Performance

Report

**1800 951 822**

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| Name of service: | Greenwood Manor |
| Service address: | 617 Lower Dandenong Road DINGLEY VIC 3172 |
| Commission ID: | 3237 |
| Approved provider: | Greenwood Manor Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 21 March 2023 to 23 March 2023 |
| Performance report date: | 11 May 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 Greenwood Manor (**the service**) has been prepared by G Hope-Simpson, 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.
* other information and intelligence held by the Commission in relation to the 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 | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers said staff treated them with dignity and respect, and that staff valued their identity, culture and diversity. Staff knew how to show respect for consumers’ identities, cultures and diversity, including by being polite and respectful, and by being aware of individual consumers’ preferences. Care planning documents showed that staff had identified individual consumers’ cultural and diversity needs, and recorded them accurately. The service had a documented policy on diversity that referenced current legislation.

Consumers said staff respected their cultures, values, and diversity by learning about their cultural backgrounds and by supporting them to practice their faith. Staff knew consumers’ preferences, values, and beliefs and care planning documents showed the service had accurately captured information about consumers’ religious, spiritual, and cultural needs, and personal preferences. The service had a policy on consumer diversity that included guidance for staff on cultural safety.

Consumers said they made decisions about how they wanted to live and that they were in control of their care. Representatives said the service respected their loved one’s choices and that it encouraged consumers to maintain their connections with family and friends. Staff supported consumers to be as independent as possible in their day-to-day interactions. Care documents showed the service incorporated consumers’ choices into its care planning processes. Staff often referred to care plan documents during care delivery.

Consumers said the service enabled them to take risks and live their best lives. Staff knew which consumers wanted to take risks and how best to support them to do so. The service supported consumers to make decisions about their care, including deciding who should be involved in it. Care planning documents showed which risks consumers took, and that staff had conducted associated assessments and identified appropriate mitigation strategies. The service had policies on managing risk for consumers, and a dedicated assessment process with accompanying forms.

Consumers said staff kept them informed of various events within the service, including activities, outbreaks, hair salon services, allied health practitioner visits and changes to its menu. Staff did so through a variety of channels, including by placing information on noticeboards in high-traffic areas around the service, by raising information during Resident and Representative Meetings and by communicating information through the services’ newsletters.

Consumers said staff respected their privacy. Staff used a variety of protocols to ensure they maintained consumers’ privacy, including knocking on doors and requesting permission before entering, using privacy signs when administering care, recording consumers’ privacy preferences in their care plans, communicating consumer information in private, and various other practices. The service had documented policies and procedures regarding privacy and personal information. These guided staff in collecting, disclosing, securing and storing consumers’ information.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Consumers said staff planned their care well and that their care met their needs. Staff used validated risk assessment tools and inputs from qualified practitioners as part of the planning process and they knew each consumer’s areas of risk. The service had assessment and planning processes, which guided staff in assessing consumers. The service’s processes ensured staff identified risks, and that planned care was effective.

Consumers said the service’s planning process identified their goals, preferences and needs and that staff confirmed these remained accurate during care discussions and care conferences. Consumers had access to advance-care planning and end-of-life planning, if they wished. Staff involved consumers and their representatives through regular engagement and engagement in response to incidents such as falls or other anomalous events. The service’s policies and processes enabled consumers to have safe and supported conversations about death and dying, and to make their end-of-life and palliative care wishes known to the service.

Consumers said staff engaged them throughout the assessment and care planning phase, including when seeking input from other health care providers. Staff partnered with consumers and their representatives to conduct assessments and they included other individuals and providers within the partnership, as appropriate. Care planning documents showed evidence of ongoing collaboration between consumers, the service, and other providers, and any other people the consumer wanted involved in their care.

Consumers said staff had supported them to understand the care and support they received. Representatives said the service regularly contacted them to provide updates about their loved ones, including, for example, to provide updates about the outcome of assessments. Staff knew how and when to engage consumers and representatives throughout the assessment and planning process. The service had policies to guide staff in communicating with consumers and their representatives.

