Performance

Report

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| Name of service: | Hugh Cunningham Gardens |
| Service address: | 28 Tura Beach Drive TURA BEACH NSW 2548 |
| Commission ID: | 0554 |
| Approved provider: | RSL LifeCare Limited |
| Activity type: | Site Audit |
| Activity date: | 23 May 2023 to 25 May 2023 |
| Performance report date: | 15 June 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 Hugh Cunningham Gardens (**the service**) has been prepared by J Miaris, 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.

# 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

This Quality Standard is Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers said staff treated them with dignity and respect, and they feel accepted and valued. The organisations policies and procedures have an inclusive, consumer-centred approach to delivering care and services which explain the organisation’s commitment to diversity. Staff demonstrated an awarness of consumers’ backgrounds and said they receive training to ensure consumers are valued and are treated with dignity and respect.

Consumers said the service recognises and respects their cultural. Care planning documentation reflected consumers preferences, including their cultural and spiritual needs. Staff identified consumers from culturally diverse backgrounds and were able to describe how they tailor care that meets the cultural needs and preferences of consumers. The service had policies and procedures in place to ensure cultural safety for all consumers.

Consumers said they were supported to choose who they wish to involve in their care and how they would like their care and services delivered. Consumers said the service encourages and supports them to make connections with others and maintain relationships important to them. Care planning documents reflected consultation/involvement of consumers and others important to them. Staff described strategies for supporting consumers to exercise choice and independence and were familiar with who consumers wished to maintain relationships with and have involved in their care.

Consumers and representatives said the service enables consumers to take risks to encourage consumers to live their best life and the service supports them in making decisions that involve consumers taking risks. Staff were aware of consumers who want to take risks and demonstrated how they support them. Care planning documentation describes areas in which consumers are supported to take risks to live the life they wish. The organisation had documented polices on managing risk for consumers and a process with accompanying forms that supports consumers to take risks.

Consumers said they received information in various ways that are easy to understand, and they are involved in regular meetings, are encouraged to ask questions about their care and are offered a copy of their care plans. The service communicates information via noticeboards, meetings, newsletters, and any changes are communicated by relevant staff, this enables consumers to exercise choices that impact on their daily lives. Menus and activity schedules were observed to be on display in the dining room and on noticeboards.

Consumers said the service respects their privacy and confidentiality and described staff practices such as knocking on doors prior to entry and closing the door during provision of personal care. Staff described how consumers preferences for privacy are recorded in care plans and implemented. Consumer information is kept in the electronic care planning system that requires a password to access. Documented policies outlined how the service maintains and respects the privacy of personal and health information, and documentation evidenced staff processes to manage requests for information from others, such as family members or others, in an appropriate way.

# 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

This Quality Standard is Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said they were included and involved in care planning, to ensure consumer’s care needs, goals and preferences were met. Care planning documents demonstrated effective, comprehensive assessment and care planning processes to identify the needs, goals and preferences of consumers, including the identification of risks. Staff described assessments tools used to ensure safe and effective care is delivered. Staff demonstrated knowledge of consumers’ preferences and could describe individual consumers’ needs and the strategies implemented to support them. Documented policies and procedures were in place to support a consumer-centred approach to assessment and planning for care and services.

The service demonstrated that assessment and planning identify and address the consumer’s current needs, goals, and preferences, including advance care planning and end of life wishes. Care planning documentation were individualised, reflecting consumers’ individual needs and preferences, including advanced care plans in place for consumers that consented to provide this information. Management said consumers and their representatives can discuss advance care planning and end of life wishes during the admission process if they choose to and during regular conversations, reviews, or when there is a request and change to health status.

Consumers and representatives said they are actively involved in the assessment, planning and review of consumers care and services. Staff could describe partnering with consumers and/or their representatives to assess, plan and review care and services. Care planning documents reflected the involvement of consumers, representatives and other health professionals in the assessment and planning process, care plans were frequently updated to ensure they continue to meet consumers’ needs and preferences.

