**Performance**

**Report**

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| Name: | Footprints in Brisbane Inc |
| Commission ID: | 700231 |
| Address: | 24 Light Street, FORTITUDE VALLEY, Queensland, 4006 |
| Activity type: | Quality Audit |
| Activity date: | 14 March 2024 to 15 March 2024 |
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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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 88 Footprints Community Limited  
Service: 18198 Footprints in Brisbane Inc.

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7470 Footprints in Brisbane Incorporated  
Service: 24389 Footprints in Brisbane Incorporated - Care Relationships and Carer Support  
Service: 24390 Footprints in Brisbane Incorporated - Community and Home Support

**This performance report**

This performance report for Footprints in Brisbane Inc (**the service**) has been prepared by S Turner, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* information about the service that is held by the Commission

# Assessment summary for Home Care Packages (HCP)

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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** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

|  |  |
| --- | --- |
| 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 | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | 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 | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | 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 | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

Consumers were treated with dignity and respect and their identity, culture and diversity was valued. Consumers recounted positive experiences on how staff treated them and said staff made them feel respected and valued as individuals. Care managers and staff described how they showed dignity and respect towards consumers. Care planning documentation identified services were available to support consumers who had a sensory impairment or had specific language needs.

Consumers felt their cultural needs and preferences were respected by staff and that staff knew what was important to them. Staff confirmed their knowledge and understanding of culturally safe care delivery and provided examples of how they cared for consumers with differing cultural needs.

Consumers said they could stipulate who they wished to be involved in their care and felt supported to exercise choice and independence in the services they received. They said the service communicated with their representatives on an ongoing basis and representatives confirmed this. Care managers said all services that were delivered were based on consumers’ needs and preferences and that any changes required were discussed with the consumer. Care and support plans (care plans) demonstrated consumer involvement in planning care and services and included information relating to who the consumer wanted involved in their care.

Management explained the approach that is taken when consumers wished to take a risk, this included outlining risks to the consumer, discussing options with them and mitigating risk where possible. Information relating to analysis of risk and risk assessment and management tools was found in organisational policies and care managers demonstrated an understanding of the processes relevant to dignity of risk. Consumers reported positive experiences of being supported to take risks to enable them to live their best life and examples of this were provided.

Consumers reported they had received an information pack when they entered the service and that it included information that supported their ability to make choices about care and services. Care managers said they met with consumers when they first commenced receiving services to explain the information pack and ensure it was understood by consumers. For consumers who experienced communication barriers efforts were made to support consumers including through using staff who spoke the consumer’s language or seeking assistance from family members.

Consumer information was securely stored, and the client relationship management tool was password protected and only specified staff could gain access to the information. Staff understood the need to ensure consumer privacy and confidentiality and consumers were satisfied with the way this was managed.

The organisation had policies relevant to this standard that provided guidance to staff and included dignity and respect, diversity, duty of care and dignity of risk and antidiscrimination.

For the reasons detailed, I am satisfied consumers are treated with dignity and respect and can make informed choices about the care and services they receive. I find Standard 1 is Compliant.

# Standard 2

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| --- | --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP | CHSP |
| 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 | 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 | 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 | 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 | 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 | Compliant |

Findings

Consumers and representatives said the care and services available was discussed with them prior to the commencement of the consumer’s service. They said they had regular discussions with staff to ensure the care provided remained aligned with consumers’ individual preferences. Information was sourced from other services including My Aged Care, allied health reports and medical officers’ summaries when undertaking assessment and care planning. A home safety risk assessment was completed and was incorporated into the assessment and planning process.

The organisation had processes to support the identification of consumer-centred goals and preferences. Consumers were provided with information about advanced care planning as part of the onboarding process and were provided an opportunity to identify their end-of-life preferences in an advanced care directive; staff said these discussions were revisited during reviews. Care planning documentation described consumer goals, preferences and the agreed care and services that were to be delivered.

