**Performance**

**Report**

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| Name: | Hammond Community Care - South East Sydney |
| Commission ID: | 200269 |
| Address: | 19 Kiama Street, MIRANDA, New South Wales, 2228 |
| Activity type: | Quality Audit |
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This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 749 HammondCare  
Service: 17533 Hammond Community Care - South East Sydney  
Service: 17534 Hammond Community Care - South East Sydney Dementia EACH  
Service: 17527 Hammond Community Care - South East Sydney EACH

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7298 HammondCare  
Service: 26069 HammondCare - Care Relationships and Carer Support  
Service: 26070 HammondCare - Community and Home Support

**This performance report**

This performance report for Hammond Community Care - South East Sydney (**the service**) has been prepared by L. Malone, 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 Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others

# Assessment summary for Home Care Packages (HCP)

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

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

Findings

Consumers and representatives said staff treat consumers with dignity and respect by valuing them as individuals, taking time to get to know them and understanding what is important. Staff provided examples of what dignity and respect means in care and service delivery such as understanding a person’s background, values and culture, and providing care which aligns with consumers’ preferences. Care documentation included relevant information about consumers’ significant life experiences and people who are important to them.

Consumers and representatives said staff understand their preferences and provided examples culturally safe practice. Staff described culturally safe care as understanding a consumer’s cultural background and providing care which respects their values, beliefs or practices. Staff and management described matching workers to consumers of the same language background where possible and the service utilises an electronic scheduling platform which provides alerts related to cultural safety such as language spoken by the consumer or preference of worker including consideration of gender. The Assessment Team found evidence the service recognises consumers’ diverse identities and delivers training to staff which promotes culturally safe practice and respect for consumer’s right to express their identity.

Consumers and representatives were satisfied consumers can exercise choice; consumers are able to make decisions about the way their care and services are delivered, involve those who they wish in decision making and maintain relationships of importance to them. Care documentation provided evidence of consumer’s decisions about care and service delivery being effectively communicated and provided information about their important relationships. The service has policies and procedures which support consumers’ right to be involved in decision making.

Consumers and representatives described how the services and supports consumers receive allow them to be independent or optimise their quality of life. Staff and management described how they support consumers in choices, including those involving risk, and act to identify and prevent risks through risk assessments while supporting consumers to express choice in meaningful ways. The Assessment Team viewed documentation such as Aged Care Charter of Rights and service agreements available to consumers which informs them of their right to make choices involving risk, and policies and procedures to guide staff practice.

Consumers and representatives said they receive information which is easy to understand and enables them to make choices such as itemised monthly statements and a regular newsletter, and they said staff are approachable for further information if required. Management and staff described how they support consumers to exercise choice by discussing the information in service agreements, consumer handbook and other information and the service has produced an educational video available to consumers and representatives on how to understand the monthly statement. Written information viewed by the Assessment Team was found to be clearly communicated, relevant and easy to understand.

Consumers and representatives were satisfied consumer’s personal information is kept confidential and their personal privacy and dignity is respected during care and services. Staff and management described processes in place to protect information privacy such as password protected information, processes to ensure consent to share information, mandatory training in privacy, and a policy related to privacy and dignity. The service provides information to consumers informing of them of their rights in relation to privacy.

I have considered the evidence, as summarised above, and find Requirements 1(3)(a), 1(3)(b), 1(3)(c), 1(3)(d), 1(3)(e) and 1(3)(f) to be Compliant.

# Standard 2

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

Findings

The Assessment Team found assessment effectively identified relevant risks to individual consumers, and care planning was informed by assessment findings. For example, care documentation considered risks such as those related to falls, manual handling or use of equipment to assist a consumer with mobility, or risks related to consumers not being home for a scheduled service. Care documentation provided information relevant to individual consumers, and strategies relevant to the identified risk. Documented information aligned with information provided by consumers, representatives and staff during interviews.

