Performance

Report

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| Name of service: | Hetti Perkins |
| Service address: | 9 Percy Court ALICE SPRINGS NT 0870 |
| Commission ID: | 6992 |
| Approved provider: | Australian Regional and Remote Community Services Limited |
| Activity type: | Site Audit |
| Activity date: | 20 June 2023 to 22 June 2023 |
| Performance report date: | 27 July 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 Hetti Perkins (**the service**) has been prepared by M Glenn, 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 and management; and
* the provider’s response to the Assessment Team’s report received 14 July 2023.

# 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 | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Non-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

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

**Standard 4 requirement (3)(g)**

* Review processes to ensure staff have access to the required amount of equipment to avoid delays in consumer care and ensure consumer safety.
* Ensure monitoring processes are regularly undertaken to ensure equipment provided is safe, suitable, clean and well maintained.

**Standard 5 requirement (3)(b)**

* Review processes relating to cleaning of outdoor areas and consumer rooms.
* Ensure monitoring processes are regularly undertaken to ensure the service environment is safe, clean and well maintained.

# 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

**Requirement (3)(f)**

The Assessment Team recommended requirement (3)(f) in Standard 1 Consumer dignity and choice not met as they were not satisfied consumers’ personal information was kept confidential. The Assessment Team’s report provided the following evidence relevant to their finding:

* The nurses’ station was left unsecured with confidential medical information left exposed on desks and on most occasions, the computer was left logged into the electronic care management system leaving information accessible to anyone.
* When the nurses’ station was secured, documentation was still visible over the counter and the computer screen displayed a consumer’s electronic information.
* A list of consumers attending dialysis pinned to the wall was visible from the counter.

The provider’s response was limited to commentary directly relating deficits highlighted in the Assessment Team’s report. The provider stated nurses’ stations are open areas to complement the open plan design of the service. Therefore, consumers and visitors do not have a need to approach the nurses’ station as staff can view the whole room and exit the station to talk or provide care as needed. To address the deficiencies identified, the provider held a huddle with clinical staff and advised them to:

* Ensure nurses’ stations are locked when left unattended.
* Lock computer screens and place all medical documentation face down.
* Place all handover sheets in a draw at the nurses’ station when not being used.
* Place the evacuation list and list of consumers attending dialysis in a folder.

Based on the Assessment Team’s report and the provider’s response, I have come to a different view from the Assessment Team’s recommendation of not met and find the service compliant with this requirement. I have considered that while there were deficits observed relating to protecting consumer information at the nurses’ station, the service overall demonstrated an understanding of this requirement as staff did not discuss consumer needs in front of others, destroyed handover documents and secured information in the electronic care management system in other areas of the service. To ensure staff continue to protect the privacy and confidentiality of consumer information, the service should consider reviewing their monitoring processes as they relate to this requirement to determine whether the additional processes implemented in response to the Assessment Team’s report are effective.

**In relation to all other requirements in this Standard**, care within the service is for Indigenous Australians only, with consumers coming from many outback communities. Care planning identifies consumers’ community, identity, language and cultural needs. The organisation employs First Nations consultants and cultural specialists to ensure consumers’ cultural needs are met. Staff described consumers’ needs and demonstrated care and affection during interactions. Staff take time to understand the relationships important to consumers and try and find the best method of communicating with them, especially if the consumer does not speak, or is unable to speak much English. Consumers said they were happy with the options and opportunities available to them, staff treat them well and they are happy with the care provided.

Risk assessments had been undertaken for consumers’ preferred activities and staff monitored risks being taken by consumers to ensure risks are being captured in care planning and are discussed with the authorised representative of the consumer.

While information is available and/or displayed in relation to activities and events, staff and management advised that due to the consumer cohort, verbal communication was more effective. Consumers are familiar with routines and aware of special events.

Based on the Assessment Team’s report, I find all requirements in Standard 1 Consumer dignity and choice compliant.

# 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

Ongoing assessments are undertaken with any risk identified to the consumer reviewed on an ongoing basis to ensure the strategies implemented are effective. Staff could describe the assessment process and felt care plans contained enough information to enable them to deliver safe care to consumers. Consumers said they are happy with the care they receive.