Consumers and representatives said where there were a number of organisations involved in a consumer’s care, staff have supported them in understanding who is responsible for different aspects of care and service delivery. Staff described how they partner with others when planning care and communicated regularly when consumers’ needs changed. Management said that following a referral, they arranged a home visit to discuss the referral with the consumer.

Consumers were happy with the information they received from the service about their care and services and said they had a copy of their care plan. Care staff said they can access consumers’ care plans and were informed of changes via emails, system notes and alerts and through phone calls. Care staff said if they had any concerns with service delivery or if there was a change in the consumer’s condition or circumstances, they would escalate their concerns to the care manager or a nurse. Care plans were found to be current and sufficiently detailed to guide care and service delivery. Information held in consumers’ homes included the care plan, a health support plan (where appropriate), service agreement and consent forms and the Charter of Aged Care Rights.

Care plans were reviewed regularly and following an adverse event or when there had been a change in the consumer’s health condition or personal preferences. Consumers and representatives said staff regularly communicated with them about the services provided and any changes that may be required. Care documentation demonstrated reviews occurred in accordance with organisational policies and procedures. Outcomes of reviews were recorded on the electronic system and care plans were updated as required.

Policies and procedures were in place to guide staff in relation to non-response to a scheduled visit, intake and referral processes and case management.

For the reasons detailed, I am satisfied consumers partner in ongoing assessment and planning that ensures they get the care and services they need for their health and well-being. I find Standard 2 is Compliant.

# Standard 3

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| --- | --- | --- | --- |
| Personal care and clinical care | | HCP | CHSP |
| 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 | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | 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 | 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 | 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 | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | 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 | Compliant |

Findings

The organisation had a comprehensive suite of policies and procedures relevant to personal and clinical care to guide staff. Consumers provided positive feedback about the personal and clinical care they received and provided examples of how it was tailored to their needs and optimised their well-being. Staff described the clinical and personal care they provided to consumers and provided examples of how they follow the consumer’s care plans which were found to include consumers’ individualised preferences and strategies to manage risk.

Consumers and representatives said the service effectively managed high impact and high prevalence risks associated with consumers’ care. Staff were familiar with consumers’ needs and demonstrated an understanding of strategies to be used to provide support for those consumers living with dementia, sensory impairment and mobility risks. Staff advised they receive alerts on the electronic care management system about risks associated with consumers’ care, for example, high falls risk.

Consumers and representatives described how the care and services provided to consumers maximised their quality of life and preserved their dignity. Management and staff said care and services are adjusted for consumers who were nearing end of life. The service referred to and partnered with palliative care organisations to deliver end of life care and services to consumers. Care plans demonstrated the use of assessment tools and resources for supported decision making with consumers, representatives and others that consumers wanted involved in decisions relating to end of life.

Consumers and representatives described how staff detected and responded to a change in the consumer’s condition by completing clinical assessments and referring to medical officers and allied health professionals when necessary. Staff demonstrated an understanding of how to recognise, report and respond to a change in a consumer’s health and well-being. Staff said they contacted the care manager and nursing staff if they observed a consumer was unwell.

Communication systems were in place that assisted staff in the delivery of coordinated care that was safe, effective and respected consumers’ choices. Consumers said they had consistent, regular staff who knew them well.

Consumers felt referrals were timely and appropriate; they said they could access a medical officer and other health professionals as needed. Care documentation included information from medical officers, physiotherapists, occupational therapists and hospital discharge summaries; recommendations were incorporated into care plans.

The organisation had infection control policies and procedures that included standard precautions, the use of personal protective equipment, antimicrobial stewardship and COVID-19. Management and staff said personal protective equipment was available and COVID-19 training has been completed by staff. All staff were issued personal protective equipment packs during orientation and replenishment supplies were held at reception. Consumers reported that staff practised hand hygiene and wore personal protective equipment when attending to their care and services.

For the reasons detailed, I am satisfied the organisation provides safe and effective personal and clinical care. I find Standard 3 is Compliant.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| 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 | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Consumers and representatives said the services and supports provided to consumers helped them to maintain their quality of life and their independence. Staff knew what was important to individual consumers and described how they supported consumers’ independence. Care planning documentation was individualised and outlined the services and supports consumers required and staff were satisfied with the information they were provided.