Consumers and representatives provided positive feedback about the assessment and care planning process and how it meets the needs, goal and preferences of the consumer. Some provided examples of how the service plans care to meet their goals of staying independent the home, planning end-of-life care or transitioning to other care providers such as residential care. The Quality Audit report presents evidence under both Requirements 2(3)(a) and 2(3)(b) of care documentation which demonstrates assessment and care planning identifies consumer’s needs, goals and preferences, including at the end-of-life, and plans individualised strategies to meet these.

Consumers and representatives described being included, respected or listened in the assessment and care planning process. Management described some other providers of care who they regularly consult with such as My Aged Care (MAC) and a consumer’s medical provider to plan care and services. Consumer care files documented consumer’s choices and provided evidence of involvement of those the consumer wishes in assessment and care planning.

Consumers and representatives confirmed they understand the consumer’s care plan, know the information it contains or recalled receiving a copy. Staff said consumer care plans are accessible and the outcomes of assessment and care planning effectively communicated.

Consumers and representatives provided examples to the Assessment Team of regular informal reviews such as staff checking on them and of reviews of assessment and care planning in response to changes in the consumer’s condition such as progression of dementia or following hospitalisation. Care documentation demonstrated evidence of regular, timely and responsive reviews of assessment and care planning effectiveness.

I have considered the evidence, as summarised above, and I find Requirements 2(3)(a), 2(3)(b), 2(3)(c), 2(3)(d) and 2(3)(e) to be Compliant.

# Standard 3

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

Findings

Consumers and representatives were satisfied the clinical and personal care delivered to consumers is tailored and optimises wellbeing. Some consumers described how their personal care assistance is delivered in line with recommendations, or described staff monitoring the consumer’s vital signs or providing regular continence care which maximises health. Staff and management could describe strategies in place to support safe and effective care such as regular monitoring, delivery of care in line with consumer’s care plan and nursing assessment of initial personal care (showering) support for consumers who have a wound. The Quality Audit report presents evidence under Requirement 3(3)(g) of observations and evidence related to safe medication assistance including the use of webster packs and staff checking the consumer, medication and documentation prior to administration.

The service has effective systems and processes to identify and respond to high-impact, high-prevalence risks to consumer health and wellbeing. Risks are identified in consumer’s care documentation and on the service’s risk register and strategies are in place to manage the risks for individual consumers.

Management described how the service provides care to consumers nearing end-of-life including an assessment process, engagement of specialist palliative care and other providers, regular communication regarding consumer’s wishes and a holistic approach to maximise comfort and dignity. The service provides training to staff to support care at end-of life.

Management and staff described how they recognise and report any changes in a consumer’s condition and provided an example of recognising changes in a consumer’s mobility and following up with the medical officer in response.

The Assessment Team found information about consumers’ condition, needs and preferences is effectively communicated between those who share care. Information is documented on the electronic consumer care file as well as in the consumer’s home folder which contains their care and services plan. Management described how the electronic care system supports alerts and notification of changes to a consumer’s condition, and described how changes, incidents and risks are discussed at risk management meetings to ensure those who share care are informed.

Consumer and representatives were satisfied referrals are timely and appropriate. Some described referrals that had been made to other providers of care and services such as occupational therapists, specialist dementia services, vision support services or speech pathologists and how this supported effective care and services for the individual consumer. Care documentation demonstrated timely referrals to other providers of care and that recommendations made by these providers were implemented into consumer’s care and service delivery where appropriate.

Staff described infection control practices including hand hygiene, the use of personal protective equipment (PPE) and participation in infection control training. The Assessment Team observed staff to be using PPE appropriately during the Quality Audit and found the service has processes in place to monitor and support staff vaccinations.

I have considered the evidence, as summarised above, and find Requirements 3(3)(a), 3(3)(b), 3(3)(c), 3(3)(d), 3(3)(e), 3(3)(f) and 3(3)(g) to be Compliant.

