Performance

Report

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| Name of service: | Havilah On Palmerston |
| Service address: | 25 Palmerston Street MARYBOROUGH VIC 3465 |
| Commission ID: | 3951 |
| Approved provider: | Havilah Hostel Inc |
| Activity type: | Site Audit |
| Activity date: | 21 March 2023 to 23 March 2023 |
| Performance report date: | 10 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 Havilah On Palmerston (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 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 they could maintain their identity, make informed choices about their care, and live the lives they chose. They said staff valued their culture and diversity, and respected their privacy. During the site audit, staff were respectful to consumers, and showed they understood consumers’ care needs. The service had policies and procedures that guided staff in delivering respectful, dignified care.

The service’s consumers were predominantly from regional Australian backgrounds. They said staff respected their culture and staff were happy to deliver care according to their preferences. The service commemorated culturally significant events, including St Patrick’s Day, Lent, Easter and others. Staff knew the cultural identities of the service’s consumers, and how to meet consumers’ care needs. Consumers’ care plan documents showed the service had accurately recorded consumers’ care choices, and information about what was culturally significant to consumers.

Consumers said the service engaged them to make decisions about their care and that it supported them to make and maintain connections, within and outside the service. They said staff encouraged them to participate in activities, to keep them connected with others. Representatives said they were happy with the service’s care, and the service involved them in care planning decisions when appropriate. Staff supported consumers to maintain their relationships, for example by co-locating consumers who wished to be near each other, facilitating nominated people to be involved in consumers’ care, and supporting consumers to attend activities. During the site audit, consumers spent time with their family members, participated in group and individual activities, and socialised together.

Consumers said the service enabled them to participate in activities they wanted, even activities which carried risk. Staff knew it was important for consumers to make their own choices, and staff supported consumers to take on risks to live the best life they could. Staff consulted with consumers, families, and allied health professionals about the risks consumers wanted to take, to ensure consumers were fully informed. The service also completed dignity of risk forms for consumers, which were uploaded to the digital system.

Consumers said the service enabled them to make care decisions by communicating with them about meal options, activities, service events, and other aspects of their care. The service communicated with consumers about their decisions using a variety of channels, including through care planning consultations, daily verbal discussions, email, feedback forms, Residents and Friends meetings, and Food Focus Groups. The service also had a regular newsletter and its ‘The Four Seasons’ quarterly update, which management used to give detailed updates about the service.

Consumers said staff respected their privacy, including during family visits. Staff knocked on consumers’ doors, sought permission before entering rooms, and used ‘do not enter’ tags on doors when attending to personal care. Staff kept consumer information on an electronic care planning system that required a password to access. The service’s privacy and confidentiality policy ensured it collected, stored, used, and disclosed consumer information in line with the Australian Privacy Principles. The service had a Privacy and Consent form to document consumers’ consent for use of their private 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 held care plan discussions with them and spoke to them about risks related to their care. Staff assessed consumers on admission and after incidents using validated risk tools and documented assessment outcomes in care plans. Staff discussed assessment outcomes in clinical forums, helping to ensure valid clinical decision making. The service had process documents to guide staff in completing risk assessments using tools such as the falls risk assessment, Norton score, and mini nutritional assessment. The service informed staff about identified risks via consumer care plan updates, handovers, and electronic care management system (ECMS) messages.

Consumers said staff asked them what aspects of their care were important to them. As per organisational process, staff discussed advance-care planning and end-of-life planning information with consumers and representatives upon admission. Consumers confirmed the service sought their advice about their end-of-life care if they wanted to discuss that aspect of their care.

The service had clinical assessment and care planning policies to guide staff in conducting consumer assessments and reviews. Staff reviewed consumers’ care plans at least once every 6 months and they engaged with consumers and their representatives as part of the review process. During reviews, staff sought to understand consumers’ experiences about the service’s care, and whether the consumer would like anything about their care changed. Consumer care files showed staff had consulted with consumers’ representatives and recorded information about care changes, recommendations, clinical incidents, observations, and input from the consumer, their representative and medical officers. Consumer files showed evidence of clinical assessments from medical officers, wound specialists, dietitians, speech pathologists, physiotherapists, and podiatrists, among others. A physiotherapist, and medical officers were reviewing consumers during the Site Audit.

