Performance

Report

**1800 951 822**

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| Name of service: | Hopetoun Hostel |
| Service address: | 12 Mitchell Place HOPETOUN VIC 3396 |
| Commission ID: | 3099 |
| Approved provider: | Rural Northwest Health |
| Activity type: | Site Audit |
| Activity date: | 30 August 2022 to 1 September 2022 |
| Performance report date: | 12 October 2022 |

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 Hopetoun Hostel (**the service**) has been prepared by L Glass, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

Consumers said staff respected and valued them as an individual. Staff were observed treating consumers with dignity and respect and understood consumers’ individual choices and preferences. Care planning documents reflected consumers’ preferences as described by the consumers and representatives.

Consumers indicated they were supported to engage in activities of cultural importance. Consumers and/or their representatives expressed satisfaction the consumers’ cultural and individual needs and preferences were respected. Staff interviews and reviews of consumer care plans and supporting policies and procedures identified care and services provided at the service were culturally safe.

Consumers confirmed they were able to make and communicate decisions about their care and were able to choose who was involved in their care. They were satisfied they were supported to exercise choice and independence around making care decisions, making connections and maintaining relationships. Staff provided examples of consumers supported with decision-making and maintaining social interaction. Care planning documents reflect examples of consumer choices and current details about representatives.

Consumers were satisfied about support received to take risks and live the best life they can. Interviews with staff and reviews of consumer care plans reflected risk assessments were completed and strategies implemented to mitigate any risk.

All consumers interviewed felt confident they were able to make choices about their care and were happy with the way information was communicated and presented by the staff.

Consumers and/or their representatives were satisfied the consumer’s personal privacy was respected and their personal information was kept confidential. Staff maintain consumers’ privacy and respect. The service has policies and procedures in relation to keeping personal information confidential. The Assessment Team observed staff treating consumers with respect throughout the site audit, greeting consumers before providing care, knocking before entering rooms and closing doors behind them before personal care was attended to.

# 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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

Consumers and/or their representatives were satisfied with assessment and care planning processes. Risks were considered and informed safe and effective consumer care. Where risks were identified, individual interventions to minimise risks were incorporated into the consumer’s care plan. Staff demonstrated knowledge of consumers’ risks and described strategies to ensure delivery of safe and effective care. The organisation has policies and procedures to guide staff in assessment, care planning and risk management.

Consumers said their care and services were planned around what was important to them and they were partners in their care in the initial development and in ongoing reviews of assessments. Consumer’s individual goals, needs and preferences were considered during assessments. Consumers were provided opportunities to give feedback on care interventions. Care planning processes include documentation of advance care plans that were reflective of consumer’s culture, identity and expressed wishes. Staff demonstrated knowledge of consumers’ needs and were able to describe what was important to consumers about how their care was delivered.

Care documentation reflects other services, specialist providers or individuals involved in the care of a consumer. Recommendations made by external individuals or health providers were incorporated into care plans and reflect the involvement of the consumer. Staff and management described the involvement of other organisations consumers wish to involve such as the dietitian, speech pathologist, physiotherapist, occupational therapist and medical practitioner.

Consumers expressed satisfaction with the level of communication from staff regarding provision of their care provided to consumers. Staff have ready access to the consumer’s care plans. The care plan evaluation document reflected the outcomes of assessment and care planning. Consumer files sampled reflected care plans were accessible and available either as a ‘full’ or ‘summarised’ care plan. Care and services provided to consumers was reviewed regularly as part of a scheduled process and care consultation records were maintained and reflect changes to consumer needs, goals or preferences or in response to incidents that may impact care and services required.

# 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

Overall consumers sampled expressed satisfaction with the safe and effective personal and clinical care received. Interviews with staff and documentation reflected best practice principles were implemented and followed in relation to skin integrity, pain, behaviours and restrictive practices optimising health and wellbeing. Evidence demonstrated consumers with active wounds receive effective wound management with for example input from a medical practitioner and a podiatrist. Appropriate pain assessment and management was undertaken in consultation with consumers and/or their representatives. The use of a chemical restrictive practice was assessed, monitored and reviewed. Updated policies and procedures were accessible to guide staff in clinical and personal care delivery in line with best practice.