# Standard 4

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

Findings

Consumers and representatives described how the services and supports they receive optimise consumer’s quality of life and assist them in their goals of independence such as transport supporting consumers to attend necessary appointments, or cleaning and meal services which enable consumers to remain at home, and how these supports are tailored to their needs.

The Assessment Team received positive feedback from consumers in relation to the emotional, psychological or spiritual supports provided. Management described how it is identified when a consumer may be feeling low or require additional support, and the types of support offered to consumers including wellness focused strategies and appropriate referrals. The service provides training in mental health first aid which is mandatory for all staff.

The Assessment Team observed consumers participating in a group activity at a local community hall during the Quality Audit and consumers described the various ways their services and supports such as transport, social outings and support to do things of interest keep them connected to the community.

The Assessment Team received positive feedback from consumer and representatives about the way the consumer’s needs and preferences are communicated. Some consumers referred to written information in their home and said that staff know ‘what to do’. Staff were able to describe individual consumers conditions, needs and preferences and said the documented care plan provides accessible and relevant information to help them understand what kind of support the consumer requires.

Consumers and representatives were satisfied referrals made for consumers to other providers of care and services were appropriate and provided examples of how referrals have assisted them. Documentation demonstrated timely and appropriate referrals, that recommendations are implemented, and the service has policies and procedures to guide staff in the referral process.

The service demonstrated effective processes to ensure the meals delivered to consumers are of suitable quality and quantity and meets consumers’ dietary needs and preferences. Consumer’s dietary information is documented in their care file and is available to staff where meals are served, and the Quality Audit report contains positive feedback from a consumer in relation to the quality of meals.

The service demonstrated effective processes to ensure the equipment provided to consumers is safe, suitable and well-maintained including assessment for and prescription of equipment by a suitably qualified allied health professional, and processes to ensure regular servicing, maintenance and replacement of equipment when required. Staff receive manual handling training upon induction and annually to support safe use of equipment.

I have considered the evidence, as summarised above, and I find Requirements 4(3)(a), 4(3)(b), 4(3)(c), 4(3)(d), 4(3)(e), 4(3)(f) and 4(3)(g) to be Compliant.

# Standard 5

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

Findings

The Assessment Team observed the service’s cottage respite environment and found it to be welcoming and accessible with consumer’s rooms displaying a photo and name on the door and signage around the service environment to assist navigation.

The Assessment Team observed consumers moving freely indoors and outdoors and some provided feedback they enjoy walking in the gardens. Staff described their role in ensuring the service environment is kept clean and safe for consumers.

The service has a schedule of preventative maintenance and conducts quarterly inspections of the service environment Staff described how they report any issues which are then are promptly attended to by the maintenance team.

I have considered the evidence, as summarised above, and I find Requirements 5(3)(a), 5(3)(b) and 5(3)(c) to be Compliant.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

Consumers and representatives said they know how to provide feedback or make a complaint, they are provided this information at admission and encouraged to provide feedback regularly. Management described various methods to provide feedback such as phone, email, direct contact with staff, via the website or at regular surveys, and staff demonstrated knowledge of these processes or described how they would support a consumer to provide feedback. The service has policies and procedures which guide staff practice in the management of feedback and complaints.

While no consumers or representative interviewed by the Assessment Team had accessed advocacy or language services, some said they were aware of them. Management and staff described how they provide information to consumers about these services and how they would support access. The Assessment Team viewed information for consumers which informed them of the types of services available.

Consumers and representatives were satisfied actions are taken in response to complaints and described staff talking with them about their concerns. Staff demonstrated understanding of open disclosure and described using open and transparent communication, acknowledging mistakes and apologising when things go wrong. The service has policies and procedures and other written guidance for staff which refer to an open disclosure process.

