Performance

Report

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| Name: | Frederick Guest Hostel |
| Commission ID: | 7192 |
| Address: | 23 Gleddon Road, BULL CREEK, Western Australia, 6149 |
| Activity type: | Site Audit |
| Activity date: | 6 February 2024 to 9 February 2024 |
| Performance report date: | 6 March 2024 |
| Service included in this assessment: | Provider: 701 Amana Living Incorporated  Service: 4720 Frederick Guest Hostel |

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 Frederick Guest Hostel (**the service**) has been prepared by Patricia Golledge, 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

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers said staff made them feel valued as an individual, were attentive to their needs and preferences and treat them with dignity and respect. Staff spoke about consumers in a respectful manner and gave examples of how they maintain consumer’s dignity for example referring to consumers by their preferred name and maintaining their dignity when providing personal and clinical care. Care planning and assessment documentation sampled was found to identify cultural needs, individual preferences, and considerations of consumers.

Consumers and representatives considered staff were aware of consumers’ cultural backgrounds, supported their religious beliefs and customs, and delivered appropriate care. Staff demonstrated an understanding of consumers’ cultural background and explained how they provided care and services in a culturally safe manner. Care planning documentation contained information about consumers which allowed staff to have knowledge and understanding of consumers’ religious beliefs, cultural needs, and preferences.

Consumers said they were supported to make decisions about their care and services, including who they would like to involve, and how care and services should be delivered. Staff were able to describe how they support consumers to make decisions about their care and maintain relationships of their choice and could describe the strategies they use to communicate with consumers living with a cognitive impairment to ensure consumers decision-making ability and independence were maintained. Care documentation identifies consumers’ lifestyle choices who is involved in their care and how the service supports them to maintain relationships of importance to them.

Consumers and representatives described how the organisation supports consumers to have choice, including when their choice involves an element of risk. Staff said consumers were supported to understand benefits and possible harm when they make decisions about taking risks. Risk assessments were conducted and decisions regarding dignity of risk and strategies to manage these risks were documented in care and service plans.

Consumers and representatives said information was provided in a timely and easy to understand manner which helped to make decisions about care and services. Staff described how they communicated information in an appropriate way to help consumers make informed choices and decisions, adapting communication style to meet consumer needs and utilising communication cards if required. Activity schedules, and menus were observed to be displayed throughout the service and on whiteboards.

Consumers said their personal privacy was respected by staff and they were given a key to lock their rooms if they choose to. Staff were able to identify ways in which consumers personal privacy and confidentiality were maintained. Policies and procedures were in place to support consumer privacy and confidentiality of personal information.

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# 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 5 of the 5 Requirements have been assessed as compliant.

Representatives said assessment and care planning identified risks to consumers. Management described the service’s assessment and care planning processes, and the organisation had policies, procedures, and a suite of evidence-based assessment tools to guide staff practice. Care documentation was individualised and included consideration of risks to individual consumers including but not limited to falls, skin integrity and diabetes management.

Consumers and representatives reported consumers receive care that aligns with their needs, goals, and preferences, and they are asked about their end of life wishes. Management advised discussions around advance care and end of life planning with consumers and representatives occurs during consumers entry to the service and these discussions are re-visited during care plan review processes or if a consumer’s condition deteriorates. Care planning documentation reflected consumers’ current needs, goals, and preferences in line with feedback, and included advance care directives and end-of-life wishes as appropriate.

Consumers and representatives interviewed said they were involved in assessment and care planning and described the involvement of other health professionals in their care and services. Management advised how they involve consumers, representatives, medical officers and other health professionals in assessment and care planning processes including during consumer case conferences.

Representatives were satisfied outcomes of assessment and planning are communicated to them, the staff explained what was in the care plan, and they were offered a copy of consumers care plan. Management advised how consumers and representatives are involved in the assessment and care planning process through a range of ways including case conferences and during regular review processes.

Representatives said changes to consumers care plan are made following any concerns or incidents. Management advised care and services are reviewed regularly for effectiveness, including via monthly Resident of the Day, the service’s 3 monthly review process, or when a change occurs in a consumer’s condition needs or preferences. Review of care documentation evidenced consumer care and services are reviewed regularly for effectiveness when incidents occur, for example falls or when circumstances change.