Consumers and representatives said staff regularly discuss outcomes of assessments and planning are effectively communicated. Management said regular case conferences are held with consumers and or representatives and external providers, this information was reflected in care planning documentation. Staff described the processes for documenting and communicating assessment outcomes with consumers and or representatives.

Consumers said the service regularly seeks feedback, and makes changes to meet their current needs, goals, and preferences. Consumers and representatives said they are notified when there are changes or when incidents occur. Care planning documents evidenced they are updated when circumstances change, such as a change in health or when incidents occur. The service is guided by policies and procedures for recording and reporting incidents, including charting tools. Staff said care and service plans were regularly reviewed for effectiveness monthly and when circumstances change or when incidents occur.

# 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

This Quality Standard is Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers said they are receiving care that is safe and right for them and meets their needs and preferences. The service had processes in place to manage restrictive practices, skin integrity and pain management which are in line with best practices. Care planning documents reflected individualised care that is safe, effective and tailored to the specific needs and preferences of the consumer. For consumers subject to restrictive practices, care planning documents included restraint authorisation, informed consent and a behaviour support plan.

Consumers said that care provided for them is safe and right for them. They said that risks to their well-being such as falls, pressure areas, weight loss, and infection are assessed, explained, and managed well. Staff identify, assess, and manage high-impact or high prevalence risks to the safety, health, and well-being of each consumer. Policies and procedures, input from health professionals, and clinical protocols guide how the organisation manages high-impact or high-prevalence risks and clinical data is captured to inform continuous improvements.

Care planning documents of consumers receiving palliative care support reflected consumers’ comfort is maximised and their wishes and needs are supported. Documented advance health directives were in place for those consumers who choose to have one. Staff described how they deliver end of life care to consumers in line with their needs, goals, and preferences. A Representatives expressed confidence and felt comfortable with how the service managed consumers’ end of life care.

The service had policies, procedures, and clinical protocols to guide staff in the management of deterioration, and care planning documentation included consumer preferences, advance health plans, and observations. Staff said that these documents guide their response to deterioration for each consumer. Care planning documentation demonstrated that deterioration is recognised and responded to quickly, and care plans were updated when changes occurred. The service collects and analyses data to identify and respond to deterioration or change in consumers’ condition to improve care delivery.

Consumers said their care coordination is good, care is constant and reliable, and information is shared with their consent within the organisation and with others where clinical care is shared. Care planning documents contained adequate information to support effective and safe sharing of the consumer’s information in providing care. Staff described how information about consumers needs, conditions, and preferences are documented and communicated within the organisation and with others where clinical care is shared in accordance with privacy legislation.

Consumers and representatives said the service referred consumers to appropriate providers, organisations, or individuals to meet their changing personal or clinical care needs and they were satisfied with the referral processes. Staff described processes for referring consumers to other health professionals and allied health services to ensure quality care and services are safe and effective. Care planning documentation contained information and timely referrals to other health professionals and allied health services.

Consumers said the service is clean and they are confident in the organisation’s ability to manage an infectious outbreak. The service had policies and procedures in place to guide staff in relation to antimicrobial stewardship, infection control management, and documented processes for the management of an infectious outbreak. Staff confirmed they have received training in infection minimisation strategies including infection control and demonstrated an understanding of precautions necessary to prevent and control infection and the steps they could take to minimise the use of antibiotics.

# 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

This Quality Standard is Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers said they received safe and effective services that maintained their independence, wellbeing, and quality of life. Staff demonstrated knowledge of consumers needs and preferred activities and provided examples of how they support consumers to remain independent. Care planning documentation captured the consumers life story and identified consumers preferences and information in relation to supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being, and quality of life. Staff capture relevant information during initial assessment and ongoing reviews with consumers that contribute to the planning and development of events and activity schedules.

Consumers described support and services available to them to promote their emotional, spiritual, and psychological wellbeing. Staff described how they support consumers emotional and spiritual needs; staff gave examples of how they recognise diversity to provide services that are meaningful to the consumer and how they support consumers to have access to religious services to meet their preferences. Care planning documentation outlined consumers emotional and spiritual needs with strategies in place to support and ensure consumers emotional, spiritual, and psychological wellbeing needs are met.

