Performance

Report

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| Name of service: | Inglewood & Districts Health Service Hostel |
| Service address: | 3 Hospital Street INGLEWOOD VIC 3517 |
| Commission ID: | 3365 |
| Approved provider: | Inglewood & Districts Health Service |
| Activity type: | Site Audit |
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| Performance report date: | 22 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 Inglewood & Districts Health Service Hostel (**the service**) has been prepared by G. Hope-Simpson, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* other information and intelligence held by the Aged Care Quality and Safety Commission in relation to the service.

# Assessment summary

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

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement 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 and representatives said all staff treated them with dignity and respect. Staff knew each consumer’s life story which enabled them to respect and value their identity, cultural background and diversity. Staff described ways they respected consumers such as by addressing them by their preferred names, embracing their identity and culture and participating with them in celebrations that were important to them. The service had a diversity policy and procedure to guide staff in providing a culturally appropriate living environment for consumers.

Consumers confirmed the service recognised and respected their cultural background and provided care that was consistent with their individual preferences and cultural traditions. Staff identified consumers from a culturally diverse background and explained how they tailored their care to meet the specific cultural needs of each consumer. Care planning documents showed the service collaborated with consumers and representatives to accurately capture their cultural preferences to ensure the consumer’s needs were met. The service displayed about interpreter services.

Consumers and representatives stated they were supported in their choice of who to involve in their care, and how their care and services were delivered. Consumers said staff encouraged them to make social connections and maintain important relationships, including intimate relationships. Staff described how individual consumers wished their care to be delivered and who was to be involved in their care. Staff were aware of the personal relationships each consumer wished to maintain. The service had a documented policy on dignity, choice and independence that guides staff in promoting consumers’ choices and independence.

Consumers felt supported to make decisions regarding taking risks so they could live their best lives. Staff were aware of the consumers that chose to take risks and respected their right to make independent choices to enhance their well-being, even if risks were involved. Care planning documents showed risks were identified and assessed in consultation with consumers and appropriate risk management measures put in place.

Consumers confirmed they were kept well informed of assessment outcomes and any changes to their care and services. Management described how they provided clear, easy to understand information to consumers and representatives in a timely manner, to allow them to exercise choice. Representatives said they received regular emails and phone calls updating them about developments at the service, and any changes to care and services.

Consumers stated their privacy was respected and their personal information was kept confidential. Staff said all consumer files were stored in closed cupboards in the locked nurse’s station. Staff explained that all handovers were done in a private area behind closed doors. Computers with consumers’ records were passcode protected with staff requiring their own personal code to access the electronic system. The service had documented privacy protocols in place to protect consumer privacy.

# 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.

Clinical staff explained how the consumer admission process guides the consistent assessment and planning of care, including the consideration of risks to consumers’ health and well-being. Staff said assessment outcomes were discussed with consumers and representatives and documented in care plans to support the delivery of safe and effective care and services. Consumers and representatives were satisfied with the care they received and said risks were identified and managed to promote their independence and well-being.

Consumers and representatives said they had the opportunity to discuss their current care needs, goals, and preferences, and their advance care and end of life care plans. Consumers’ care plans reflected their current care needs and their advance care directives and end of life wishes. Staff described what was important to consumers in terms of how their care is delivered. Clinical management explained how consumers were provided with advance care directive paperwork in the admission pack and they were encouraged to discuss their preferences, if they wished to.

Consumers and representatives said they were satisfied with the quality of care and services they received, and they felt like partners in the assessment and planning of their care and services. Staff could describe the process of referring consumers to other relevant health professionals, such as medical officers, physiotherapists and occupational therapists. Care planning documents showed consumers, representatives and others they chose to involve, were consulted in the assessment and planning of care and services. This included having input from other relevant individuals and organisations.