# 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives said the service provides safe and effective clinical care that addresses their needs and preferences. Care planning documentation evidenced consumers received individualised care that was safe, effective, and tailored to specific needs and preferences including but not limited to wound management, catheter care, pain management and medication management. Staff demonstrated an understanding of consumers’ personal and clinical care needs and described how they tailored care and services to optimise health and well-being. Training, policies, and procedures were in place to support best practice personal and clinical care.

Consumers and representatives said high-impact or high-prevalence risks to consumers are managed effectively by the service including falls and weight loss. Staff described procedures to monitor, identify, and manage risks to consumer health, such as weight loss, and could identify risks and strategies for consumer in line with care planning documentation.

Care planning documentation for a recently passed consumer evidenced end-of-life care was delivered in a way that ensured consumers’ comfort, including family involvement, pain management, pressure area care, and oral care. Management stated that the wishes of the consumer and family are respected, and efforts made to accommodate family if they wish to stay with the consumer, and spiritual or cultural needs identified and actioned, such as a visit from the Chaplain or a priest. Palliative and end of life care guidance was available to support staff in recognising and addressing consumers’ needs, goals, and preferences.

Representatives said staff identified and responded to consumer health changes, adjusting care and supports accordingly. Staff demonstrated effective knowledge regarding recognition of clinical deterioration and escalation and reporting procedures. Care documentation demonstrated staff recognise and respond to deterioration in a consumer’s health, capacity, and function in a timely manner, and any changes in the consumer’s needs and condition are communicated to those involved in their care.

Representatives were satisfied consumer needs and preferences were accurately communicated between staff resulting in them receiving safe and effective care. Staff could describe the type of information accessible to inform consumer care needs and preferences, including care plans, progress notes and information shared during hand over processes and mid-shift huddle meetings. Shift handover was observed between clinical and care staff to reflect details of changes in consumer’s condition and needs.

Consumers said the service’s referrals were timely and appropriate and they had access to a range of external health professionals such as allied health professionals and dementia specialists. Care planning documentation demonstrated the service collaborates and makes timely referrals to other health professionals, or other services, to meet the care needs of consumers. Management advised that consumers can be referred to dietitians, speech pathologists and dentistry as required via email.

Consumers said staff take precautions to minimise infection risks including wearing masks, gloves and using hand sanitiser. Clinical and care staff demonstrated good knowledge of antimicrobial stewardship as appropriate for their position and staff described screening for symptoms and reviewing pathology results prior to administration of antibiotics. Staff were observed using personal protective equipment and practicing correct infection control processes. The service’s Infection Prevention and Control Lead described how infection related risk is minimised through use of personal protective equipment, hand hygiene and daily COVID-19 testing for staff and visitors.

# 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 7 of the 7 Requirements have been assessed as compliant.

Consumers said they are supported to keep their independence and do things they want to do. The Occupational Therapy Assistants (OTAs) said they consulted consumers and representatives during assessment and planning processes to gather an understanding of consumers’ needs, goals, and preferences, and develop appropriate supports for daily living. The OTA described strategies and options to deliver services and supports for daily living that reflect the diverse needs and characteristics of consumers for example engaging volunteers to enable consumers who require support to participate in group activities. Care planning documentation identified the consumers’ needs, goals, and preferences.

Management and staff could describe how they support consumers’ emotional, psychological, and spiritual wellbeing through the person-centred activities program, one-on-one time with consumers, and visits by the service’s Chaplain. Management said a regular Chaplain attends the service each week to conduct mass and complete individual visits with consumers from all denominations and faiths. Consumers described the services and activities provided by the service to support their emotional, spiritual, and psychological wellbeing including supporting their religious beliefs. Care planning documentation evidenced consumers’ emotional and spiritual needs were considered and included individualised strategies to fulfil these needs.

Consumers said the service supported them to continue their social and personal relationships, and leisure interests within the service and in the broader community. Management reported they encouraged consumers to continue participating in activities that are meaningful to them, explaining that many consumers came from a farming or agricultural background and were supported to maintain their own gardens. Management explained they identify and encourage community connections by facilitating taxi access and vouchers to ensure consumers can attend external activities in the community, and support families to visit consumers at the service. Care documentation reflected lifestyle assessments and provided relevant information and tools for staff to utilise to help support consumers in maintaining leisure interests, community connections, and relationships of importance to them.

