Performance

Report

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| Name of service: | Iona Digby Harris Home |
| Service address: | 49 Nelson Street NHILL VIC 3418 |
| Commission ID: | 3474 |
| Approved provider: | West Wimmera Health Service |
| Activity type: | Site Audit |
| Activity date: | 30 August 2022 to 1 September 2022 |
| Performance report date: | 4 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 Iona Digby Harris Home (**the service**) has been prepared by L Glass, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers and 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

Consumers considered they were shown dignity and respect by staff in the delivery of their care and they were able to maintain their identity, make informed choices about their care and maintain a lifestyle of their choosing. Consumers said they were kept informed of changes to menus, activities and their personal care. They also said staff informed them directly speaking with them about any daily changes in the service. The assessment team observed staff communicating directly with consumers about current information. The assessment team also observed information on the noticeboards where consumers can see notices of prior and upcoming events and a pictorial and written description of the menu for the day.

Staff were able to describe consumer preferences and choices in the delivery of care. The assessment team observed staff treating consumers with dignity and respect at all times during the site visit and it was clear that they understood the consumers’ individual choices and preferences. Staff provided examples of sampled consumers’ preferences and choices and how they supported them to achieve these.

The assessment team observed staff being respectful of consumer culture in delivering care and services. This aligned with the organisation’s diversity strategy.

Management and staff advised there is a process for completing a dignity of risk form for a consumer when the need for one is identified. The Service has dignity of risk policies and procedures relating to the completion of dignity of risk forms and aligning to staff and management’s description of the process.

Consumers said they felt that their privacy is respected, and all their personal information is confidential. All care plans are available electronically and are password protected and only staff requiring access have the password. Progress note updates and handover sheets are kept securely and managed confidentially.

# 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 Service demonstrated it identifies and considers risks to consumers and implements strategies to manage and mitigate them. It reviews care and services for effectiveness monthly or when incidents happen and changes in consumer care occur. Care planning documents reflect the outcome of risk assessments undertaken, for example in relation to falls, weight loss, skin integrity, responsive behaviours and specialised care needs. Staff demonstrated knowledge of consumers’ risks and described strategies to ensure consumer’s safe and effective care. The Service has a range of risk assessment tools to guide staff in the delivery of safe and effective care and services. Consumers and representatives expressed confidence that assessment and care planning processes consider risks to consumer’s health and well-being.

Consumers and representatives interviewed were satisfied the care and services identify what is important to them. Assessment and care planning reflect consumers’ current goals, needs, and preferences and include the documentation of advance care wishes. The Service has an end-of-life care planning policy and procedure to guide clinical staff in discussing advanced care planning with the consumers and representatives upon entry to the Service.

Consumers and representatives sampled described their participation in assessment and care planning and management. Clinical staff described making sure consumers and representatives are informed about any changes and outcomes of the services provided to the consumers for example medication changes and new interventions implemented.

Consumers said they can nominate others who they wish to involve in planning and review of their care. Staff and management described the collaboration with other health professionals and external health services and with consumers and representatives to ensure the delivery of safe and individualised care. Documentation reflects the participation of consumers, representatives and other organisations in the assessment, planning, and review of consumers’ care. Consumer files reviewed reflect care consultations that were completed in April 2022.

Consumers and representatives said staff regularly communicate relevant information and any changes in consumer care. Documentation reflects the communication of relevant information with consumers and representatives including when the consumers and representatives decline a copy of the care plan when offered.

Consumers and representatives are satisfied with how the Service reviews care following a change in circumstances or after an incident impacting a consumer. Care planning documents reflect that when circumstances change or when incidents impact on the needs, goals, and preferences of the consumer, review and evaluation for effectiveness occurs. Management and staff described in detail the monitoring and review process following incidents or changes in consumers’ care.

# 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 Service demonstrated that personal and clinical care is safe and effective. This is reflected in the use of best practice principles and individualised care that addresses the needs, goals, and preferences of consumers. Clinical staff demonstrated knowledge and skills in managing complex wounds. Consumers and representatives expressed satisfaction with the management of consumers’ pain, wounds, and restrictive practices. Consumers and representatives identified that staff assisted with their personal care needs in accordance with their preferences.

