Performance

Report

1800 951 822

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Performance report date: |
| Glengarry | 23 July 2022 |
| Commission ID: | Activity type: |
| 0492 | Site audit |
| Approved provider: | Activity date: |
| Twilight House | 14 to 17 June 2022 |

This Performance Report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Glengarry (**the service**) has been considered by G Cherry, 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 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
* the provider’s response to the assessment team’s report received 18 July 2022

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | | Compliant |
| 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

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

Sampled consumers and representatives consider consumers are treated with dignity and respect, can maintain identity, make informed choices and are supported to take risks to enable them to live as they choose. The service demonstrated support for consumers relating to independence; exercising choice in care and service delivery; when others should be involved, and development/maintaining relationships of choice.

Consumers consider care and services are delivered demonstrating respect of their culture, diversity, background, life history and special days are celebrated. They said staff discuss risks associated with their choices and gave examples of how they are supported to participate as safe as possible. Consumers/representatives consider consumers have a say in what they do and are encouraged/supported to maintain independence. Representatives expressed satisfaction staff know consumers well, resulting in activities being tailored to consumers background and life history. Consumers and representatives said they are kept informed of changes to care and services and receive information to enable informed decision making. The service demonstrates commitment through information provided in newsletters, handbooks and noticeboards.

Staff were observed generally offering privacy to consumers; interaction/engagement between staff and consumers was dignified, respectful, demonstrating interest in consumer’s well-being. Staff demonstrated knowledge of consumers cultural, religious and personal preferences; consistently referred to consumers in a manner demonstrating an understanding of their background/life story and how these aspects influence day-to-day care delivery and possible improvement in cognitive function and quality of life. Staff gave examples of methods and tools utilised to communicate with consumers experiencing communication difficulties, language barriers and/or living with cognitive impairment. Staff gave examples of supporting consumers to make informed choices during assessment processes and maintaining consumers’ confidentiality and privacy in care provision and communicating with others. Staff advised of training received relation to this Standard.

Documentation includes individualised detail of consumer’s emotional, spiritual and cultural needs and assessment processes gather relevant information relating to life history and identity. Documentation demonstrates consumer’s choice to participate in activities with an element of risk, engagement in decision making, medical officer/allied health professionals involved and agreement of risk minimisation strategies. Documentation is securely stored, and electronic records password protected. Policy and procedural documentation guide staff in relation to this Standard.

# Standard 2

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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The service’s care planning system contains assessments, including risk-based assessments linked to relevant care plans. Overall, sampled consumers and representatives expressed satisfaction of involvement in assessment and care planning, including advance care planning and end of life choices. Consumer’s consider staff involve them in the assessment and planning process; when incidents occur and/or consumers’ needs change and staff explain care needs/outcomes and risks relating to individual choices, plus discuss end of life wishes.

Via review of care documentation, the assessment team bought forward evidence the service’s processes do not consistently demonstrate evidence of accurate assessment documentation or individualised and effective interventions to mitigate identified risks in relation to skin integrity, wound assessment and oxygen therapy. Clinical staff described initial and ongoing assessment and planning and regular review processes, including when consumers’ circumstances change, or following an incident or decline in health. However, the assessment team bought forward some inconsistencies in documentation and evidence care plans are generic and not consistently tailored to consumers individual needs. Monitoring documentation to gather data relating to weight loss, skin integrity and pain management is not consistently recorded to inform appropriate clinical care/successful consumer outcomes.

While regular review occurs, it does not consistently effectively capture changes in consumers’ needs and/or result in reassessment to ensure consumers’ care and services are current and effectively met. The assessment team bought forward evidence the service did not demonstrate an effective system of documenting review/reassessment when consumers experience a change in care needs/circumstances such as weight loss, compromised skin integrity, pain or sleep deficits. Management acknowledged changes to consumer’s needs had not been consistently recorded and reviewed/updated documentation during the site audit, plus ensured specialist referral where required. In their response the approved provider advised specialist wound review acknowledged wound improvement.