The service had processes setting out how staff should conduct routine reviews of consumers’ care, and reviews in response to changes of circumstances, or following an incident. Staff knew the review process and could cite examples of changes that might trigger a care plan review. These included reviews in response to falls, escalations in clinical markers, changes in eating habits, presentation of pain or behaviours, and other changes. The service’s records showed staff had reviewed consumers’ care plans when their needs, goals and preferences had changed. The service had policies and procedures to guide staff in conducting reviews.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers said they received safe and effective personal and clinical care that was best practice, tailored to their needs and that optimised their health and well-being. Staff knew what constituted best practice care and delivered care according to these standards. Representatives said the service’s care supported and nurtured their loved ones, and that staff had tailored it to their loved ones’ needs. The service’s process documents contained guidelines consistent with best-practice personal and clinical care, and its care records showed staff delivered care according to these standards.

Consumers said staff effectively managed high-impact, high-prevalence risks. Staff knew the service’s processes for identifying and managing high-impact, high-prevalence risks, which included routine monitoring and reporting, ongoing assessment, and assessment and planning in response to incidents. The service used best-practice guidelines and validated assessment tools to manage risks associated with consumers’ care. Care plans and progress notes showed that staff managed risks on an individual basis. The service had policies and procedures covering high-impact, high-prevalence risks.

Consumers said they were confident the service would support them throughout their end-of-life care phase. The service had processes for assessing consumers nearing end-of-life and staff knew the procedures involved in making these assessments and in delivering subsequent care. The service had a program dedicated to improving outcomes for consumers nearing end-of-life.

Consumers said the service responded promptly to consumer deterioration or changes, including in mental health, and cognitive or physical function. Staff knew the service’s methods for detecting deterioration, including what steps to take if they identified a change that warranted follow-up. Care documents showed evidence the service identified and responded to deterioration or changes promptly and appropriately. The service had systems and processes to guide staff in identifying and responding to consumers deterioration.

The service had systems to ensure staff documented information about consumers’ care effectively, and that they communicated it among themselves, and with other providers. Consumers said they were satisfied with the service’s communication about changes in their condition. Staff communicated with each other about changes in consumers’ care and services through verbal handovers, meetings and care plans. Progress notes and care plans showed adequate information to support staff to care for consumers safely and effectively.

The service made referrals to a range of other providers, including for support with behaviour management, diet and nutrition, mobility and falls, wound management and complex care. The service had policies and procedures to guide staff in making referrals. Consumers said staff referred them to other providers promptly and appropriately.

The service minimised infection-related risks through standard and transmission-based precautions. It had processes to promote appropriate use of antibiotics and to reduce the risk of consumers developing antibiotic resistance. Staff knew how to reduce inappropriate antibiotic prescriptions and applied these methods as part of their infection minimisation regimen. These included practices such as encouraging consumers to increase fluids, completing pathology testing prior to prescribing antibiotics, and delivering personal hygiene to prevent infection. Consumers said the service managed the impact of COVID-19 appropriately.

# Standard 4

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

Findings

Consumers said the service’s daily living support met their needs, goals, and preferences and that it optimised their independence and quality of life. Consumers said they were positive and satisfied about living at the service and that the service felt like home. Care planning documents contained information about consumers’ life stories and identified their choices, likes, dislikes, social affiliations, spiritual needs, and information about the support consumers needed to do activities they enjoyed. Lifestyle staff consulted consumers to develop the service’s Leisure, Lifestyle and Well-being Plan, which they reviewed on a 3-monthly basis.

Consumers said the service’s daily living supports promoted their emotional and spiritual well-being. Staff supported consumers to maintain their emotional and spiritual well-being in a range of ways, such as by spending one-on-one time with consumers who did not wish to participate in group activities, or by supporting consumers to attend religious services. Care planning documents showed information about consumers’ emotional and spiritual needs, and accompanying strategies to support these needs.

Consumers said staff supported them to participate in the broader community, both within and outside the service environment. They said staff helped them maintain social and personal relationships and do things they were interested in. Staff supported consumers, including by facilitating trips outside the service, organising special gatherings of consumer groups within the service, coordinating raffles, facilitating charity initiatives and organising transport. Care planning documents showed information about activities consumers were interested in, and how staff should support them to participate in these activities, and in the wider community. The service displayed its lifestyle program for a given month on noticeboards around the facility.