Consumers and representatives said the outcomes of assessments and planning were communicated effectively to them and they had a current copy of their care plan or knew where to access one, if they chose to. Care planning documents showed they were frequently updated to reflect consumers’ current needs, goals, and preferences. Staff explained the process for accessing care plans and communicating the outcomes of assessments to consumers and representatives. Clinical staff said they involved representatives to help explain information to consumers who had difficulties communicating.

Consumers and representatives said they were notified when circumstances changed or when incidents occurred. Staff were familiar with procedures for identifying deterioration in consumers’ condition, recording and reporting incidents and updating care plans. Management advised that clinical incidents were reviewed regularly at the service and organisational level to identify strategies to minimise risks and implement improvements. Staff were guided by documented policies and procedures for recording and reporting incidents and updating care plans when circumstances changed, or incidents occurred.

# 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 and representatives were satisfied with their personal and clinical care and said it was tailored to their needs and optimised their health and well-being. Staff showed they understood the personal and clinical needs of individual consumers. Care planning documents reflected individualised care that was safe, effective, and tailored to the specific needs and preferences of consumers. The service had written policies, procedures and tools in place to support the delivery of best practice care in areas such as wounds, restraint, falls, and skin integrity.

Consumers and representatives were satisfied that high impact or high prevalence risks to their health were effectively managed. Management and staff explained how the service identified and effectively managed high-impact and high-prevalence risks. Care planning documents identified effective strategies to manage key risks to individual consumers. The service had written policies and procedures relating to key areas of risk prevention.

Consumers and representatives said the personal and clinical care was tailored to their needs, goals, and preferences and they were confident that consumers nearing the end of life received appropriate care. Consumers and representatives confirmed staff had spoken to them about advance care planning and end of life preferences. Staff explained how they maintained the dignity and comfort of consumers receiving end of life care and supported their families. Care planning documents detailed consumers’ advance care plans and end of life preferences.

Management described how changes in consumers’ care needs were recognised and responded to in a timely manner. Consumers and representatives said deterioration or changes in consumers’ condition was recognised and responded to appropriately. Staff provided recent examples of when a deterioration or change in a consumer’s condition was recognised and responded to promptly. Care planning documents, progress notes and charts demonstrated that deterioration in a consumer’s health, capacity and function were recognised and responded to in a timely manner.

Consumers and representatives were satisfied that current information about consumers’ condition, needs and preferences was documented and effectively communicated. Staff described how changes in consumers care needs and services were communicated through shift handovers, meetings, accessing care plans or electronic notifications. Care planning documents showed adequate and accurate information was effectively communicated to support safe and effective care and services.

Care planning records showed the service provided timely and appropriate referrals of consumers to other providers of care and services. Consumers and representatives said they had access to other medical services and were satisfied with the referral process. Staff described the processes for referring consumers to other health professionals such as medical practitioners, podiatrists, physiotherapists, geriatricians and dieticians. The service is guided by organisational procedures regarding referral processes to health professionals within and outside of the service.

Consumers and representatives said they were satisfied with the service’s infection control practices including the management of COVID-19. Consumers confirmed if they were potentially infectious, they would notify staff and stay in their rooms until they were better. Staff said they had received training on infection prevention and control measures and outbreak management procedures. Staff showed an understanding of how to minimise the need for antibiotics and ensure they were used appropriately. The service had appointed an Infection Prevention and Control (IPC) lead and had documented policies to guide infection prevention and control and antimicrobial stewardship.

**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 and representatives said the services and supports for daily living maintained their independence, provided activities of interest and optimised their quality of life. Staff explained how they partnered with consumers and representatives to capture their lifestyle preferences including their likes/dislikes, interests, and social, emotional, cultural and spiritual needs. Staff could identify what was important to individual consumers, what they liked to do, and this aligned with their care plans.

Consumers reported their emotional, spiritual and psychological needs were supported by the service and they could stay in touch with family and friends for comfort and emotional support. Staff explained how consumers’ emotional, social and psychological needs were supported by facilitating connections with people who were important to them, through lifestyle activities, religious services and pastoral care.