Further, the approved provider acknowledged some documentation relating to wound care had not been updated to reflect current staging/outcome, however appropriate treatment occurred to facilitate healing. They acknowledged self-identification of documentation improvement was required and responded with planned education. In addition, they evidenced alternative locations to demonstrate assessment, notation and provision of oxygen therapy, administration of pain and sleep medications and regular medical officer review.

I have placed weight on the fact that while the service would benefit from implementing a process to ensure documentation consistently reflects current needs, they had self-identified this issue and responded by planning training: their response evidenced training sessions had occurred. Furthermore, a lack of documentation currency did not preclude appropriate care provision as evidenced by the approved provider.

In addition, I am persuaded by positive feedback from staff in relation to knowledge of consumers current needs and consumer/representative satisfaction. Consequently, I find requirements 2(3)(a), 2(3)(b) and 2(3)(e) are compliant.

I find requirements 2(3)(c) and 2(3)(d) are compliant.

Most consumers and representatives consider they are included and informed in the outcomes of assessment and care and services planning, they have access to care plan documentation and medical officers, specialists and other health professionals are included in this process.

Overall, the service demonstrates a partnership approach with consumers and/or representative to involve them in assessment and care planning. Staff demonstrate knowledge of most of their responsibilities and documentation generally reflects involvement by consumers, representatives, medical officers, specialists and other allied health professionals. The service demonstrated outcomes of assessment and planning are effectively communicated to consumers and/or their representatives and care plans are readily available. Policy and procedural documentation are available to guide staff in relation to this Standard.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | | Compliant |
| 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

Overall, consumers and representatives said they are satisfied consumers receive care they need and expressed satisfaction with the level of care and kindness provided from staff. Consumers and representatives consider management and staff provide regular communication with updates. Representatives expressed confidence end of life care maximising consumers comfort, dignity and respect would occur, and staff gave an example of palliative care provided. Consumers and representatives expressed positive feedback in relation to deterioration and responsiveness and consumers have access to medical practitioners and other professionals and specialists as required. Consumers and representatives consider consumers’ needs and preferences are effectively communicated to those involved in care delivery. Interviewed staff demonstrate knowledge of managing care for consumers nearing end of life including practical methods to ensure comfort is maximised.

Documentation indicates staff are mostly responsive to changes in consumers’ health and well-being with identification, monitoring and appropriate care, when changes occur. Via documentation review, the assessment team bought forward evidence of deficits relating to skin integrity, oxygen therapy, pain, wound management, lack of consistent documentation to demonstrate monitoring of care and inconsistencies relating to restrictive practices. In their response the approved provider refutes the accuracy of some evidence bought forward and furnished evidenced to support compliance. While they acknowledged some wound care, details were not clearly segregated and/or reflected current staging/outcome, this did not hinder appropriate wound care treatment which resulted in healing progression.

The site audit report detailed sleep monitoring processes are not consistently implemented however, the approved provider demonstrated effective processes, plus informed consent relating to restrictive practices and purports consumers are supported to access all areas of the environment. They demonstrated implementation of non-pharmalogical and complimentary therapies prior to administration of psychotropic and pain medications and guidance documentation to direct appropriate care of diabetes management. In addition, they evidenced assessment, notation and provision of oxygen therapy, administration of pain and sleep medications and regular medical officer review. The approved provider asserts regular observation/review occurs for consumers experiencing unwitnessed falls and evidenced documentation to demonstrate both this, and regular pain review. The assessment team observed the use of pressure relieving equipment in use.

The service demonstrated they are effectively managing behaviours of concern and associated risks. Staff and management described the high impact and high prevalence risks for consumers, including falls, pressure injuries, weight loss and behaviours and risks associated with diagnoses or decline. Staff described daily review, communication/information received, and the escalation process when consumers experience a change in condition, including general practitioner review. Staff are trained in the process for reporting incidents, including legislative requirements of externally reporting to the Serious Incident Response Scheme.

On balance, while I acknowledge some documentation gaps, taking into account the approved provider’s response, and staff’s demonstration of system/process knowledge and individual consumer needs, I am not convinced lack of some documentation has resulted in negative impact for consumers. I find requirements in this Standard are compliant.