Consumers said staff knew them well, and that they did not have to repeat their preferences to multiple staff members. The service utilised a paper-based documentation system, and a handover process between shifts to ensure staff shared consumer information over the course of delivering care. Staff knew the process for communicating among themselves and with other providers and the service had systems for identifying and recording each consumer’s condition, needs, and preferences.

Consumers’ care plans showed the service collaborated with other individuals, organisations, or providers to support the diverse needs of consumers. Staff actively involved consumers in referrals, obtaining their consent before doing so. The service had an established network of individuals, organisations and providers for referrals. Consumers said the service referred them to external providers promptly and that they were satisfied with the providers to whom staff referred them.

Consumers said the service’s food was good quality, varied and sufficient. During the site audit, the consumer dining experience was comfortable, unrushed and consumers received dignified, timely assistance. Staff knew consumers’ nutrition and hydration preferences, including those concerning meal size, cultural preferences, dietary needs, and any support specific consumers might require. Staff served food and drink to consumers at any time, including outside of standard catering hours.

Consumers said they felt safe using the service’s equipment and that it was fit-for-purpose, clean and well-maintained. Lifestyle staff said they had suitable equipment and that, if required, the service would purchase additional equipment to enable consumers to participate in specific activities. Staff knew how to report any equipment maintenance issues and the service’s maintenance documents showed it had reactive and preventative maintenance processes. The service’s maintenance documents showed it carried out regular preventative maintenance.

# Standard 5

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

Findings

Consumers said the service environment was welcoming, easy-to-understand and that it optimised their independence, interaction, and function. During the site audit, staff were friendly and welcoming. The service had adequate seating in communal spaces, and it featured prominent signage to help consumers and visitors navigate its interior, including maps, directions, room names, room numbers, and other such signage. Consumer rooms had ample space and the rooms typically featured a bed, desk, bookshelf, a bathroom, and a kitchenette. The service encouraged consumers to personalise their rooms with their own furniture, personal effects and equipment.

Consumers said the service environment was clean, well maintained, and comfortable and that they were able to move freely indoors and outdoors. The service had documented policies and procedures for maintenance, laundry and cleaning services. Cleaning staff cleaned according to a structured schedule. This included cleaning the service’s reception area, offices, pan rooms, glass doors, and the dining room once per day. They cleaned consumers’ rooms and bathrooms once per week and completed spot cleaning when required.

Consumers said the service’s furniture and equipment were safe, clean, well maintained, and suitable. Care staff knew the process for logging maintenance requests and maintenance staff kept accurate records of work they carried out. The service had policies for asset management, electrical safety, and testing and tagging. Its testing and tagging initiatives encompassed consumers’ electrical items and equipment.

# 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

The service encouraged and supported consumers and representatives to provide feedback through multiple channels, including through meetings, direct to staff, through the service’s dedicated feedback forms, and via external advocacy groups. Consumers said they felt comfortable providing feedback and making complaints. Staff knew the service’s feedback and complaint mechanisms and how best to support consumers and representatives to make complaints. Feedback forms and lodgement boxes were located in various areas throughout the service.

Consumers said they knew the various methods available to them to raise complaints or provide feedback. Staff supported consumers to raise complaints by providing them with information about advocacy and external complaints services, by escalating their concerns and by supporting them to physically submit complaints if required. The service had documented complaints and feedback policies, which included directives about using external advocacy groups. The service provided information about its’ complaint’s mechanisms and advocacy services in various formats such as posters, brochures, and in the consumer handbook.

The service had policies on consumer feedback, and open disclosure to guide staff in responding to complaints. Consumers said the service took appropriate action in response to complaints and that they were satisfied with how the service had handled their complaints. Staff at various levels knew their roles in response to complaints, including the importance of apologies, and how and when to issue them. The service’s complaints records showed it applied open disclosure appropriately.

The Assessment Team found the number of compliments the service received far exceeded consumer complaints. When the service did receive constructive feedback or complaints, it used them to improve the quality of its care. Management could cite recent examples of when the service used feedback to improve its care, including when it replaced a consumer’s mattress, purchased new outdoor furniture and sun umbrellas and bought new décor at a consumer’s request, among other examples. Consumers said the service used feedback and complaints at Resident Meetings and through other mechanisms to improve the quality of its care. The service had documented policies about using feedback and complaints information as part of its continuous improvement process.