Consumers/representatives also expressed satisfaction in the identification and management of high impact and/or high prevalence risks. Interviews with staff and care planning documents demonstrate processes to promote the effective management of high impact or high prevalence risks. This includes falls, unplanned weight loss, pressure injury and specialised nursing care such as diabetes management and the use of continuous positive airway pressure. Policies and procedures to support the management of high impact or high prevalence risks were available.

The service supports consumers to identify their goals, needs and preferences when nearing the end of life documenting consumers’ wishes in advance care directives. Care documentation showed that end-of-life needs were met in line with consumer wishes and comfort was maintained. Staff described the palliative care pathway and resources available to them to support consumers nearing the end of life. A current ‘Palliative approach’ procedure guided the provision of palliative care at the service.

Consumers and/or their representatives were satisfied with how the service responded to a change or deterioration in the consumer’s condition, health or ability. Interviews with staff and care planning documents reflected actions taken in response to a deterioration or change in a consumer’s health. Clinical staff described early identification assessment, management, documentation and communication about changes in the health status of consumers to ensure that any deterioration was recognised early and appropriate action was taken to escalate care. Organisational policies and procedures guide staff in the timely identification and response to consumer deterioration and were accessible to guide staff in the early recognition of consumers’ deterioration, timely response and appropriate interventions.

Consumers and/or their representatives interviewed indicated consumer needs and preferences were effectively communicated in a timely manner. Care documentation showed consumer conditions, needs and preferences are communicated, and information exchange occurs with others who share responsibility for care. Staff described communication mechanisms and showed knowledge of the needs and preferences of each consumer they cared for.

Consumers and/or their representatives expressed satisfaction with access and referral to their medical practitioner and other health professionals as needed. Care planning documentation reflects timely and appropriate referrals to individuals, other organisations and providers of other care and services. For example, medical practitioners, a physiotherapist, occupational therapist, podiatrist, dietitian and other external and allied health providers. Management and staff described processes and examples of results of referrals to other services. Policies and procedures guide referral processes.

Consumers and/or their representatives were satisfied with the actions the service was taking to assess and minimise the spread of infection. Staff demonstrated knowledge and understanding of infection control practices to reduce the spread of infection as well as practices to promote antibiotic stewardship. The service maintains a site-specific COVID-19 outbreak management plan which provides overarching guidance and resources for the service to support their readiness, response and recovery from COVID-19 outbreak.

# 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

The service demonstrated, and consumers and/or representatives interviewed confirmed that each consumer’s individual goals, needs and preferences in relation to their independence, health, well-being and quality of life were identified, documented and communicated to staff. Lifestyle staff have a weekly calendar along with a new monthly calendar to identify group activities based on the preferences of consumers. Social and lifestyle care plans include individualised goals and preferences. Attendance records including level of participation were maintained. Individual support was also provided for consumers who do not wish to participate in group activities. Staff provided examples of how consumers were supported to engage in activities, maintain their independence and how they were supported to have a good quality of life.

Consumers and/or their representatives said the service provides good support for the emotional, spiritual, and psychological well-being of consumers. Staff demonstrated knowledge of consumers’ emotional and spiritual needs and could describe how they support individual consumers. Care planning documentation included information on emotional, spiritual, and psychological needs and preferences. The Assessment Team observed staff talking to consumers about things of interest to them and encouraging consumers to participate in activities they enjoy. Religious services were offered, and consumers were assisted to attend the service of their choice

Consumers and/or their representatives were satisfied the services and supports enable them to participate in the community, have relationships and do things of interest to them. Staff describe how they support consumers to do the things of interest to them, participate within and outside the service environment and have social relationships. Care planning documents contained information on individual consumers’ interests and identified the people important to them.

Consumers and/or representatives expressed satisfaction with how information was shared. Staff were informed about changes to consumer needs and they were communicated through electronic information, written notes, care plans, handover sheets and hand over meetings, a communications book and a dietary book.