Assessment and planning processes identify consumers’ needs, goals and preferences in partnership with the consumer and others the consumer wishes to involve. Assessments and care plans are reviewed as per a care plan schedule allocated by management, or when circumstances change, or incidents impact on the needs, goals or preferences of the consumer. Consumers can request to access their care plan and staff described how the outcomes of assessments are communicated to consumers. Discussing end of life is culturally inappropriate, with most advance care directives being developed in hospital.

Based on the Assessment Team’s report, I find all requirements in Standard 2 Ongoing assessment and planning with consumers compliant.

# 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

Ongoing assessments are conducted to assist with development of care plans that are tailored to consumers’ needs. Staff are aware of consumers’ preferences and provide personal and clinical care in line with consumers’ care plans. Consumers who have high impact or high prevalence risks are effectively managed with strategies implemented to minimise identified risks which are monitored through progress notes and monthly reviews. Consumers said they are happy with the care they receive and observations reflected this.

The needs and preferences of consumers nearing the end of life are recognised and addressed as per consumers’ wishes. Staff described consumers assessed for comfort care only, with documented strategies to manage pain and maximise the dignity of consumers prior to requiring transfer to hospital for end of life care.

Documentation showed deterioration in consumers’ health was identified in a timely manner and staff could monitor and respond to a change in consumers’ mental health, cognitive or physical condition. Individualised personal and clinical care strategies are based on consumers’ assessed needs and discussions with consumers and/or representatives. Staff confirmed they are informed of any changes to consumers’ condition and needs through handover, progress notes and care plans. Additionally, staff demonstrated how referrals are initiated to internal and external health professionals and specialists and how changes and recommendations are communicated to consumers, representatives and other staff.

An outbreak management plan is in place to guide staff and guidance material is displayed in the staff and training rooms. All staff undertake infection control training and observations showed the personal protective equipment supply is readily accessible. Infections are reported each month to the clinical governance team with trending and analysis taking place to ensure appropriate pathology is being undertaken.

Based on the Assessment Team’s report, I find all requirements in Standard 3 Personal care and clinical care compliant.

# 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. | Non-compliant |

Findings

The Quality Standard is assessed as non-compliant as one of the seven specific requirements has been assessed as non-compliant.

**Requirement (3)(g)**

The Assessment Team recommended requirement (3)(g) in Standard 4 Services and supports for daily living not met as they were not satisfied the service had sufficient equipment, which was safe, suitable, clean and well maintained to deliver appropriate care. The Assessment Team’s report provided the following evidence relevant to my finding:

* Staff said there were not enough lifting devices, including sling lifters and sit to stand aids, which at times caused delays in consumer care.
* The lack of equipment sometimes hindered provision of hygiene care. One carer said at times it meant they encouraged consumers to urinate in their continence aids as they could not always get them to the bathroom in a timely manner.
* Five staff said they did not have access to sufficient numbers of lifter slings, with only one small, one medium and one large sling available for each lifter. Staff said slings are not cleaned between consumers and were laundered at the end of each day. Staff said they would work with the incorrect size sling, if required, with two staff stating this happened frequently.
* Preventative maintenance was missed for one of the lifters, with servicing due March 2023.
* Management advised staff had not communicated there was an issue with equipment, and they were unaware of the lack of slings or cleaning regimes, identifying the risks for infection through cross contamination and to skin integrity and safety when using slings of incorrect sizes.

The provider’s response was limited to commentary directly relating deficits highlighted in the Assessment Team’s report. The provider’s response acknowledged the shortfall of lifters due to some equipment being repaired and indicated additional lifters have now been ordered. Staff were also reminded to clean surfaces between users and that it was unacceptable to encourage consumers to urinate in their continence aids. Re-education of staff on how to clean surfaces has also been conducted.

I acknowledge the provider’s response, however, I find the service had not ensured equipment provided was safe, suitable, clean or well maintained. While the provider asserts it was usual for consumers to have at least two of their own personally labelled slings, this was not evident during the Site Audit. In coming to my finding, I have placed weight on feedback provided by staff indicating there are insufficient supplies of lifter slings, impacting timeliness of consumers’ care and consumer dignity. I have also considered the lack of sufficient supplies of slings potentially places consumers at risk, with staff stating they frequently use the incorrect size sling when transferring consumers using lifting equipment.

For the reasons detailed above, I find requirement (3)(g) in Standard 4 Services and supports for daily living non-compliant.