Staff communicated effectively with consumers about the outcomes of assessment and planning, and they documented outcomes in consumers’ care plans. Consumers and representatives said they knew what was in the consumers’ care plan, and they could discuss this with nursing staff if they wanted. Staff had easy access to consumer care plans, and related documents were written in simple English and were easy to understand and use.

Staff documented clinical incidents on the service’s ECMS to make action items and relevant follow-up activity visible to others. Staff knew their incident reporting responsibilities and what actions to take in response to various types of incidents, including falls, behaviours, skin integrity and medication incidents. Staff reviewed clinical data at service and organisational levels to monitor for trends, minimise re-occurrence, and help improve care delivery. Consumers and their representatives confirmed staff regularly reviewed their care, including when the consumers’ circumstances had changed or when incidents impacted on their needs, goals, and preferences.

# 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

Care planning documents showed the service delivered individual care that was safe, effective, and tailored to consumers’ specific needs and preferences. Staff knew how to identify consumers’ personal preferences and deliver care according to those preferences. The service had systems to ensure consumers received safe and effective care, which included staff training, monthly audits, clinical oversight forums and other measures. Consumers said they were satisfied with their care and services, and they felt staff delivered their care how they wanted. Gaps in wound photography were identified, with management providing an immediate plan to address the issue through a staff memo and enhanced monitoring of wound care documentation.

Information within consumers’ care files showed the service’s care planning processes identified consumers with high prevalence, high impact risks. Staff had recorded consumers’ individual risks and the associated management strategies in consumers’ care plans. Staff knew the main high impact and high prevalence risks for consumers, which included those related to pressure injuries, infections, and behaviour management. The organisation had a risk management framework that guided staff in identifying, documenting and managing risks. The service had policies for managing high impact, high prevalence risks related to consumers’ care.

Care documents showed the service’s care planning processes identified consumers’ end-of-life wishes. Information in consumer care files indicated the service considered consumers’ advance-care directives when delivering care. The service engaged consumers and their families using a multi-disciplinary consultation process prior to commencing end-of-life care. Consumers said the service would support them to have important people close by when they entered the end-of-life phase.

Consumers’ care files showed staff had recorded information about changes in consumers’ mental health, cognitive function, physical function, capacity, and condition. Nursing and care staff monitored consumers for signs of deterioration using various charting and assessment tools. The service had a registered nurse on site during business hours and a registered nurse on call if needed after hours. Staff could also access support from a medical officer, the local health network and other health professionals as required. Consumers said staff recognised deterioration in consumers’ health and took prompt action.

Progress notes, care plans and handover reports, showed adequate information to support effective and safe information sharing about consumers’ care. Care documents contained pertinent information, including skin and wound care, specialist appointments, mobility changes, dietary changes, and medication evaluations, among other information. Staff communicated changes to consumers’ care and services through verbal and documented handover processes, ECMS messages, and care plan review documents. Consumers said staff communicated their needs and preferences to each other effectively.

Consumers’ clinical documents showed staff had made timely and appropriate referrals to external medical health professionals. The service had guidelines for staff to refer consumers to internal and external health services and staff knew the service’s processes for making and documenting referrals. Consumers said staff made timely and appropriate referrals and that consumers had access to relevant health professionals when they needed them, including allied health professionals, medical specialists, and other specialist services.

The service had policies to guide staff in applying infection control practices. The policies included an outbreak management plan in addition to standard and transmission-based precautions, an antimicrobial stewardship policy, and other policies. The Service had an infection prevention and control lead, who knew their role in the event of an outbreak, including how to monitor staff practices and determine the service’s preparedness for an outbreak. The service maintained hand hygiene stations throughout the facility, and a stock of personal protective equipment. Consumers said they were satisfied with service’s infection prevention and control practices.

# 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

Care planning documents showed the service’s assessment and care planning processes captured who and what was important to each consumer, including their needs, goals and preferences. Staff developed leisure care plans for all new admissions, which the service reviewed every 6 months. Consumers said they received safe and effective daily living supports that were tailored to their needs, goals, and preferences. Staff knew what was important to consumers, and the activities they liked to engage in, and this information aligned with care plans. Monthly lifestyle and leisure program schedules were displayed in various locations around the facility.