Consumers said they are supported to maintain personal relationships and can take part in community and social activities that they choose. Staff described how they work with other organisations, advocates, community members and groups to help consumers maintain their interests, social activities, and their connections in the community. Care planning documents identified the people important to individual consumers and their activities of interest. Consumers were observed socialising with visitors and other consumers and participating in various activities.

Consumers have provided consent for their information to be shared with others that provide care and the organisation coordinates their services and supports well. Staff described how they access information about a consumer’s condition, preferences, needs and goals. The service described how accurate, up to date and relevant information is shared with others as consumers move between care settings. Care planning documentation contained adequate information about consumers’ needs and preferences that are communicated with others included in the care delivery to support safe and effective care to consumers.

Staff provided examples and described processes for timely and appropriate referrals to individuals, other organisations and providers of other care and services to enhance the care and lifestyle of consumers. Consumers said they have accessed a range of services and supports to meet their care needs. Care planning documentation reflected the involvement of a range of services and timely referrals made to meet consumers’ needs and preferences.

Consumers were satisfied with the quality and quantity of food provided at the service, and there are multiple meal options to choose from. Staff were aware of consumers’ dietary needs and care planning documentation captured consumers dietary needs and preferences. Staff said consumer feedback is used to evaluate consumers’ satisfaction with food. The service had processes in place to plan and deliver nutrition and hydration in line with consumers’ needs and preferences.

Consumers said they felt safe when using equipment and were aware of how to report any concerns about the safety of equipment. The service completes individual assessments before providing equipment to consumers, and consumers say that the equipment provided is suitable and meets their needs. Staff described how they are trained to safely use the equipment and explained their responsibilities for the safety, cleanliness, and maintenance of equipment.

# 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

This Quality Standard is Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers said the service environment was welcoming, and easy to navigate. Staff described how consumers were supported to make the service feel like home, and they encouraged consumers to personalise their rooms. Staff described features of the service environment that are designed to support function of consumers with different physical, sensory, and cognitive abilities. Signage was observed at the service to assist consumers to navigate the service, with well-maintained indoor and outdoor spaces for consumers and visitors to access and consumer’s rooms were individually personalised.

Consumers and representatives report that the service is cleaned well by staff, and maintenance is attended to in timely manner. Staff explained how they ensure the service environment is maintained and safe for consumers and described the process for cleaning, documenting, reporting, and attending to maintenance issues. Consumers were observed moving around freely around the service and the service was observed to be clean and well maintained, with documented preventative schedules in place.

Consumers said furniture and equipment were safe, clean, and suitable. Furniture and equipment throughout the service was observed to be appropriate, clean, and well maintained. Maintenance documentation demonstrated maintenance checks were up to date and regular equipment checks were completed.

# 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

This Quality Standard is Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives said they were encouraged and felt comfortable to provide feedback, raise any issue or concerns to the service management. Staff and management described the various mechanisms for consumers to provide feedback and how complaints are collected through verbal communication to staff, feedback forms, consumer meetings, care plan review process, consumer satisfaction surveys, and external complaints. The service had policies and associated systems, procedures and templates in place that is used to ensure consumer feedback is constantly received.

Consumers said they are provided with information on advocacy, language services and ways to raising and resolving complaints. Staff and management were aware of processes and how to access interpreter and advocacy services made available to consumers. Advocacy information is included in consumer handbooks and printed materials are provided to consumers and representatives on admission and is reinforced through flyers, posters, and at regular meetings. Staff described actions they would take to support consumers to make complaints or provide feedback by accessing an interpreter service should they require them.

Consumers and representatives provided examples of when they have provided feedback or complaints through the service’s feedback mechanisms and were satisfied that appropriate action was taken by staff and management. Staff demonstrated that appropriate action is taken in response to feedback and complaints and an open disclosure process is used when things go wrong. The organisation had documented policies in relation to consumer feedback and open disclosure to guide staff practice. Staff explained processes taken in response to complaints received by consumers.

