Performance

Report

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| Name of service: | Graceland Manor |
| Service address: | 508 Glen Huntly Road ELSTERNWICK VIC 3185 |
| Commission ID: | 3553 |
| Approved provider: | Graceland Hostel Services Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 28 March 2023 to 30 March 2023 |
| Performance report date: | 16 June 2023 |

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

**This performance report**

This performance report for Graceland Manor has been prepared by J. Howard, 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 conducted from 28 March 2023 to

30 March 2023. 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.

* Other information and intelligence held by the Commission in relation to this service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

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

# Areas for improvement

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

* *Requirement 3(3)(f)*– The Approved Provider must ensure the service makes timely and appropriate referrals to individuals, other organisations and providers of other care and services.
* *Requirement 8(3)(c)*– The Approved Provider must ensure there are effective, organisation-wide governance systems relating to information management; workforce governance; and regulatory compliance.

# Standard 1

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| 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

This Quality Standard is assessed as Compliant, as six of the six specific requirements were assessed as compliant.

Staff treated consumers with dignity and respect, with their identities and cultures valued. Care plans captured consumers’ details regarding their identities, backgrounds and cultural practices.

Consumers said staff respected their cultures, values, and diversity and supported them in practicing their beliefs. Care plans included specific cultural needs, backgrounds and spiritual preferences. Staff described consumers with different cultures and how they respected their cultural identities.

The service supported consumers to exercise choice and independence. Consumers were involved in, and supported to, make informed decisions. The organisation ensured consumers and their representatives understood the choices available to them.

The Assessment Team confirmed the service supported consumers to take risks and enabled them to live the best lives they could. The organisation had documented policies on managing and supporting consumer to take risks.

Staff provided information to consumers promptly and assisted them to make choices about their care and lifestyle. Staff provided information to consumers which enabled them to exercise choice. Care plans indicated the different communication strategies required for each consumer.

Most consumers advised their privacy was respected, and personal information was kept confidential. Management and staff respected consumer privacy. Personal information was stored electronically with restricted access. Privacy policy documentation outlined how the service maintained and respected the privacy of consumer information.

# Standard 2

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| 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

This Quality Standard is assessed as Compliant, as five of the five specific requirements were assessed as compliant.

The service demonstrated assessment and planning informed the delivery of safe and effective care and service. Care plans contained relevant information and assessments for potential risks to consumers’ health and wellbeing. However, the Assessment Team found the service was unable to consistently identify consumers potentially subject to environmental restraint. The service had policies and procedures about risk.

Assessment and planning identified and addressed each consumer’s care needs, goals and preferences, including advanced care planning and end-of-life care. Care plans identified consumers’ goals and preferences.

Clinical staff engaged consumers and their representatives in the assessment and planning process. Care plans demonstrated consumers were consulted throughout the assessment and care planning process, and whenever required. Staff sought input from health professionals and allied services as required.

Care planning documents were readily available for staff delivering care. Consumer care documentation demonstrated involvement through routine contact and when changes occurred to the health status of consumers. Care documentation demonstrated that other organisations and individuals were involved in the assessment and planning process for consumers as required. Consumers confirmed outcomes of assessments and planning were communicated to them and they could access their care plans upon request.

Care plans contained evidence of regular review, to minimise risk and implement improvements. Staff described how and when consumer care plans were reviewed. Consumers and representatives said staff regularly discussed their care needs with them, and all changes were addressed in a timely manner.

# Standard 3

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| Personal care and clinical care | | Non-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. | Non-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

I have assessed this Quality Standard as Non-compliant, as I am satisfied the service is non-compliant with Requirement 3(3)(f).

*Requirement 3(3)(f):*

The Assessment Team observed 2 consumers experiencing weight loss did not receive appropriate intervention. The service had policies and procedures which guided staff practice in relation to the involvement of other individuals; however, the nutrition and hydration policy and procedure did not provide clear indicators and guidance for referrals to dieticians, which resulted in consumers not being referred to dieticians in a timely manner. One representative described their concern with the timeliness of a referral to a wound consultant for further guidance.