The service had documented strategies for identifying changes to consumers’ habits, demeanour or condition. These involved attempting to address the concern through strategies set out in the consumer’s care planning documents, escalating the change to more senior staff, and documenting the change appropriately. Consumers said staff supported them when they experienced a change to their well-being or a difficult life event.

The service had systems in place to improve consumers’ well-being and quality of life by facilitating their participation in meaningful activities and helping them maintain and develop their relationships with others. The service encouraged friendships and relationships between consumers and it provided opportunities for consumers to spend time with people important to them. Care planning documents contained information about consumers’ activities preferences, their relationships and social preferences.

The service had systems for recording each consumer’s condition, needs, and preferences. Consumers said the service’s care met their needs and staff were aware of their needs and preferences. Lifestyle staff spoke with consumers regularly to assess their satisfaction with their supports, and to identify desired changes in their activities and food preferences. Lifestyle staff updated the service’ electronic care management system and shared this information with other staff and family members, to ensure accuracy and transparency.

The service worked in conjunction with external individuals and organisations to supplement its supports for daily living. It had documented policies and procedures for making referrals to external providers, and staff organised various events to engage consumers, including connecting consumers with volunteers, staging performances within the service, and facilitating grooming and beauty treatments.

Consumers said the service’s meals were of a suitable variety, quality, and quantity. They said the service engaged them in planning the menu and they could order items other than those on the menu if desired. The service had a procedure for collecting consumers’ meal selections each day. Consumers said the service accommodated their individual preferences, and that mealtimes were an enjoyable experience. The service had processes and systems in place to gather consumer feedback about its food.

Consumers said they felt safe when using the service’s equipment, and that they were comfortable reporting concerns. Where equipment was provided, it was safe, suitable, clean, and well-maintained. Staff utilised the service’s electronic care management system to report any equipment maintenance concerns and the service’s maintenance log showed that maintenance staff attended to requests promptly.

# 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 and they felt comfortable and safe. They said they felt at home, and the service optimised their sense of belonging and independence. Consumers had access to a range of amenities, including various outdoor areas, a dining room, lounge rooms, activities areas, kitchenettes, and other spaces. Staff facilitated consumers to move freely within the service by keeping access doors unlocked and free from obstructions. Staff assisted consumers to personalise their rooms.

Consumers said the service environment was clean, well-maintained, and comfortable. Each consumer had their own climate control system and they could regulate their space according to their preferences. The service had dedicated cleaning staff who conducted day-to-day cleaning and hi touch-point cleaning. It also had signage throughout to help consumers and their representatives navigate the service’s interior. Storage areas and staff-only rooms were locked, to ensure the service environment was safe for consumers.

Consumers said the service’s equipment and furniture was safe, well-maintained, and suitable. Shared equipment for moving and manual handling was clean, in good condition, and stored safely. The service’s furniture, fittings, and equipment were safe, clean, well-maintained, and suitable for consumers.

# 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 routinely informed consumers about how to make complaints, including during admission, through its newsletter and via communications arising from Residents and Friends meetings. Feedback forms and submission boxes were observed in various locations around the facility. Consumers said staff encouraged them to provide feedback about the care they received, and they felt encouraged and supported to provide feedback and make complaints when appropriate, and they could do so anonymously, or with staff assistance.

Consumers said they were satisfied they could raise any concerns and make complaints if they chose, the service dealt with complaints appropriately, and they knew how to escalate their complaint if necessary. Staff knew the various internal and external complaints and feedback channels available for consumers, including relevant advocacy and translation services. Staff assisted consumers who had a cognitive impairment or difficulty communicating to raise complaints as appropriate.

The service took appropriate action in response to complaints and it used a process of open disclosure when things went wrong. Consumers confirmed this, saying the service responded to complaints promptly and staff apologised when they raised complaints. Staff reported receiving training about how to manage complaints and they knew the service’s complaints management process. Staff escalated complaints to senior staff and management for investigation and follow-up.

Consumers said they were confident the service used complaints to improve its care and they could cite changes the service implemented in response to their feedback. The service aggregated complaints and feedback data and analysed it for trends, using this information to inform its continuous improvement activities. Staff tabled changes at the monthly consumer meetings, for consumer and representative input, enabling the service to evaluate whether consumers were satisfied with its improvements. The service’s continuous improvement register showed it had a system for capturing feedback and complaints and used this information to inform its continuous improvement.