Consumers and representatives interviewed said staff are well informed about their needs and preferences. Staff described how they are informed of any changes to the consumer’s condition and needs such as via daily handover, meetings, and consumers care and services plan. Staff had access to consumers dietary information and described how they were informed of consumers’ dietary needs and requirements such as referring to printed information available in the kitchen. Care documentation and hand over sheets identified adequate information to guide staff practice in relation to services and supports for daily living.

Care documentation demonstrates the service communicates with other individuals, organisations, or providers to support the diverse needs of consumers. Care planning documentation demonstrated that the consumers were offered support from volunteers, Chaplains, and community mental health programs. Consumers and representatives said, and documentation evidenced referrals were completed in a timely manner for various individuals, other organisations, and providers.

Consumers and representatives said there was a variety of meals of suitable quality and quantity, and their requests for alternative meals was accommodated. Staff had access to consumers dietary information and described how they were informed of consumers’ dietary needs and requirements such as referring to printed information available in the kitchen. Menus are reviewed by a dietician with input from consumers gathered, including feedback from the Food Focus Committee meetings. The services snack menu was displayed in dining areas with photos of options and staff were observed asking consumers about their preferences for meals and drinks.

Consumers considered equipment was safe, suitable, clean, and well maintained. Staff said they had access to supplies and equipment for daily living and described the processes in place to maintain the safety and cleanliness of equipment. Equipment used to support consumers to engage in lifestyle activities was observed to be 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

This Quality Standard is compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers said they feel safe at the service and were encouraged to bring personalised belongings to decorate their rooms. Management advised that all consumer rooms had their own kitchenette, lounge room and separate bedroom, and consumers were encouraged to personalise their space and maintain their independence in chosen tasks. Dining rooms, activity rooms, and gardens were observed to be in use by consumers and visitors and provided opportunities for socialising or engaging in activities of choice. Consumer rooms were observed to be decorated, personalised, spacious, and able to accommodate mobility equipment.

Consumers advised their rooms were regularly cleaned and were able to access indoor and outdoor areas. The service was easy to navigate, with signage and bright, open, and spacious corridors and external pathways well maintained. Staff described the cleaning schedule and processes in place to maintain the safety and cleanliness of the service environment, such as cleaning high touch point areas, common areas, and consumer rooms. The service environment was observed to be clean, and documentation evidenced daily cleaning tasks were completed and up to date.

Consumers reported the service responds promptly when things need fixing. Clinical and care staff interviewed described how they clean equipment including lifting machines between uses, and infection control signage and disinfectant wipes was observed to be on equipment. Staff described the service’s processes for identifying, reporting, and actioning maintenance issues. Furniture and fittings were observed to be clean and in good condition. Review of the service’s preventative maintenance schedule demonstrates regular servicing of equipment occurs.

# 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 4 of the 4 Requirements have been assessed as compliant.

Consumers and representatives reported they understood the complaints process at the service and said they felt comfortable raising any concerns they had about their care with the staff. Management described ways consumers were encouraged and supported to give feedback and raise complaints, such as through consumer meetings, quarterly consumer engagement surveys, and feedback forms. Clinical and care staff reported the different ways available to consumers and representatives wishing to provide feedback or raise a complaint. A secured collection box was observed near the reception area, and an ample supply of feedback forms were located throughout the service as well as confidentiality envelopes.

Consumers said they were aware of advocacy services and this information was contained in the consumer handbook they received upon their entry to the service. Management and staff described external complaints resolution pathways available for consumers and others, such as advocates and interpreting services. Information was observed throughout the service environment informing consumers of external agencies for advocacy and complaints options and provided in different languages. Review of the services consumer handbook identified information on advocacy and external agencies for raising complaints.

Consumers who recently provided feedback or made a complaint to the service felt the service responded to their feedback appropriately and communicated with them to discuss their concerns. Clinical and care staff interviewed described the process in receiving and responding to complaints and feedback and described the principles of open disclosure which are practiced. The service’s feedback and complaints register demonstrated complaints were resolved in an appropriate and responsive manner using an open disclosure process.