Staff understood consumers’ emotional, spiritual and psychological needs and consumers said staff knew them and provided appropriate support when required. Staff said whilst there is detailed information in care plans, they spent time with the consumer in order to get to know them and the types of things they enjoyed doing.

Consumers said the support they received provided opportunities for interaction and social connection and provided examples of using transport to access the community and attend medical appointments; others said they participated in regular social group activities.

Consumers and representatives said that when referrals were required the organisation managed this in a timely manner and provided advice and support. Care planning documentation included information relating to referrals and assistance to access other services such as allied health, equipment providers and meal delivery services.

A food and nutrition assessment tool was completed for consumers and staff knew how to report changes to a consumer’s appetite or eating habits and concerns relating to weight loss or dehydration. The service did not provide a meal delivery service but was able to refer consumers to a frozen meal supplier. Meals provided on site during social group activities considered consumers’ dietary requirements and consumers were provided with opportunities to have input into the following month’s food varieties. Consumers attending the social groups reported food is delicious and confirmed they can participate in menu planning.

Where equipment was provided it was safe, suitable, clean and well-maintained. Policies and procedures guided the sourcing of equipment. Care plans included specific instructions about equipment usage including cleaning requirements and regular inspections. Management said equipment is checked for safety and ongoing suitability and provided an example of how they had organised an Occupational Therapist to review a mobility aid following concerns raised by a consumer.

For the reasons detailed, I am satisfied services and supports for daily living promote consumers’ health and well-being and enable them to pursue their interests and activities. I find Standard 4 is Compliant.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| 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 | 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 | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

The service environment was observed to be welcoming with appropriate signage displayed to optimise consumers’ sense of belonging; personalised artwork covered the walls. It was clean, well maintained and comfortable, with sufficient natural light and appropriate temperature control.

Management and staff demonstrated how they supported consumers including those with cognitive impairment and those who used mobility aids to navigate the service environment safely and at their own pace. Consumers could move freely throughout the service including outdoors and staff monitored consumers as they accessed buses or cars for transport.

Workplace health and safety assessments were conducted at the centre and any maintenance concerns were reported to the maintenance team; identified issues were promptly addressed to minimise risk to consumers, staff and visitors. Arrangements were in place for cleaning of the internal service environment and removal of general and hazardous waste at the end of each day.

Furniture, fittings and equipment were safe, clean, well maintained and suitable for consumers’ use. Staff described how they report maintenance issues and management described how the day centre and fleet vehicles are cleaned following use; maintenance and cleaning records were sighted during the Quality Audit.

For the reasons detailed, I am satisfied the organisation provides a safe, comfortable service environment for consumers. I find Standard 5 is Compliant.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | 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 | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

Policies and procedures relevant to feedback and complaints were in place and provided guidance to staff about complaints processes and how to support consumers and representatives with this process. Information packs provided to consumers on entering the service included material relating to translation services, advocacy services and contact details for external bodies. Staff said they explain this information to the consumers so that they are informed of the processes available to them.

Consumers demonstrated an understanding of the feedback and complaints processes and described the avenues available to them. They said they had access to information on how to make complaints to external bodies. Consumers provided positive accounts of being supported when they wished to make a complaint and said staff welcomed their complaints as a way of improving the service. Consumers were aware of the availability of advocates and other services and provided examples of where they had been used.

Staff demonstrated a sound understanding of complaints processes including using the principles of open disclosure. The feedback and complaints register was reviewed and demonstrated a complaints resolution system that allowed for the investigation of complaints if needed and the use of open disclosure. Staff including senior management said they reviewed consumer feedback and the information was used to improve care and services and an example of this was provided.

For the reasons detailed, I am satisfied consumers are encouraged to provide feedback and make complaints. I find Standard 6 is Compliant.