**In relation to all other requirements in this Standard**, staff were knowledgeable beyond information captured in assessments and planning about consumers’ routines, needs, goals and preferences and demonstrated person centred care for each consumer, adapting routines to the weather and changes to consumer preferences or scheduled routines due to planned outings. Care plans include religious identity and preferences, as well as detailing how consumers cope with difficulties and what relaxes them. Staff advised there are regular visits from local churches, however, if consumers seemed sad or lonely, they would ensure this is monitored and give them extra time and care or reach out to the consumer’s family to coordinate a conversation or visit. Consumers said their needs were being met by the service.

Staff described activities and relationships of importance to consumers and detailed how consumers spent their day and who they sat with in communal areas. The First Nations Team described how they support consumers maintain contact with their community and family, such as coordinating visits or bus outings.

Staff and others responsible for the care of consumers confirmed they receive information about consumer condition, needs, and preferences through reviewing care plans and at handover. Whilst the service recognised the need for consumer referrals to individuals, organisations and providers of care and services, management openly discussed the challenges in arranging access to Allied health providers due to the remote location and high demand for visiting providers.

Consumers were satisfied with the food provided and had access to enough food to meet their needs. The service has its own kitchen and dedicated Chef and staff who prepare Dietitian approved meals which are culturally appropriate for the consumer cohort. Management advised the menu has recently been reviewed in response to consumer feedback and there is monitoring of consumer satisfaction in response to these changes.

Based on the Assessment Team’s report, I find requirements (3)(a), (3)(b), (3)(c), (3)(d), (3)(e) and (3)(f) in Standard 4 Services and supports for daily living compliant.

# 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. | Non-compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The Quality Standard is assessed as non-compliant as one of the three specific requirements has been assessed as non-compliant.

**Requirement (3)(b)**

The Assessment Team recommended requirement (3)(b) in Standard 5 Organisation’s service environment not met as they were not satisfied all areas of the service environment were safe, clean, well-maintained and comfortable. The Assessment Team’s report provided the following evidence relevant to my finding:

* Rubbish was observed to have been left in the outdoor communal and barbecue area with staff uncertain as to who was responsible for the removal of rubbish. The barbecue schedule indicates the area has remained uncleaned for over a week. The pathway to the barbecue area was observed to be smeared with a brown sticky substance.
* Consumer rooms were not being adequately cleaned, particularly bathroom areas.
* Linen trolleys were observed filled to the top with soiled linen.
* Areas with fire risk, including the fire pit, gas barbecue area and smoker’s area, did not have access to fire extinguishing equipment.

The provider’s response was limited to commentary directly relating deficits highlighted in the Assessment Team’s report. The provider’s response advised all staff were responsible for cleaning, removing rubbish and replacing full laundry bags. Staff were reminded of their specific responsibilities and will be closely monitored to ensure on-going compliance. Due to the majority of consumers having a dementia diagnosis, the provider advised fire extinguishers could not be kept anywhere consumers could reach them. However, staff were aware of fire extinguisher locations and they could be easily accessed.

I acknowledge the provider’s response, however, I find the service did not demonstrate the environment to be safe, clean, well-maintained and comfortable in all areas. While the provider asserts all staff are responsible for cleaning, in coming to my finding, I have placed weight on the fact that rubbish was observed to have been left in the outdoor communal area for over a week with confusion amongst staff, including management, as to who was responsible for cleaning and clearing rubbish in the outdoor barbeque area. Consumer rooms were reported not to be adequately cleaned and linen trolleys were observed to be filled to the top with soiled linen.

For the reasons detailed above, I find requirement (3)(b) in Standard 5 Organisation’s service environment non-compliant.

**In relation to all other requirements in this Standard**, a central administration office is the main entry point, with this service located to the left of the office and another co-located service to the right. Consumers can move freely through both services and within the shared outdoor common area covered by shade sails. Room and en-suite sizes were generous, allowing sufficient room for the consumer’s bed, belongings, and recommended equipment, such as lifting devices. Each room had a window overlooking a garden area and consumers were observed spending the afternoon outside under the shade sails, sitting with each other and interacting with carers.

Furniture, fittings and equipment was observed to be safe and fit for purpose. Additional furniture and equipment was stored safely in areas accessible only with a security pass. Communal areas had ample chairs of varying heights and styles to suit consumer needs. Consumer beds have electronic functions for adjusting consumer position for comfort and overall height for staff to provide care. Staff were familiar with reporting processes for maintenance and hazard management and maintenance staff follow preventative and reactive maintenance schedules.