Consumers and representatives expressed satisfaction that risks affecting each consumer are safely managed. Documentation, policies and procedures reflected processes to promote the effective management of high impact or high prevalence risks including falls, challenging behaviours, diabetes management, and other specialised care needs. Management and staff described the high impact and high prevalence risks to individual consumers and strategies for minimisation. Incidents are documented, investigated, actioned, and analysed for trends, with actions for improvement planned as appropriate to minimise a recurrence.

Care planning documents and discussion with staff demonstrated the Service meets the needs of palliating consumers to ensure dignity in comfort care and consumer needs, goals and preferences are identified and actioned. Documentation including policies and procedures guide the provision of palliative care and reflected palliative care planning is individualised and tailored to the consumer’s wishes including external services if needed.

The Service demonstrated how deterioration or change in the consumer’s condition is recognised and responded to in a timely manner. Documentation reflects appropriate actions taken in response to deterioration or change in a consumer’s health. Clinical staff described how deterioration or changes are identified, actioned, and communicated.

Consumer information is documented in files, progress notes, and handover sheets reflecting current information about consumers' condition, needs and preferences. The Service demonstrated how information is shared with external services involved in care as required. The assessment team observed a range of communication books for care staff, the registered nurses, the medical officers, and other allied health professionals containing relevant consumer information tailored to the different staff roles. All recent changes in consumers’ care are reflected in the hand over sheets.

Consumers and representatives were satisfied that access and referral to their medical officer, allied health professionals and other external specialist services was available when needed. Documentation reflects timely and appropriate referrals to individuals, other organisations and providers of other care and services. Management and staff described the Service’s referral processes and provided examples of referrals completed. The assessment team observed how staff make appropriate referrals to other external organisations.

The Service has policies and practices that encourage the appropriate use of antimicrobials. It has policies and practices minimising the risk of infection for consumers, staff, and visitors. Staff demonstrated a good understanding of infection prevention and control practices and antimicrobial stewardship. The Service has an outbreak management plan which has been reviewed and practiced and includes responses for different types of communicable diseases. The Service has an Infection Prevention and Control (IPC) Lead. Consumers and representatives said they are kept up to date about the Service’s response to COVID-19.

# 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 Service demonstrated lifestyle activities are scheduled in response to consumer preferences with a range of internal living spaces available to encourage consumers to spend time with others, sit quietly or engage in activities of their choice. Consumers can do things of interest either within or outside of the Service, and maintain community, social and family connections. Consumers said they are happy and that the lifestyle activities are supporting them to live a quality life.

Consumers said they felt supported to be independent and that they are encouraged to do the things they want to do. Care planning documents contain information about consumer’s significant relationships within and outside the Service and information about consumers’ interests. Management and lifestyle staff were able to describe the different ways the Service supports consumers to access the community and outside activities.

Management and lifestyle staff were able to describe how the lifestyle program is developed by taking into consideration one on one activities if needed and identifying individual consumer goals and preferences, likes and dislikes upon entry to the Service. The interests are expanded on via consumer surveys that include questions on consumer activity preferences. The assessment team observed care plans are reflective of consumer interests.

Consumer needs relating to emotional, spiritual and psychological well-being are documented in their care plan for access by relevant staff. The assessment team observed both small group activities and one on one activities being run by nursing and care staff.

The Service demonstrated it has systems and processes for communicating information about consumers’ conditions, needs and preferences within the organisation and with others where responsibility for care is shared. The Service has processes for internal communication including manager /staff meetings, handover meetings, care plans, and progress notes. Documentation, including care plans and progress notes, for all sampled consumers, demonstrated there is adequate information to support effective and safe sharing of information regarding the consumer’s needs and preferences. Interviews with management, administration, care, kitchen, cleaning, maintenance and lifestyle staff demonstrated a shared knowledge of individual consumer likes and dislikes, their needs and preferences. Care plans indicated that consumer information is to be shared with representatives, and the representatives’ choices as to when they should be contacted about the changing needs of the consumer.

Consumers were happy with the quality, meal size and variety, were consulted about whether or not they enjoyed the meals, were able to have another meal if they wanted to do so. The menu is developed every 5 weeks by the dietician and speech therapist based on the nutrition and hydration needs of the consumers. Consumer input is considered via their preferences that are kept up to date by the chefs. Chefs dine with the consumers monthly to observe and discuss the menu with them. From these discussions, the chefs report back, and this becomes part of the quality evaluation of the menu. The dietician conducts quarterly food audits that include the weight and consistency of serves. The assessment team observed meal service during the site audit and noted there were cards with consumer photos set out on the kitchenette bench that detailed the requirements for each individual to ensure that the correct meal was presented to the consumer.