Consumers and representatives said they are satisfied that their feedback and complaints have resulted in improvements made at the service. Management described detailed processes and provided examples of how feedback and complaints provided to the service are reviewed and used to improve the quality of care and services. Documentation reflected the various ways the service captured compliments and complaints and how data is used to inform improvements.

# 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

This Quality Standard is Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers said there were enough staff, and they are always provided with the care and services they need. Staff said there is enough staff on each shift to provide safe delivery of care to consumers. Staff delivering care was observed to be calm, professional, and planned. The roster is developed based on consumers’ needs and contained a mix of staff and the service had systems in place to support roster development and review. Documentation evidenced that staffing levels were adequate, and the service had implemented effective strategies to manage staffing challenges.

Consumers and representatives said staff are kind, caring and respect their individuality. Staff and consumer interactions were observed to be caring and respectful, with staff taking time to interact with consumers. Care planning documents demonstrated that the consumer’s story, needs, and preferences are known. The recruitment process ensures that staff are chosen in line with the values of the service, and staff receive training and support to deliver care in accordance with the service’s diversity and inclusion policy and procedures. Staff said they received training that support them in delivering care that is respectful of consumer identity, culture, and diversity.

Consumers said that staff are competent and know what they are doing and are satisfied with the care they were provided. Management provided records to show that the workforce is competent, and members of the workforce have the qualifications and knowledge to perform their roles effectively. The service maintains an up-to-date register of staff qualifications, which is monitored by management.

Management demonstrated that the service has appropriate systems and processes to ensure that appropriately trained and skilled staff are recruited and supported to deliver quality care and services. Management provided records to show that ongoing training and development is provided for all staff and their participation in the training programs is logged and recorded. Staff said they received training during their orientation and induction, targeted training regularly and have completed mandatory training that is appropriate that meets the needs of consumers. Consumers and representatives said staff had skills to meet consumer’s care needs.

The service demonstrated that appropriate processes are in place to regularly assess, monitor and review the performance of staff. Management demonstrated that systems were in place to record and track staff performance reviews. Staff explained the performance review process, including discussions of their performance and areas where they would like to develop their skills and knowledge. Documentation demonstrated the service had a robust performance management process.

# 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

This Quality Standard is Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said they were encouraged to provide ongoing input into how care and services are delivered, and this is sought in a variety of ways, including during regular care plan reviews, meetings, surveys, and face to face discussions. Management provided examples of changes made through consumer complaints, feedback, and consultation. The service provided documented evidence to demonstrate that consumers are engaged and supported in providing input on service delivery and that the service is actively working to improve care and services.

Documentation demonstrated that the governing body has engaged an independent body to measure consumer satisfaction and that the service’s governing body promotes a culture of safe and inclusive care. Management articulated how the service drives improvements and innovations using data from internal and external audits, clinical indicator reports, incidents or near misses, consumer and staff feedback. Consumers said the service is well run and they feel safe. Meeting minutes demonstrated that information from consolidated reports is provided to the governing body and is used to identify the service’s compliance with the Quality Standards, initiate improvement actions to enhance performance, and monitor care and service delivery.

The service had policies and procedures to support effective organisation wide governance in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. For example, in relation to financial governance, management explained budgets are set each year as part of the strategic planning process, capital expenditure is planned as part of that process with funds set aside, additional emergency funds are available for unplanned expenditure and a delegations authority matrix for expenditure approval is in place. Monthly financial reviews are conducted with reports provided to the governing body including income and expenditure.

The service had a documented risk management framework, including policies describing how high impact or high prevalence risks associated with the care of consumers are managed and how incidents are managed and prevented, supporting consumers to live the best life they can. Staff said risks are reported, escalated, and reviewed by management at the service level, including the governing body. Staff explained the processes of risk management at the service, including key areas of risk that are identified, responded to, and reported in the incident management system. Staff detailed training they had received and their responsibilities in identifying and responding to abuse and neglect of consumers.

The organisation’s documented clinical governance framework has been implemented at the service, and staff apply the principles of the framework when providing clinical care. Staff interviewed described processes in relation to the clinical governance framework, such as minimising restrictive practices, implementing antimicrobial stewardship strategies and providing open disclosure to consumers and representatives when things go wrong.

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)