The service demonstrated effective processes to ensure feedback and complaints are reviewed and used to identify opportunities for improvement in care and services. Feedback and complaints are analysed for trends and risk severity, and a report is compiled regularly for the governing body. The Assessment Team viewed the service’s continuous improvement plan and found information from feedback and complaints was used to improve care and services, and management described how the service evaluates the effectiveness of actions implemented.

I have considered the evidence, as summarised above, and I find Requirements 6(3)(a), 6(3)(b), 6(3)(c) and 6(3)(d) to be Compliant.

# Standard 7

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

Findings

Consumers and representatives said staff regularly are on time for scheduled services, do not rush when attending to consumer’s care and that scheduling changes are effectively communicated. Staff said they are provided enough time to attend to consumer’s services and spend time with consumers. Management demonstrated how the workforce is planned to provide safe and quality care including the use of a system to ensure that high priority services such as personal care or medication support are delivered. Rostering staff have access to consumer’s needs and preferences in relation to scheduling available when planning the workforce and managing staff leave.

Consumers and representatives said staff are kind and respectful when providing care and services. Staff described the importance of establishing rapport and connection with consumers and building on these relationships. Staff participate in training related to professional conduct, customer service, dignity and respect.

Consumers and representatives were satisfied staff are competent to perform their roles and they have confidence in the knowledge and skills of staff. The service has written job descriptions which outline required competencies and responsibilities and effective processes to monitor the participation of staff in mandatory training, qualifications and police checks.

Staff said they are supported with relevant training both at commencement of their role and ongoing, and identified a range of topics which support the delivery of care in line with the Quality Standards. The Assessment Team viewed the service’s schedule of training and found a range of relevant topics and a high rate of staff participation in training.

Reviews of workforce performance are conducted annually, and the service demonstrated these to be up to date. Management reviews feedback and complaints, incidents and uses performance review discussions with staff to identify learning opportunities and individual performance goals.

I have considered the evidence, as summarised above, and I find Requirements 7(3)(a), 7(3)(b), 7(3)(c), 7(3)(d) and 7(3)(e) to be Compliant.

# Standard 8

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

Findings

The service demonstrated consumers are engaged in the development and delivery of services, primarily through feedback and annual surveys, and how this information is used to inform improvements.

The service demonstrated effective systems of accountability for the delivery of safe, quality and inclusive care. The organisation’s governing body and sub-committees receive regular communications on performance in clinical care, financial operations, incidents, feedback and other information. The board meets bi-monthly and uses this information to facilitate strategic and operational planning and implement actions and recommendations which support safe, inclusive and quality care to consumers.

The Assessment Team found evidence of effective organisation wide systems of governance; the service uses a secure electronic information management and has system and policies which support information privacy and consent to information sharing; the service has a continuous improvement plan which is informed through a range of data sources to identify and trends and opportunities to improve care and services; effective management of resources and financial governance; effective systems of workforce governance to ensure clear delegation of responsibilities; processes are in place to maintain up to date with regulatory obligations, and changes are discussed by and implemented through the governing body; feedback and complaints are effectively captured and responded to.

The Quality Audit report presents evidence of effective systems to manage risk including identification and management of high-impact, high-prevalence risks, increased monitoring for consumers with identified risks or who are vulnerable, and a centralised incident management system with effective oversight of reporting and review of incidents including those reportable under the Serious Incident Response Scheme (SIRS). Staff receive training in prevention of abuse and neglect and demonstrated to the Assessment Team they knew how to identify and report any concerns.

The organisation demonstrated effective clinical governance and has policies and procedures to support the delivery of quality clinical care including in relation to antimicrobial stewardship, minimising the use of restrictive practices and the use of open disclosure. The governing body receives regular reports on clinical incidents, infections and other clinical indicators to support safe and quality clinical care delivery.

I have considered the evidence, as summarised above, and I find Requirements 8(3)(a), 8(3)(b), 8(3)(c), 8(3)(d) and 8(3)(e) to be Compliant.

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