# 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 the service had enough staff to meet their needs and staff responded to call bells promptly. Care staff said the service’s roster enabled enough staff coverage, and they had enough time to do their jobs. The service used several strategies to help recruit staff, including building relationships with the local hospital to form a recruitment pipeline, and funding staff to undertake further study as a form of succession planning. Management reviewed the service’s roster regularly with clinical staff to ensure all shifts were filled. The service employed a range of enrolled and registered nurses, care staff, lifestyle staff, catering staff and others. At the time of site audit, the service had limited staff as it was not running at full occupancy and the majority of consumers were independent with medium to low care needs. Recruitment as being conducted to address this.

Consumers said staff were respectful, kind and caring. Staff knew consumers on a personal level and they knew how to deliver personal care that aligned with consumers’ preferences. Management monitored staff interactions through observations and feedback from consumers and representatives. The service’s staff handbook outlined the service’s expectations for staff conduct. The service had a suite of documents to assist with recruiting and managing staff, including a code of conduct for staff.

Consumers said they were confident staff members possess the necessary qualifications and knowledge to perform their roles effectively. Staff underwent an induction, site orientation, and mandatory training before commencing their roles, and senior staff oversaw the orientation for new staff. The service delivered training through its online platform and face-to-face sessions and tailored its training according to the specific requirements of key roles, such as delivering food safety training to catering staff and medication training to enrolled and registered nurses. The service had developed position descriptions for all of its roles. and it conducted annual performance reviews annually.

Consumers said staff had the skills and knowledge to perform their roles. Staff said the service supported them through various initiatives designed to maintain and improve their skills, including by providing resources, inductions, education, training, a buddy system, ongoing consultation, and other initiatives. Staff confirmed they received training and they were familiar with the Quality Standards. The service had identified its training needs and developed a training schedule to address them.

The service used various markers to monitor staff performance, including audits, clinical data, competency checks, care documents, and staff knowledge about legislative changes. It also gathered feedback from other staff, consumers, and representatives. As part of the service’s ongoing performance management activities, staff self-assessed their performance and identified areas for development and training. Staff understood the service's performance management processes and how these contributed to their ongoing development.

# 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

Consumers said the service sought their feedback about their care and they felt included in discussions about their care. The service arranged for consumers to meet clinical staff before they delivered care, to enable consumers to determine if the staff member would be a good fit. The service holds regular Resident and Friends meetings, to enable consumers to express their views and discuss matters they want to raise. As at the site audit, the service was in the process of restarting the Consumer Advisory Group.

The service’s executive committee took accountability for delivering safe, inclusive, and quality care and services. The organisation had systems to monitor the service's performance and ensure the executive committee was responsible for safe, inclusive, and quality care. The organisation communicated internally using a range of channels, including various reports, through committee and sub-committee meetings, via printed and emailed communiques and other communications channels.

The service had efficient systems for information management, continuous improvement, financial governance, workforce governance, regulatory compliance and complaints management. Staff could access the information they needed via the service’s staff intranet, and the clinical governance framework was linked to the service’s continuous improvement activities and was updated as the service evolved. The service’s governing body had final oversight of the service’s governance systems.

The service had a documented risk management framework, which included policies to guide staff in a range of risk management activities. These included managing high impact, high prevalence risks, identifying abuse and neglect, and supporting consumers to take intentional risks and live their best lives. The framework outlined key risk management roles and responsibilities, and how to report risk events to the service’s governing body. The service had educated its staff about the framework, and staff knew the service’s risk minimisation strategies, including for falls prevention, infection control, behaviour management, and minimising restrictive practices. Staff also understood their reporting responsibilities concerning elder abuse and neglect, and what to do in the event they uncovered abuse or neglect.

The service had clinical governance systems that ensured its clinical care was high-quality and safe. These included systems and policies to guide staff in a range of areas, such as in preventing infections, minimising restrictive practices, and using open disclosure. Staff knew the content of the service’s policies, and how the policies related to their practical work. Staff said the service gave them training in its clinical governance framework and that the training was mandatory. Staff knew why antimicrobial stewardship was important, and how to reduce reliance on antibiotics.

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)