Based on the Assessment Team’s report, I find requirements (3)(a), (3)(c) in Standard 5 Organisation’s service environment compliant.

# 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

A range of feedback mechanisms are available to consumers and representatives. A new feedback system was recently introduced to actively obtain feedback from consumers who would not ordinarily provide feedback. Policies and procedures guide staff in responding to feedback and complaints and staff could provide examples of how they assist consumers in providing feedback. Feedback forms were available throughout the service, including at reception and in communal areas.

Consumers have access to language services, advocates and other external complaint agencies with written materials and contact information readily available. Staff will be undertaking training with the advocacy service in the coming months to help them understand the services they provide to consumers.

The service has complaints, feedback and open disclosure policies in place to guide staff in how to identify, manage, escalate and resolve complaint. While staff were not always familiar with the term open disclosure, they understood the importance of being open and transparent with consumers and representatives when things go wrong. Documentation showed appropriate action is taken in response to feedback and complaints.

Policies and procedures are in place to capture feedback and complaints to identify trends and areas for improvement. Various sources of feedback are used to improve the care and services provided to consumers. Management provided examples of improvements made throughout the service in relation to general feedback received.

Based on the Assessment Team’s report, I find all requirements in Standard 6 Feedback and complaints compliant.

# 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

Rosters are reviewed regularly based on the needs of consumers and continuity of care for consumers is maintained by ensuring agency staff are signed on long term contracts. Allocation sheets demonstrated a low number of unfilled shifts and staff confirmed there is sufficient time to complete their allocated tasks. Consumers were happy with staffing levels.

Staff felt their colleagues’ interactions with consumers are kind and respectful and were comfortable raising concerns to management if they felt other staff are not interacting with consumers in a positive way. Management monitor staff conduct through incident data, feedback and observations. Consumers are happy with how staff treat them and observations confirmed staff were kind, caring and respectful when interacting with consumers.

Policies and procedures ensure staff have the appropriate qualifications and registrations required for their role. Staff were knowledgeable in a range of topics, such as restrictive practice, incident reporting and the Aged Care Quality Standards. A thorough onboarding process ensures the workforce is equipped to undertake their roles and ensure competency is maintained throughout their employment. An onboarding process is also in place for agency staff. Consumers are satisfied with the care they receive and staff were knowledgeable about the care they provide to consumers.

Management described their performance management for monitoring and reviewing staff performance, which includes annual performance reviews, incident reports, progress notes and feedback. Staff stated they participate in performance reviews and felt supported by management and can request additional training if required.

Based on the Assessment Team’s report, I find all requirements in Standard 7 Human resources compliant.

# 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 are directly involved in the development and delivery of their care and can suggest improvements about their care by providing verbal feedback, attending meetings and at care plan reviews. Policies, procedures and frameworks are in place which describe responsibilities, accountabilities and service expectations for each individual within the organisation. The organisation’s mission and values are communicated throughout the service and the Board receives information on each service’s performance each month. Monthly clinical data is collated at a service level, reported, and discussed through to the General manager and clinical governance team.

Information management systems are in place to ensure staff have access to the necessary information to perform their role. Documentation showed feedback and minutes of meetings attended by consumers drive continuous improvement. The clinical governance team monitors current legislation and provides updates to the service to ensure all legislative obligations are met. Management described the process for financial governance, including both in and out of budget expenses and processes are in place to ensure staff are selected and trained to perform their duties and uphold organisational values.

The service supports the safety and quality of services provided when identifying risk and managing care. Instances of abuse and neglect are managed and documented through mandatory Serious Incident Response Scheme and the service’s incident log, with strategies implemented to prevent incidents recurring. Consumers are supported and encouraged to live the best life they can and where they chose to take risks, mitigation strategies are in place to minimise the identified risks involved.

Staff demonstrated understanding of restrictive practices and the concept of open disclosure and could describe where they would find policies and procedures to guide them. Clinical processes and policies support the management of antimicrobial stewardship and minimising the use of restraint. Clinical data related to infections, incidents and psychotropic medications is analysed monthly at the service and reported at an organisational level.

Based on the Assessment Team’s report, I find all requirements in Standard 8 Organisational governance compliant.

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