Staff reported having access to the equipment they need to support consumer participation and independence.

# 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 assessment team observed the Service to be clean, well maintained, and easy for consumers to navigate, welcoming and offering communal spaces that optimise consumer engagement and interaction. The Service is a pet friendly service that allows consumers to bring their pets to reside with them.

The Service demonstrated that its plant and equipment is well maintained. Maintenance occurs as scheduled and as needed. Staff were able to explain the maintenance process should any equipment fail. Staff across the Service were aware of the processes to follow when there was a hazard or if equipment required maintenance. The assessment team observed that the preventative maintenance was up to date and that some reactive maintenance was in progress.

There is an effective cleaning schedule in place and staff were aware of the need to clean shared equipment before and after use. Sampled consumers all stated their rooms are clean and well maintained and any cleaning or maintenance requests are addressed quickly.

Consumers were able to move freely indoors, outdoors and across the wings of the Service. Furniture, fittings and equipment were observed to be clean and well maintained. Consumers said they have access to safe and clean equipment.

The assessment team observed that there was a range of equipment available to meet the care and clinical needs of consumers. Consumers have access to and were observed utilising a range of equipment including walkers, wheelchairs, and comfort chairs. The assessment team observed that consumer bathrooms contained equipment to support personal care.

# 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

Consumers and representatives were confident they could raise any concerns or feedback with the Service and have their feedback addressed. The Service demonstrated it was ensuring consumers and/or representatives are aware of the internal feedback system, how to complete forms, or are encouraged to approach staff or management directly with feedback or concerns. Language services can assist in the translation of consumer needs. Overarching policies and procedures include a formal feedback system, access to interpreter services, and advocacy services are followed.

Consumers and representatives sampled for this requirement said they are encouraged and supported to provide feedback and make complaints. Staff discussed how if a consumer or representative raises a concern or complaint, they will address issues raised if able to do so, document concerns, and refer the issue to management. The Service receives feedback and complaints via the feedback form, emails, or verbally. Concerns, complaints, compliments, and other feedback are logged within the Service’s ‘feedback and complaints register’. Management explained how it supports consumers to provide feedback and how feedback drives continuous improvement.

The ‘feedback and complaints register’ and continuous improvement plan reflected a range of concerns and compliments raised by consumers and/or representatives through internal and external avenues. Over the previous three months, the Service had received a range of compliments relating to care and services. Information about advocacy services and internal and external complaints services was displayed throughout the Service.

Consumers and representatives who had raised issues were satisfied actions had been taken to resolve their respective issues. They described how staff apologised when something went wrong. Staff and management personnel described using open disclosure principles in their handling of feedback and complaints.

A review of the feedback register demonstrated that all feedback and complaints are managed in line with the organisations’ policies and procedures. Open disclosure process is embedded in the service’s risk management system.

The Service demonstrated it ensures feedback and complaints have resulted in improvements to the quality of care and services. Consumers and representatives said they were contacted by the Service in response to feedback raised and provided examples of how this had led to improvements for the consumer. The plan for continuous improvement and complaints documentation reviewed identified prompt action taken by management and demonstrated how services are improved.

For example, as a part of continuous improvement, it was identified that consumers prefer to see pictures of the meals along with the food menu and this was implemented to aid consumer selection of lunch and dinner.

# 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 Service was able to demonstrate there was adequate staffing to meet the needs of the consumers. Consumers and representatives thought there were not enough staff at the Service due to staff shortages in the healthcare industry, however, they added that staff were still meeting the needs of the consumers. Management and staff were described how they ensure there is enough staff to provide safe and quality care by having a base roster that is designated per the classification of the staff members and is designed to cover the care needs of the consumers.

Consumers said whilst the Service might be short staffed, they do not have to wait long for staff to attend to them. Consumers said their care needs of personal hygiene and clinical care were always met.

Management said ensuring adequate staff at the Service can be challenging at times. To ensure the well-being of consumers and staff they have implemented strategies such as not taking any new consumer admissions until they can ensure they have enough staff to meet their consumer care needs.