# Standard 7

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| --- | --- | --- | --- |
| Human resources | | HCP | CHSP |
| 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 | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | 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 | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

Consumers were happy with the care and services they received and positive feedback was provided in relation to staffing levels and staff skills. They said care staff were consistently kind, caring, considerate and respectful.

Designated staff completed the roster and reporting mechanisms were established to identify future staffing needs including in relation to staff training and skills mix. Clinical services were provided by an in-house team of registered nurses. Regular monthly clinical team meetings discussed the availability of staff and the predicted clinical requirements of the service to ensure the provider can continue to provide safe and effective clinical services.

Consumers were satisfied with staff training and believed staff were equipped to meet their needs. The service had a system in place to identify skills gaps that was also informed by staff appraisals and management feedback. Staff received training on topics including personal care, diversity and cultural safety. Professional registrations for nursing staff were updated every year and evidence of this was kept on file. Monthly meetings included a focus on the care and services provided to consumers and included a consideration of cultural safety.

Management described the types of qualifications staff had and new staff were required to complete an induction process that included the organisation’s policies, procedures and mandatory training requirements. Mandatory training included manual handling and the Quality Standards. Role specific training was provided in addition to a ‘buddy system’ to ensure new staff were monitored prior to working solo with consumers. Recently recruited staff confirmed that the service checked their qualifications prior to employment and that they had received a comprehensive induction that included line management support; they said they felt confident in their ability to undertake their role.

Staff performance reviews were completed annually with new staff who may need additional support, undergoing more frequent reviews. There was a process for tracking completion of staff performance reviews, and this was found to be up to date. Staff confirmed they had participated in a performance review and that these were conducted regularly.

For the reasons detailed, I am satisfied consumers receive quality care and services from staff who are knowledgeable, skilled and caring. I find Standard 7 is Compliant.

# Standard 8

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| --- | --- | --- | --- |
| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | 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 | 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 | 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 | 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 | Compliant |

Findings

Consumers were engaged in the development and evaluation of care and services. The organisation employs an independent provider to deliver and analyse an annual feedback survey. A consumer focus group provided feedback and ideas to the organisation and this supported improvements to service provision; an independent facilitator supports the process. In addition to the survey and the consumer focus group, the organisation encouraged consumers to provide feedback and make suggestions; information about avenues for providing feedback was included in the consumers’ welcome pack.

Board members were familiar with their role and associated responsibilities and one Board member detailed the induction process they had completed. Board reports and meeting minutes were reviewed and demonstrated active engagement by the Board. Management staff said Board members engaged with staff about their experiences, sought feedback from staff and consumers and provided advice and support where needed.

The organisation demonstrated effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. The provider had a variety of communication processes that included an intranet site where policies and procedures could be accessed and an electronic consumer record management system. Continuous improvement was informed through consumer and staff feedback surveys, staff meetings, complaints information and review of incident data and staff performance; a continuous improvement register was established. Senior management had oversight of the service’s income and expenditure; this was reviewed regularly and audited by an external financial auditing organisation. Workforce arrangements were consistent with regulatory requirements including police check requirements, nursing registrations and driver licenses for staff. The organisation received regular updates from government bodies, and this was communicated to staff though emails, meetings, staff training and through changes to policies. Policies and procedures relating to complaints guided management and staff and included an adherence to the principles of open disclosure.

Senior management staff described the incident risk management policy and the high-risk management register. Management staff including the clinical team oversee the implementation of the policy and ensure incidents are identified, documented, escalated and tracked. Staff were supported through additional training and worked closely with management if consumer abuse and/or neglect was identified. Staff training included incident management and how to best support those consumers identified as being at risk.

The organisation had integrated procedures for the delivery of clinical care. There were policies relating to infection control, anti-microbial stewardship, restrictive practices and open disclosure and clinical staff were aware of these policies and their practice was aligned accordingly. Management advised staff had received training to ensure they had an understanding of these policies and the concepts that underpinned them.

For the reasons detailed, I am satisfied the organisation is well run and that consumers can partner in improving the delivery of care and services. I find Standard 8 is Compliant.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)