The service demonstrates effective implementation of standard and transmission-based precautions to prevent/minimise infections and promotion of appropriate antibiotic use. Staff demonstrate knowledge of processes to minimise infection control including practical methods of reducing antibiotic resistance and principles of antimicrobial stewardship. There is a documented infection control program, including an outbreak management plan and recording vaccinations status. Recording and analysis of infections occur to ensure implementation of continuous improvement.

Policy and procedural documentation are available to guide staff in relation to this Standard.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | | Compliant |
| 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

An effective system was evident to ensure each consumer receives services and supports for daily living meeting their needs/preferences and optimising independence, health, well-being and quality of life. Consumers and representatives consider consumers are supported to engage in activities of interest, within the service and the wider community, lifestyle activity programs are varied and adequately meet consumers’ needs and preferences, and other individuals/external organisations are engaged to supplement activities to benefit consumers. Consumers expressed satisfaction they are supported to maintain personal/social relationships and remain in contact with those who are important to them.

Consumers consider their emotional, social, spiritual and psychological needs are met by staff and outside sources. Most expressed positive feedback relating to meals, acknowledging the service actively responds to issues raised. Consumers were observed to be engaged in meal service, participating in individual and group programs and staff interaction to ensure needs are met.

Documentation details consumer’s needs and preferences are effectively communicated within the organisation and with others who provide services/supports, and timely/appropriate referrals are made to other providers of care and services. Documentation detailed information including spiritual, emotional and psychological needs and preferences, plus dietary preferences/needs.

Interviewed staff demonstrated knowledge of consumer’s needs, what is important to them and activities they wish to engage in. They referred to processes which inform staff of changes in consumers’ needs. Staff gave examples of services and supports to promote emotional, spiritual and psychological wellbeing, consumers contact with those of importance; and how some consumers are supported to attend activities with external provider involvement. Assessment processes obtain consumer choices relating to the lifestyle program, meal preferences and those who consumer’s wish to remain connected with. Monitoring processes ensure continued satisfaction. Programs are available for consumers who prefer individual activities rather than group programs.

The service demonstrated equipment is safe, suitable, clean, and well maintained and staff described the process for pro-active and reactive maintenance programs. Consumers and representatives expressed satisfaction with the suitability and cleanliness of equipment provided. Policy and procedural documentation are available to guide staff in relation to most aspects of this Standard.

Standard 5

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | | Compliant |
| 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

The Quality Standard is assessed as Compliant as three of the three specific requirements has been assessed as Compliant.

Sampled consumers consider the service is clean, comfortable, well-maintained, welcoming and their rooms are personalised. They expressed satisfaction relating to visitors being welcomed, communal seating areas to interact/engage with others, ability to freely access outdoor areas, find the environment easy to navigate and cleaning and repair work is conducted when needed. The assessment team observed signage, level walkways to support consumers independence and mobility, plus appropriate lighting. Consumers have access to outdoor areas and were observed to be utilising common internal and external areas and lifts.

Staff described processes for reporting repair work and a preventative and responsive maintenance program ensures ongoing reliability. The environment supports consumer’s independence via navigational signage, mobility aids, seating areas, lighting, decorative assistance such as pictures/photographs.

The service demonstrated an effective system in relation to cleaning and ensuring furniture/fittings/equipment and the environment is safe, well maintained, comfortable and hazard free. Interviewed staff demonstrate knowledge of cleaning, maintenance processes and reporting/minimising hazards. Preventative and reactionary maintenance occurs, and auditing/monitoring process ensure equipment, fittings and the environment remain in optimal working condition. Documentation review demonstrate the service had identified some areas required upgrading of visual monitoring equipment: this is being progressed.

**Standard 6**

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | | Compliant |
| 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

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

Sampled consumers and representatives consider they are encouraged and supported to give feedback/complaints, and appropriate, timely action is taken in response. There are several mechanisms to capture feedback and to inform improvement. Consumers provided a range of feedback including, expressing confidence in discussing complaints in a safe manner, most are familiar with internal and external methods and who to communicate with, are confident feedback is used to improve services and gave examples of response/resolution including staff’s understanding of open disclosure practices. Consumers consider they are supported to participate in the development, delivery and evaluation of care and services through consumer meetings.