Consumers and representatives said they were supported to participate in the community within and outside the service, keep in touch with people who were important to them and do things of interest to them. Staff described how they supported consumers to participate in the community and engage in activities of interest to them. Staff described the activities, interests and important relationships of specific consumers. Consumers’ care planning documents aligned with the responses provided by consumers, representatives and staff regarding their interests, community participation and relationships.

Consumers and representatives said their preferences, needs, and condition were effectively communicated within the service and with others responsible for care. Staff described ways they shared current information and were kept informed about the changing condition, needs and preferences of each consumer. Care planning documents provided adequate information to support safe and effective services and supports for daily living.

Consumers said they were able to access support from other providers of care and services. Staff said the service engaged with other organisations, volunteers, and providers of care and services to supplement the lifestyle program. Care planning documents showed referrals of consumers to other individuals and organisations for daily living support.

Consumers and representatives said the food was good quality, varied and there was plenty of food provided, both at mealtimes and in between. Consumers were able to request different meals if they did not want what was on the menu. The consumer dining experience appeared to be comfortable, unrushed and consumers requiring assistance were supported in a dignified and timely manner. Staff were aware of consumers’ dietary needs and preferences such as meal size, texture and any support needed. Staff said they could provide consumers with some food and drinks at any time.

Equipment provided to consumers was observed to be safe, clean and well-maintained. Consumers said they had access to safe, clean and well maintained equipment to assist them with their daily living activities. Staff described how equipment was kept safe, clean 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

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

The service’s front entrance appeared welcoming, bright and was easily accessible. Clear, easily read, colour-coded maps were displayed throughout the service to assist visitors and consumers to navigate around. Management said consumers were encouraged and supported to personalise their space and make it home like. Consumers rooms were personalised with their preferred furnishings, bedspreads, photos and ornaments. Staff described how consumers were supported to maintain their independence and make the facility feel like their home.

The service was observed to be safe, clean and well maintained with consumers being able to move freely around the service, both inside and outdoors. Consumers and representatives said they were incredibly happy with the cleanliness and maintenance of the service. Cleaning staff said they followed a schedule every day and the hospitality manager oversees the cleaning and laundry service. The maintenance manager explained the process for arranging any repairs to the buildings or equipment and showed the preventative maintenance schedule.

The furniture, fittings and equipment appeared to be safe, clean and well maintained. Staff described the process for cleaning and maintaining the equipment, furniture and fittings within the service. Consumers confirmed the equipment and fittings were cleaned and maintained regularly.

# 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 were aware of various ways they could provide feedback or complaints and said they were encouraged and comfortable to raise concerns should the need arise. Consumers and representatives said they preferred to speak directly with a member of staff should they have a concern. Management and staff described the different avenues available for consumers and representatives to provide feedback or make a complaint such as through feedback forms, meetings or talking directly to staff. Brochures detailing internal and external complaint avenues and feedback forms and lodgement boxes were observed around the service.

Consumers and representatives were aware of other avenues for raising complaints such as the Aged Care Quality and Safety Commission or advocacy services however, they said they were comfortable raising concerns directly with management or staff and would escalate their complaint if it was not resolved to their satisfaction. Staff described how they advocated for consumers by encouraging their feedback, communicating their concerns to management, and assisting them to complete feedback forms. Staff were aware of advocacy and language support services but said they had not had to access these services for consumers. The service actively promoted external complaint avenues, advocacy and language services through the resident handbook, posters, brochures and information on the noticeboards throughout the service.

Consumers and representatives said management promptly addressed and resolved their complaints and responded appropriately when an incident had occurred. Staff said they had received training in relation to open disclosure and could describe the processes followed, including providing an apology when things went wrong. Management described the complaint management process and gave examples of taking timely and appropriate action to resolve complaints including the use of open disclosure. The service had documented policies and procedures which guide staff in investigating, resolving and evaluating feedback and complaints made by consumers and representatives.