The service was not currently using any external services; however, described how and when appropriate referrals were made to individuals, other organisations and providers of care and services. Staff discussed how referrals can be made to a range of support services and organisations. The service has policies and procedures regarding external referrals.

The service demonstrated that a variety of meals were provided based on rotating menu with the oversight of a dietitian and speech pathologist. Special menus were in place for consumers with dietary needs. Although food survey results show poor feedback regarding the lack of variety and taste of food, most of the consumers and/or their representatives expressed satisfaction with the quality and quantity of meals. Staff were knowledgeable about individual consumers preferences and dietary requirements. Staff were observed to be assisting and encouraging consumers with nutrition and hydration. Care planning documents noted consumers’ food needs, dislikes, allergies, and preferences, with any changes to the care plan communicated and updated on dietary/information book stored in the kitchen. The service has implemented a process to gather consumer feedback on meals with changes being incorporated into the menu and a new menu to be implemented by end of December 2022.

The service demonstrated that equipment was safe, suitable, clean and well maintained for staff and consumer use. Staff were observed cleaning equipment during the Site Audit. Cleaning documentation demonstrated regular cleaning of equipment occurs. Maintenance staff discussed how they were informed of maintenance that may be needed on equipment used by consumers. Staff were observed wiping down equipment used for activities after use and were observed cleaning tables after meal services. The Assessment Team observed the range of equipment used by staff was clean, suitable and well maintained.

# 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

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

Consumers said they feel welcome and comfortable at the service and were encouraged to personalise their rooms. Consumers and visitors were observed using communal areas and moving independently around the service. The service provides comfortably furnished communal areas that optimise consumer interaction and engagement and single bedrooms with an ensuite. The service provides accommodation for consumers with diverse needs and levels of mobility. The communal living area was readily accessible, with clear signage to assist consumers in navigating the service. The service has a rose garden and large plush garden areas which were safe and accessible to consumers with limited mobility. The Assessment Team observed consumer rooms to have garden or courtyard views with consumer pot plants placed outside some room’s windows. The Assessment Team observed consumers accessing courtyards and gardens without difficulty. The Assessment Team observed split open plan dining and living area and separate entertaining areas in use.

The Assessment Team observed the service to be safe, clean and well maintained. Preventative and reactive maintenance was scheduled with documentation viewed confirming regular preventative and reactive maintenance occurring with oversight of the organisation. The Assessment Team noted evidence of timely resolution of jobs.

The Assessment Team observed consumers using their call bells for assistance and noted the call bells were within reach of consumers resting in bed or sitting in their rooms.

# 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 Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

Consumers and/or their representatives said they were aware of feedback forms and the lodgement box available in the service to provide feedback or make a complaint. However, all consumers and representatives said they prefer to first speak to staff or management. Management and staff described processes in place to encourage and support feedback and complaints. Online feedback was recently introduced in the service as an additional feedback mechanism as well as continuing verbal feedback, consumer meetings, consumer surveys and forms.

Feedback gathered during consumer meetings was included in the meeting minutes. There was also a community ‘reference group’ that was a subcommittee of the Board and chaired by a Board member.

The Assessment Team observed various brochures from advocacy organisations and the Aged Care Quality and Safety Commission and the service’s organisational feedback mechanisms.

Consumers and/or their representatives said management address and resolve their concerns raised following making a complaint, or when an incident has occurred. Most staff demonstrated an understanding of open disclosure and explained how they would apologise to a consumer in the event of something going wrong. Management explained how staff were guided by policies on open disclosure and complaints management.

Open disclosure was embedded with the complaints procedures and included information on how to feed into the services plan for continuous improvement (PCI). Review of the service’s feedback and complaints register demonstrated the staff’s descriptions when interviewed was consistent with the service’s open disclosure policies and procedures, and appropriate action was taken.

Consumers and/or their representatives reported their feedback was used to improve services. Processes were in place to escalate complaints, and to improve care and services including improvements driven by consumer feedback. The service’s feedback and complaints were reviewed and recorded on a register. Any long-term actions, as a result of a complaint were tracked through the PCI and examples of improvements were provided.

