organisational policies and procedures.

The organisation demonstrated effective governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and management of feedback and complaints. The governance body monitors, and reviews routine reporting, and analysis of data related to consumer experience and satisfies itself that systems and processes are in place to ensure the right care is being provided in accordance with the aged care quality standards. Actions developed for Continuous Improvement are identified from a number of sources with the progress of improvement activities monitored and the key outcomes evaluated for effectiveness. Expenditure occurs through a financial expenditure delegation, with assistance and support to the service provided by the organisation’s financial analyst. The organisation has systems in place to identify and ensure compliance with relevant aged care legislation, regulatory requirements, professional standards, and guidelines. The effectiveness of the comments and complaints system is monitored and evaluated. Consumers are encouraged to provide feedback and all feedback is collated and analysed and considered for inclusion in the service’s Improvement Plan by management.

Management and staff described high impact and high prevalence risks that are reported, escalated, and reviewed by management and the executive management, and actual or alleged reportable incidents are responded to, documented, escalated, and reported in line with current legislation and organisational policies and procedures. The organisation has an incident management system in place to support the escalation of high impact risks. Staff confirmed they have received training in relation to the Serious Incident Risk Scheme (SIRS) assessment and management, incident management, and supporting consumers live their best lives. The Assessment Team viewed documentation related to the service’s risk management framework, that demonstrated the identification and management of high impact and high prevalence risks and abuse or neglect of consumers.

Management described the service’s clinical governance framework which provided an overarching monitoring system for clinical care and addresses areas including antimicrobial stewardship, minimising the use of restraint, and open disclosure. Staff confirmed they have received education relating to antimicrobial stewardship, restrictive practices, and open disclosure. The clinical governance framework is supported by policies and procedures to guide staff practice.

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)