Consumers described changes implemented at the service as a result of feedback and complaints. Management explained how feedback and complaints were documented and used to inform continuous improvement actions across the service. The service’s complaint and incident registers and the Plan for Continuous Improvement (PCI) showed how feedback, complaints and incidents were recorded and resolved within designated timeframes and used to inform continuous improvement. Staff and consumer meeting records showed that feedback and complaints received from consumers and representatives were discussed at each meeting, and timely and appropriate improvement actions were taken by the service.

# 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 and representatives said there were sufficient staff to meet their needs and staff attended promptly when they called for assistance. Staff said there were sufficient number and type of staff to provide care and services in accordance with consumers’ documented needs and preferences. Staff said they had sufficient time to undertake their allocated tasks and responsibilities. Management explained how they planned the workforce and filled vacant shifts due to unplanned leave. The service audited call bell reports monthly and had an average call bell response time of 1 minute and 48 seconds for all areas. Excessive call bell response times were investigated, and any improvement actions identified were added to the PCI.

Consumers and representatives said staff engaged with them in a respectful, kind, and caring manner. Staff had in depth understanding of consumers personal backgrounds and their needs and preferences which aligned with their care plans. Management explained how they monitored staff interactions with consumers and representatives to ensure they met the standards expected. Staff were observed to be kind, respectful and patient when interacting with consumers and representatives, and when delivering care and services.

Consumers and representatives said they were confident staff were sufficiently skilled to meet their care needs. Management detailed the processes in place for ensuring the workforce was competent and had the qualifications and knowledge to effectively perform their roles. Staff members felt competent to deliver the care and services consumers needed. The service had documented policies and position descriptions setting out the key qualifications and knowledge required for each role. Records confirmed staff had the necessary qualifications outlined in their position descriptions.

Consumers and representatives said staff knew what they were doing and praised the quality of the staff. They could not identify any additional training needs. Staff confirmed they were well trained and supported by the service with a range of mandatory and non-mandatory training. Management described how the workforce was trained, equipped, and supported to deliver care and services in accordance with consumers’ needs and preferences and the Quality Standards. Records indicated staff were up to date in their training.

The service regularly undertook assessment, monitoring and review of the performance of each member of the workforce. Management detailed how staff performance appraisals were undertaken and explained how feedback and incidents were considered when reviewing the performance of workforce. Staff files showed evidence of regular performance appraisals and performance management when necessary. The service had documented policies, procedures, and guidelines related to staff conduct and performance appraisals.

# 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 were confident the service was run well, and they were satisfied with their level of engagement in the development, delivery and evaluation of care and services. Management and staff described various ways consumers and representatives were encouraged to be involved in decisions about the development, delivery and evaluation of the care and services provided. Management stated the service engaged with consumers and representatives through consumer meetings, care reviews, feedback, conversations and surveys. The PCI showed consumer feedback and suggestions were analysed and used to drive continuous improvement.

The organisation’s governing body was accountable for the delivery of quality care and services and a culture of safe and inclusive consumer care. The organisation’s documented policies, procedures and meeting records set out how the Board promoted a culture of safe, inclusive, and quality care and services. Management explained how they reported on key performance indicators to the Board and how the Board fed directions back down to the service. Management provided feedback on how requests to the governing body are made from the service to support quality care and services. Consumers and representatives felt the organisation promoted a culture of safe, inclusive, and quality care and was accountable for its delivery.

Management and staff detailed the effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Consumers and representatives considered the service encouraged feedback and complaints and used this information for continuous improvement. Staff could describe the key principles of the governance systems. Documented policies and procedures supported the governance systems and staff were familiar with these policies.

Management detailed the effective risk management systems in place for high impact or high prevalence risks to consumers, identifying and responding to elder abuse and neglect, supporting consumers to live their best life, and managing and preventing incidents. Staff were aware of these policies and could demonstrate a practical application of them in their work.

The service had a clinical governance framework which included documented policies addressing antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff confirmed they had received training on these policies, described how they applied them in their day-to-day work, and provided specific examples.

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