The Assessment Team identified the following issues:

* A consumer representative expressed her concern with the amount of time her father waited for a review of his pressure injury by an external nurse consultant. The Assessment Team raised this with management, and its potential impact for the consumer. Management agreed and said they would ensure the consumer was a priority for review.
* Review of the nutrition and hydration policy provided no clear indicators for staff to make timely referrals to ensure consumer health and wellbeing, and no interventions to best support consumers in relation to weight loss.
* Clinical staff were unaware of the nutrition and hydration policy and were not able to articulate alternate interventions the service could implement for a consumer experiencing weight loss.

In its response, the Approved Provider acknowledged the Assessment Team’s observations, and submitted details of remedial actions being taken.

* In response to findings in relation to the consumer’s wound deterioration, the referral to the wound clinic and the lengthy timeframe for appointment, management accepted that a more robust system for referrals was required and undertook to seek a private wound consultant for future wound reviews, if the local wound clinic was unable to schedule a timely appointment. The external service providers’ information folder was updated to include additional contact details for wound management.
* With regard to weight loss, management stated they undertook a review of its nutrition and hydration policy, to include more clearly defined steps to undertake following weight loss, including referral to a dietitian. Supplement additional clinical staff education on managing nutrition and hydration by way of self-directed learning package in addition to the scheduled education is planned for July 2023.

Whilst I acknowledge the Approved Provided is now taking steps to remedy the deficiencies identified in the site audit report, at the time of the site audit, the service did not provide adequate, timely and appropriate referrals to individuals, including dietitians, and other organisations and providers of other care and services, until it was notified of the issue by the Assessment Team. Therefore, I find the service was non-compliant with Requirement 3(3)(f) at the time of the site audit.

*The remaining Requirements:*

The service demonstrated consumers received safe and effective personal and clinical care, that was best practice, tailored to their needs, and optimised their health and well-being. The service had policies and procedures in place which supported the delivery of care provided. Care plans demonstrated consumers received individualised care, which was safe, effective, and tailored to their specific needs. Care plans described key risks for consumers and contained relevant risk documentation and risk mitigation strategies.

Care plans noted high impact or high prevalence risks were effectively identified and managed by the service. Staff described the strategies in place to manage those risks.

Clinical staff explained how needs, goals and preferences of consumers nearing the end-of-life were recognised and addressed, and how care was adjusted to support the end-of-life process. The service had an end-of-life policy in place. Family members were involved in palliative care decisions. Consumer files indicated signed and dated advanced care directives were in place.

Consumers care plans and progress notes reflected the identification of, and response to deterioration or changes in condition. Staff identified consumer changes and responded to these changes in a timely manner. The service had policies, procedures and clinical protocols to guide staff in the management of deterioration.

Consumers and representatives were satisfied staff worked together to meet consumer care needs and preferences. Clinical and care staff were kept informed about changing needs and preferences of consumers. Information about conditions, needs and preferences were documented and communicated with those responsible for providing care.

Management, clinical and care staff applied infection control practices effectively. Staff at the service worked to minimise the need for antibiotics and ensured they were used appropriately. The Assessment Team reviewed the service’s infection prevention control policy and procedure documentation which guided staff practice.

# Standard 4

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| 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

This Quality Standard is assessed as Compliant, as seven of the seven specific requirements were assessed as compliant.

Consumers and representatives were satisfied the service provided supports for daily living which promoted their emotional, spiritual and psychological well-being. Lifestyle staff supported the religious, spiritual and psychological well-being of its consumers and demonstrated detailed knowledge of their preferences.

Consumers reported that their emotional, spiritual and psychological needs were supported, and they could stay in touch with family or friends for comfort and emotional support.

Consumers and representatives felt the service and staff assisted them to participate in their community, within and outside of the organisation's service environment, have social and personal relationships, and do things of interest to them. Care plans reflected the feedback provided by consumers and staff on this matter.

Consumers and representative indicated that consumers’ condition, needs and preferences were effectively communicated within the service and with others responsible for care. Care plans recorded information that supported effective and safe care for consumers.

Consumers and representatives were referred to individuals, other organisations and providers of other care and services satisfactorily. The Assessment Team observed a variety of resources available to support referral to external organisations.

Consumers and representatives expressed satisfaction with the quality, quantity and variety of the meals provided. Care plans included correct information regarding dietary requirements and preferences of consumers.

Staff had access to equipment that was safe, well maintained, and suitable for use. Consumers and representatives stated the equipment provided was safe, suitable for their needs, clean and well maintained.