Management described the service’s processes for continuous improvement and provided examples of where consumer feedback and complaints have resulted in improvements to care and service delivery. Consumers said improvements were made to care and services as a result of their complaints or feedback, such as the recent new dining room décor, and the introduction of a snack menu. Review of documentation such as consumer meeting minutes, surveys, and the complaints register evidenced feedback was used to drive improvement activities.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Overall consumers and representatives said there were enough staff to meet consumers needs and staff respond promptly to call bell requests. Staff interviewed said there were sufficient staff to provide care and services in accordance with the consumers’ needs and preferences and they have sufficient time to undertake their allocated tasks and responsibilities. Management described workforce planning and management strategies, such as developing the staff roster based on the care needs of the consumer cohort and having contingencies to account for unplanned leave. Documentation demonstrated the service had systems in place to regularly review the delivery and management of safe, quality care and services including monitoring of call bell response times.

Consumers and representatives said consumers are treated with respect and staff know their cultural background. Staff stated they would feel empowered to intervene and report their concerns to management if they ever witnessed disrespectful or concerning behaviour from staff.

Consumers and representatives said consumers were well cared for and they felt safe and comfortable with the staff. Management describe how they determine and ensure staff are competent and capable in their roles including providing position descriptions for all staff. Documentation evidenced staff were appropriately qualified and had the necessary checks and registrations required for their role in line with position descriptions and monitoring processes ensured expiry dates were identified and actions taken to ensure compliance.

Consumer and representatives reported the staff are well trained and explain things to them. Staff considered they work in a supportive environment and are appropriately trained and equipped to perform their roles. Management described various training and development opportunities provided to staff including orientation processes, buddy shifts, toolbox meetings, and additional education occurs in response to incidents, audit results or feedback. Review of mandatory training records identified training was provided on a range of topics with high rates of completion.

Management described the processes for assessment, monitoring and regular review of performance of each member of the workforce including during probationary periods and 6 monthly and 12 monthly staff performance reviews. Clinical and care staff reported they had recently completed their performance appraisal and it gave then the opportunity to raise any concerns or request any further training. Review of documentation for 6 monthly and 12 monthly performance reviews identified 100% completion.

# 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 5 of the 5 Requirements have been assessed as compliant.

Consumers described the various ways the service involves them in the delivery and evaluation of care and feel their voice is heard and staff are pro-active when feedback is received. Management described the various ways used to engage and support consumers in designing and improving care and services such as Consumer and Representative Meetings, Consumer Advisory Committee, Food Focus Committee, surveys and feedback from consumers and representatives. Documentation demonstrated information from consumers was used to develop improvement activities, with consumer satisfaction considered in the evaluation outcome.

Management described their organisational governance framework and how the governing body was involved, and accountable for the delivery of safe, quality care and services such as through Board Meetings and subcommittee meetings. The service reported to and was overseen by the Chief Executive Officer (CEO) and Clinical Care and sub committees, and the General Manager of Residential Care (GMRC). Documentation evidenced the governing body maintained oversight of the service by reviewing reports which covered various aspects relating to the performance and delivery of care and services, such as clinical indicators, feedback and complaints, and incidents. Compliance with the Quality Standards is monitored at site level and reported to the Board.

A reporting structure, policies, procedures, supported organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. In relation to financial governance management outlined the processes to obtain additional funding through business planning, capital expenditure and GMRC approval to support the changing needs of the consumers for example the recent purchasing of lifting equipment.

Effective risk management systems and practices were supported by a risk management framework and policies describing the management of high-impact, high-prevalence risks associated with the care of consumers, the identification and response to abuse and neglect, supporting consumers to live the best life they can, managing and preventing incidents. Staff demonstrated knowledge of the risk management framework, including reporting responsibilities, and described various risk minimisation strategies in place. Monitoring of risks was undertaken by management, who compiled monthly reports which are analysed and shared with clinical staff, and the governing body and relevant Clinical Care subcommittee and used to identify areas for improvement.

The service had a documented clinical governance framework and policies in relation to antimicrobial stewardship, restrictive practices, and open disclosure. In relation to antimicrobial management advised the service engages with a pharmacist who produces monthly reports for management and clinical staff for review and monitoring purposes. Staff demonstrated an understanding of the clinical governance framework and provided practical examples of how antimicrobial stewardship, minimising the use of restraint and open disclosure was implemented within their daily tasks.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)