Management advised whilst they were able to access call bell data, they were currently developing improvements. A review of the call bell data demonstrated call bells were answered in a timely manner which aligned with the consumer interviews.

Consumers expressed satisfaction with the way staff interact in a kind and caring manner. They said staff were knowledgeable and respectful of consumer backgrounds and cultural preferences. The assessment team observed staff addressing consumers by name, proactively engaging with them and providing information in a manner that they could understand. Observations of staff practice were consistent with consumer feedback.

The organisation has effective systems to ensure staff are competent and have the qualification and knowledge to perform their role. Consumers and representatives sampled expressed satisfaction with staff knowledge and skills to meet care needs. Management described how they determine whether staff are competent and capable in their role during the recruitment process. This is achieved through interviews, pre-employment checks such as registrations, and reference checks. Management also described how they monitor staff practice and qualifications. Staff confirmed participation in mandatory training and described how they monitor each other’s practices.

Documentation demonstrated staff have qualifications relevant to the role and their competency is monitored. Education and monitoring records demonstrated staff are required to complete mandatory training, a range of core education and/or competencies relevant to their roles. Management described how they identify staff training needs through feedback received from consumers or representatives, performance appraisals, and incident and audit results.

All staff said they were supported to provide quality care through regular face-to-face and online training. Staff said management encouraged and acted on feedback about training and was supportive of requests for additional training. Staff were confident that, where required, additional training could be requested directly with management.

The organisation has effective processes to regularly assess, monitor and review the performance of the workforce. The Service has policies and procedures in relation to staff performance and disciplinary matters.

Management described how adverse feedback about staff performance received from consumers and representatives would be discussed directly with the staff member concerned. Opportunities for further training and ways performance may be improved are then discussed and agreed on together. Staff confirmed they have had regular performance appraisals with an opportunity to receive and provide feedback.

The Service has a staff induction program and an employee handbook, which includes the organisation’s Code of Conduct and Values, and clearly outlines the responsibilities of staff.

# 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 Service involves consumers and representatives in the development, delivery and evaluation of the care services they receive. Led by the organisation’s Board it ensures and promotes accountability for safe, inclusive and quality care and services for consumers. Consumers and representatives interviewed said they are engaged in care planning and service provision. Consumers are kept informed of any changes that are occurring in the Service. The Service demonstrated it has effective systems to involve consumers and representatives in the planning, delivery and evaluation of care, lifestyle and services.

Consumer engagement is promoted at the Board level by appointing a community member as a participant in the ‘Quality and Governance Committee’. The community member has the same voting rights as the Board members.

Consumers and representatives expressed feeling safe at the Service and living in an inclusive environment with the provision of quality care and services. The organisation has a variety of policies, procedures and work instructions that support and guide management and staff. Management described how the organisation’s governing body promotes these policies.

The organisation has a documented governance framework to audit and monitor compliance with legislation and Quality Standards. Management advised the Service holds membership with key industry associations and regulatory sources, and regularly receives notifications of changes to aged care legislation. Information is then distributed to relevant managers; policy changes occur if necessary and staff training is provided where relevant.

The Service demonstrated effective governance systems are in place in relation to information management, continuous improvement, financial and workforce governance and regulatory compliance. Staff, management and executive management described their understanding, responsibilities and roles in relation to implementing the governance systems in place.

The Service has a policy and a range of documentation that include open disclosure, Serious incident Response Scheme (SIRS), complaints management, and relevant flow charts to guide and direct staff on the processes. These are readily available on the organisation’s intranet.

The organisation has an effective feedback and complaints process that defines and describes open disclosure. Staff demonstrated their knowledge of open disclosure when dealing with complaints.

The Service has risk management systems to monitor and assess the high impact or high prevalence risks associated with the care of consumers. Risks are reported, escalated and reviewed by management at the Service level and the organisation’s executive management including the Board. Feedback is communicated through service and organisation meetings leading to improvements to care and services for consumers.

Management described their roles and obligations in relation to mandatory reporting. A review of the Service’s incident and SIRS registers demonstrated reportable incidents are actioned and recorded as per legislative requirements.

The Service’s clinical governance framework includes antimicrobial stewardship, minimising restraint 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-1)