# Standard 7

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

Findings

Consumers said they were satisfied with the quality of staff and care at the service and that they felt safe. They said staff were ‘outstanding’, that staff met their care needs and that they answered call bells promptly. During the site audit, staff were available and responsive when consumers needed them. Staff rosters showed no unfilled shifts in the weeks prior to the Site Audit, and that the service had rostered on a registered nurse every shift, every day. Management said it used agency staff occasionally to fill vacancies arising from unplanned leave, and that, when it did so, it ensured the mix of staff was appropriate to enable safe and effective care.

Consumers said staff were kind, caring, and gentle when delivering care. They said staff respected their identity and diversity and understood their background and preferences. Interactions between staff and consumers were kind, caring, and respectful of each consumer’s identity, culture, and diversity. The service had set out its expectations for staff behaviour in its code of conduct handbook. It also had policies on cultural identity, diversity and inclusion, which governed staff behaviour toward consumers. The service monitored the conduct of its staff through observation, consumer feedback, its performance appraisal process, and through care records and clinical indicators.

Consumers said they were confident staff were sufficiently skilled and that staff could meet consumers’ care needs. The service had processes and systems for ensuring its workforce was competent and had relevant qualifications and knowledge. These included position descriptions, mandatory training, learning packages, toolbox training, and its online learning and development platform. Staff said they were confident they could deliver care to consumers and that they actively participated in the service’s training and assessments processes. The service’s human resources records showed staff had relevant qualifications.

Consumers said they did not think there were any areas where staff required more training and that staff knew what they were doing. The service’s training records showed it had a training framework for new staff, and an ongoing training program, to ensure staff maintained the knowledge required to deliver appropriate care outcomes. The service’s records showed high training completion rates.

The service regularly assessed, monitored and reviewed each staff member’s performance, and it had an annual performance appraisal process. When reviewing staff performance, the service incorporated information from a range of sources, including feedback from consumers. The service had a policy on staff performance management to guide senior staff in conducting performance and competency reviews, and to performance-manage staff whose performance was below standard. Staff files showed the service had completed performance appraisals for all staff within the last 12 months.

# 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

The service engaged consumers to develop, deliver, and evaluate its care. It did so in a variety of ways, including through consumer meetings, via its feedback channels, through surveys, and through structured and informal feedback initiatives. The service had a clinical governance framework that obliged it to partner with consumers and develop an understanding of consumers’ perspectives, needs, and preferences. The framework also required staff to develop systems and processes that fostered consumer participation, positive consumer experiences, and best-practice health outcomes. Consumers confirmed the service involved them in developing its care.

The services’ governing body promoted, and was accountable for, delivering quality care and services and developing a culture of safe, inclusive care. The services’ policies and procedures enshrined the role of the governing body within the culture of the service, and its ethos of safe, quality and inclusive care cascaded throughout the services’ reporting initiatives and consumer engagement practices. Consumers confirmed the governing body promoted a culture of safe, inclusive and quality care.

The service had an effective organisation-wide governance system that guided staff in information management, continuous improvement, financial governance, workforce governance, regulatory compliance and complaints handling. Staff knew how these systems applied to their work and to the broader goals of the service in delivering care to consumers while managing risks and meeting its regulatory obligations. The service was paper-based and utilised hard copies and manual processes to manage risk and report throughout its management structure.

The service had risk management systems to monitor and assess high impact, high prevalence risks associated with consumer care. Staff reported, escalated and reviewed risks at the service level and the organisations’ executive management, including its governing body, reviewed risks at the organisational level. Staff cascaded the governing body’s directions throughout the service using clinical committee meetings. Staff knew the services’ risk management processes, including key areas where the service carried risk, and relevant mitigations.

The governing body had a clinical governance framework and staff had implemented this framework within the service. Management and staff applied the principles of the framework in their day-to-day activities, and the service had embedded the principles in various policy documents governing clinical care. These included policies on infection control, antimicrobial stewardship, restrictive practices, diversity, cultural inclusion and other aspects of care. Staff practiced open disclosure and they knew the principles of the service’s clinical governance framework. Committee meeting minutes showed staff had applied the clinical governance framework to the care they delivered.

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)