# Standard 5

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| 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

This Quality Standard is assessed as Compliant, as three of the three specific requirements were assessed as compliant.

Consumers said the service environment was welcoming to their friends and family and encouraged a sense of belonging. The Assessment Team observed adequate space for consumers, with clear signage to freely access both levels at the service.

Consumers and representatives stated the service was clean, well-maintained and comfortable. The service had documented policies on maintenance of equipment and cleaning services. Cleaning schedules were in place with guidelines for staff on processes and frequencies of detailed cleans.

Shared equipment was regularly cleaned, and equipment used for handling consumers was safe to use. The service has documented policies in place for maintenance of equipment and stock management. The Assessment Team observed furniture and equipment was clean and well maintained throughout the service.

# Standard 6

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| 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

This Quality Standard is assessed as Compliant, as four of the four specific requirements were assessed as compliant.

Consumers and representatives felt comfortable in providing feedback and described multiple ways in which they could provide feedback. Staff were aware of the avenues available to consumers and representatives to provide feedback, and supported consumers to lodge complaints.

Staff assisted consumers with cognitive impairment and communication difficulties to provide feedback. Advocacy and language service details were included in staff training, and in staff and consumer handbooks.

The service demonstrated it took appropriate action in response to feedback or complaints and utilised an open disclosure process. The organisation had documented policies on consumer feedback which guided staff practice and used an open disclosure process with actions taken, and confirmation from consumers families that they were happy with the outcome of incidents.

Consumers and representatives confirmed the service used feedback and complaints received from them to improve care and services. Management demonstrated feedback and complaints were used to improve the quality of care and services provided to consumers.

# Standard 7

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| 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

This Quality Standard is assessed as Compliant, as five of the five specific requirements were assessed as compliant.

*Requirement 7(3)(e):*

The Assessment Team considered this Requirement was Not Met, as it considered the service did not demonstrate that regular assessment, monitoring and review of the performance of each member of the workforce was undertaken.

Having considered the evidence in the site audit report, and in the Approved Provider’s response of 22 May 2023, I reached a different conclusion and decided the service is compliant with this Requirement.

The Assessment Team identified the following issues:

* Management said the performance appraisal process at the service consisted of a three-monthly review completed on initial employment, a six-monthly probation review, and then a yearly review.
* Management advised performance reviews were attended yearly by management and the clinical care coordinator. The clinical care coordinator worked alongside clinical staff and monitored staff performance.
* Staff interviewed recalled their three-month, six-month and yearly appraisals were conducted by management.
* The Assessment Team requested records of staff performance appraisals. The service was unable to provide staff performance assessment and monitoring records.
* The Assessment Team reviewed the service’s continuous improvement register, and noted management had self-identified the performance appraisal process as an item for improvement, prior to the Site Audit.

I acknowledge the Approved Provider was unable to provide performance assessment and monitoring records when requested. However, the evidence clearly showed management conducted performance reviews upon staff members’ initial completion of a three-monthly employment period, followed by a six-monthly probation review, and then a yearly performance review. The clinical care coordinator monitored staff performance. Staff interviewed by the Assessment Team confirmed management’s assertions about the conduct of performance appraisals at the service.

Having considered the evidence in the site audit report and the material provided by the Approved Provider in its response, I am satisfied the service’s actions are acceptable and, at the time of the site audit, the service was Compliant with Requirement 7(3)(e).

*The remaining Requirements:*

I am satisfied the service is compliant with the remaining Requirements in Standard 7.

Consumers and representatives said there were enough staff at the service. Call bells were answered within an acceptable timeframe, and staff gave consumers them the care they needed. Management said vacancies on the roster were offered to the service’s staff before assistance was sought from nursing agencies. New staff members were supported in their roles and tasks by clinical and care staff. Management provided evidence of strategies in place to address any impacts on staff availability.

Consumers and representatives felt staff were kind, caring, respectful and gentle when delivering care and services, and were responsive to their needs. Staff were respectful of consumers’ identities and diversity and understood their backgrounds and cultural preferences. The service had documented behaviours expected of staff.

Management detailed processes which ensured the workforce was competent and had the qualifications or knowledge to effectively perform their roles. Consumers and representatives felt confident staff were sufficiently skilled to meet their care needs.