# 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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The service demonstrated the workforce was planned to ensure there is a suitable mix of skills and staff levels in various roles to enable the delivery of safe and effective care and services. Consumers and/or their representatives expressed satisfaction with the level of staff at the service and how staff were available when needed. Staff work across co located services; the nursing home and the hostel. Staff described how they were satisfied with the staffing levels and they work together to get the work completed. Clinical staff were available at the service 24/7 and a review of the roster by the Assessment Team identified there were registered nurses and enrolled nurses available on all shifts across the service.

Consumers and/or their representatives expressed satisfaction staff were kind, caring and gentle when providing care to the consumer. Staff demonstrated they were familiar with consumers identity and individual needs. Observations made by the Assessment Team identified staff greeting consumers by their preferred name and were kind, caring and respectful when interacting with consumers.

Consumers and/or their representatives said staff have the knowledge and skills to meet the consumers care needs and staff know what they were doing. Management described how staff were required to complete annual mandatory education that is monitored. Position descriptions include key competencies and/or particular qualifications depending on the role. A recently employed staff member confirmed the onboarding and orientation process included competencies and relevant mandatory education. A review of education documentation identified staff have training about the knowledge and skills needed to meet consumer needs, preferences and organisational processes. The majority of staff have completed their mandatory education for the year. The service demonstrated a system for staff appraisal and performance management processes.

# Standard 8

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

Findings

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The service demonstrated consumers and/or representatives were involved in the development, delivery and evaluation of care and services. Consumers described how they were able to provide feedback to staff and management about their care and services and they feel included and supported. Management described how they seek feedback from consumers and representatives through meetings, surveys and consumer lunches and have recently advertised for a consumer representative to be a member of the clinical governance committee and attend meetings on behalf of consumers to provide feedback and have input.

Consumers and/or their representatives said the facility feels safe and consumers were living in an inclusive environment with provision of quality care and services. The service promotes safe and inclusive care to guide staff practice.

The organisation has a Board of directors (the Board) responsible for ensuring the service was able to respond to changes in the internal and external environment. The Board was accountable and responsible for the safety and quality of care and services and ensured they were fully informed about performance in relation to key areas of risk. Organisational sub-committees include a governance committee, finance, audit and compliance committee, clinical governance committee and people and culture committee. Examples were provided of changes made in the last six months, driven by the Board, as a result of consumer or representative feedback.

The Board were consistently engaged throughout the COVID-19 lockdown period and were open and transparent with consumers, representatives, staff and other relevant stakeholders and approved the purchase of electronic devices to facilitate communication for consumers.

The Board satisfied itself that the Aged Care Quality Standards are met across the service through internal audits, through key performance indicator (KPI) data, consumer and representative feedback and other reporting mechanisms to ensure consumer safety. The organisation demonstrated that it communicates with consumers, representatives and staff regarding updates on policies and procedures or changes to legislation.

There were processes for effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service provided organisational documentation such as frameworks and policies and procedures to support the management of risk in response to incidents and the service demonstrated the implementation of these frameworks and policies and procedures.

The clinical governance committee has oversight of high impact and high prevalence risks associated with the care of consumers. These risks were reported to the committee through KPI reporting and reports on risks such as falls, pressure injuries and restrictive practices. A risk, recently identified through consumer and staff feedback had been escalated and was being reviewed by the Board. Consumers were supported to take risks and live the best life they can by informing the consumer and/or their representative of the risks involved in an activity and completing a dignity of risk form if needed.

The organisation has reporting requirements in place relating to reportable and non-reportable events and appropriate registers were maintained and were reviewed by the Assessment Team. Staff were aware of the reportable incident system and outlined their reporting responsibilities based on their position.

The service seeks alternatives prior to prescribing antibiotics and relevant staff have been educated on the appropriate use of antibiotics. The different aspects of restrictive practice were understood and were applied as per the organisation’s restrictive practice policy. Open disclosure was practised and the service identifies when things go wrong and apologises to those involved. Staff have access to policies and procedures for antimicrobial stewardship, restrictive practices and open disclosure.

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-2)