Staff gave examples of how to manage feedback when approached with concerns about care or services and advised of communication by management in relation to issues raised. Staff demonstrate understanding of open disclosure principles. Documentation review detailed actions taken in response to complaints, including open disclosure processes when required. Management explained processes to ensure consumers receive documented advice regarding complaints processes, and methods to support diverse/vulnerable consumers.

Management provided examples of improvements resulting from feedback. Regular monitoring processes ensure feedback is actioned in a timely manner, trends identified, and follow-up communication occurs to ensure ongoing satisfaction. Consumers were observed attending an information session on advocacy services. Information for consumers and representatives regarding complaints/feedback processes with access to advocacy groups and language translators is displayed. Policy and procedural documentation guide staff in relation to this Standard.

**Standard 7**

|  |  |  |
| --- | --- | --- |
| Human resources | | Compliant |
| 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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

Sampled consumers consider they receive care and services from management and staff who are knowledgeable, capable and caring. Consumers said staff are kind and gentle when providing care, have established positive relationships and they feel safe when staff are assisting them. Some consumers provided feedback the service would benefit from more staff, however, could not recall circumstances that prevented staff from assisting with care. Staff were observed to be interacting with consumers in a friendly and respectful manner and affording privacy when delivering care.

Staff consider there are enough numbers of staff to deliver care and services and a process for replacement of unplanned leave. Staff said they are provided with equipment and supports to carry out the duties of their role and receive ongoing support, training, professional development, supervision and feedback to enable them to perform their responsibilities. Staff gave examples of mandatory training and additional training provided as a result of their requests. They expressed positive feedback in relation to performance review.

Management demonstrated the process for ensuring enough workforce numbers and requirements for qualifications specific to each role. Orientation and training are provided relevant to the services processes/expectations, consumer cohort, core competencies and capabilities required for differing roles. Management provided examples of how staff competency and professional registrations are monitored for currency/suitability to the role and how they determine training required (including feedback from consumers/representatives). They provided examples of identified topics and planned sessions. There are systems for regular assessment, monitoring and review of staff performance and rectification processes when/if deficits are identified. Documentation detailed the process to ensure currency of staff registrations. Education and training records demonstrate examples of training provided to staff regarding the Aged Care Quality Standards including changes in legislative requirements. Policies and procedures provide guidance for staff relating to this Standard.

**Standard 8**

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

## Findings

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The service demonstrated a variety of avenues to support consumers and representatives in providing feedback and engagement in improvement processes. Sampled consumers/representatives consider the organisation is well run, they can partner in improving delivery of care and services and gave examples of methods available. Management spoke of a planned engagement manager role responsible to communicate with consumers and utilise feedback to ensure services are customised to individual needs and preferences.

The service demonstrated the role of the governing body, including board member involvement and effective organisational clinical governance and risk management frameworks such as high impact/high prevalence risks. The clinical governance framework is based on elements of leadership and culture, consumer partnership, organisation systems and monitoring/reporting. Risk assessments are conducted and documentation monitors management potential risks. Management demonstrated how these processes resulted in changes to practices to minimise risk. Management demonstrated the service is supported by a Board that promotes a culture of safe, inclusive and quality care and services and systems relating to each aspect of this Standard including monitoring processes to ensure compliance.

Various methods are utilised to identify opportunities for improvement and documentation used to monitor progress. Critical incidents are investigated and identified areas to reduce/mitigate reoccurrence are implemented. A flexible budget responds to changing consumer needs. Policies and workflow directives guide staff in this Standard. Staff demonstrate awareness of policies/procedures relevant to clinical governance and risk management frameworks and gave examples of how policies and procedures are relevant to their day-to-day work.

Staff demonstrate knowledge of complaint/continuous improvement, information management, regulatory responsibilities, open disclosure processes; minimising restraint use and preventative actions to minimise spread of infection. There is an incident management system and staff demonstrate knowledge relation to reporting/managing most incidents. Management demonstrated improvement activities as a result of incident analysis. Documentation detailed examples of open disclosure practices, appropriate infection control management and restrictive practices.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)