Management, staff and training records demonstrated staff were trained, equipped and supported to deliver care and services that met consumer’s needs and preferences, and had relevant competencies to ensure they had the skills to perform their roles effectively. Management were not able to consistently supply documentation to evidence the completion of training.

# Standard 8

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| Organisational governance | | Non-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. | Non-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

I have assessed this Quality Standard as Non-compliant, as I am satisfied the service is non-compliant with Requirement 8(3)(c).

*Requirement 8(3)(c):*

The Assessment Team observed documentation of effective organisation-wide governance systems including financial governance, continuous improvement and feedback and complaints.

However, the service was not able to demonstrate effective governance systems in relation to workforce governance, information management, and regulatory compliance, as the service’s restrictive practice policy did not reflect current legislative requirements. The service did not consistently identify consumers subject to environmental restraint. The service failed to report 2 separate reportable incidents through the Serious Incident Response Scheme (SIRS).

The Assessment Team identified the following issues:

* The service was not able to produce consistent records in relation to workforce governance, training attendance records and performance appraisal records.
* The Assessment Team observed the Restrictive Practices Policy and Procedure did not contain recent legislative updates, including the correct identification or definitions of the various forms of restraint.
* The Assessment Team observed 2 occasions where the service had not reported incidents that met SIRS criteria through the SIRS reporting tool. The Assessment Team provided feedback to management and referred management to resources on the Commission’s website. The service reported both incidents via the SIRS reporting tool during the site audit.

In its response, the Approved Provider acknowledged the Assessment Team’s observations, and submitted details of remedial actions being taken.

* Management acknowledged the training records were incomplete, and the scheduled staff education was compounded by the evacuation of the Home, and subsequent staff relocation.

The following improvements were adopted:

* Developed a training matrix to ensure all mandatory training is completed as scheduled.
* Allocation of responsibility for overseeing completed training and education.
* Management acknowledged consumers who were unable to remember the keypad code to exit the Home had not been assessed as environmentally restrained.

The following improvement were adopted:

* Reviewed the restrictive practices policy (a draft was provided to the Assessment Team during the site audit).
* Management reviewed all consumers’ capability to access and operate the keypad system. Environmental restraint assessment and authorisation was completed where required.
* Scheduled education for workforce on the restrictive practices and the use of environmental restraint.
* Contacted an aged care consultancy service to assist with updating policies and procedures.
* Management acknowledged the incident that occurred on the 26/02/23 should have been reported as a SIRS incident.
* Management acknowledged incidents were not reported within 24 hours as per the legislative requirement, due to the misinterpretation of incidents as normal behaviour, and management has now implemented the following actions:
* Management reviewed the process for SIRS alerts and commenced further training on SIRS Identification and documentation.
* The Facility Manager completed training on the ‘SIRS Decision Making Tool’ during the site audit visit.
* Staff education on SIRS reporting completed in April 2023.

Whilst I acknowledge the Approved Provider is now taking action to remedy the deficiencies, at the time of the site audit, management at the service was not able to demonstrate effective governance systems in relation to workforce governance, information management, and regulatory compliance, until it was notified of the issues by the Assessment Team. Therefore, I find the service was non-compliant with Requirement 8(3)(c) at the time of the site audit.

*The remaining Requirements:*

I am satisfied the service is compliant with the remaining Requirements in Standard 8.

Consumers said they assisted the organisation in the development, delivery and evaluation of care and services provided. Management and staff described the various ways the service involved consumers and their representatives, and acts on feedback from complaints to make improvements.

The organisation’s governing body promoted a culture of safe, inclusive care. Management received monthly reports from the clinical care coordinator. Management used this information to identify the organisations compliance with the Quality Standards and to monitor care and service delivery. Consumers interviewed expressed feeling safe living at the service with access to quality care and services.

The service had an effective risk management system in place to identify and manage risks to the safety and wellbeing of consumers, including for high impact or high prevalence risks. Risks are reported, escalated, and reviewed by management at the service level. Staff interviewed explained the processes of risk management, and use of the incident management system. However, the Assessment Team observed 2 occasions where the service had not reported incidents meeting SIRS criteria.

Staff understood the principles of antimicrobial stewardship, the need to discourage the use of antibiotics, gain consent and conduct pathology prior to commencement. The organisation did not have updated policies and procedure to guide the workforce in relation to SIRS and regulatory requirements for minimising the use of restraint.

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