Performance

Report

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| Name: | IRT Kangara Waters |
| Commission ID: | 2939 |
| Address: | 2 Joy Cummings Place, BELCONNEN, Australian Capital Territory, 2617 |
| Activity type: | Site Audit |
| Activity date: | 10 April 2024 to 12 April 2024 |
| Performance report date: | 14 May 2024 |
| Service included in this assessment: | Provider: 835 Illawarra Retirement Trust  Service: 5893 IRT Kangara Waters |

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 IRT Kangara Waters (**the service**) has been prepared by Denise McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit 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 Commission relating to the performance of 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 assessed as Compliant as 6 of the 6 Requirements have been found Compliant, as:

Consumers and representatives confirmed consumers needs, abilities, gender, religion, spirituality, ethnicity and backgrounds were accepted and valued. Staff explained they showed respect to consumers by supporting their preferences, such as who they chose to provide their personal care in the mornings. Respectful interactions were observed between staff and consumers, as staff provided care in line with consumers’ individual choices and preferences.

Consumers and representatives confirmed staff were respectful of consumers’ spirituality and cultural backgrounds and provided care consistent with their preferences. Staff were aware of consumers’ cultural sensitivities and explained lifestyle assessments were conducted during the entry process, which gathered information about their cultural practices, customs and beliefs they wished to maintain. Care documentation evidenced consumers’ country of birth, diversity, culture and religion and how these influenced the delivery of care and services.

Consumers and representatives said they had choice in how consumers’ care was delivered, who was involved in their care and how consumers wanted to maintain relationships with people of importance to them. Staff gave practical examples of supporting consumers to exercise choice, such as asking for, and respecting their preferences when assisting them to get ready for daily outings, activities and family visits. Care documentation evidenced consumers’ care preferences, people of significance to them and who was involved in their care.

Consumers gave practical examples of how they were supported to take risks and live life as they chose, such as leaving the service independently to visit the local library or to go shopping. Staff explained where consumers wished to take risks, those risks were discussed, and mitigation strategies implemented to promote their safety. Care documentation evidenced consumers were supported to pursue activities which involved risk and the strategies in place to minimise possible harms.

Consumers confirmed they received timely information in ways which enabled them to make choices and said they were well informed about scheduled activities, events and other daily living options available to them. Staff explained information was provided to consumers in ways which met their differing sensory needs, with a food focus meeting, activities calendar, menu, newsletters and in-person notifications which advised consumers of their daily living choices. Care documentation evidenced consumers’ preferred methods of communication to guide staff in delivering person-centred care.

Consumers and representatives gave practical examples of how their privacy was respected, such as staff did not disturb them when spending time alone, and doors were closed when providing care. Staff explained consumers’ privacy was respected by seeking consent prior to entering their rooms, whilst confidentiality was maintained by keeping their personal information secure and sensitive discussions were held in private areas. Staff were guided by a privacy policy and attended training in how to maintain consumers’ 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 assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers and representatives gave practical examples of some consumer’s having their beds against the wall, despite the potential risk of injury or entrapment, as to how risks to their health and well-being were identified during the assessment and planning of their care. Staff explained an entry checklist and assessment process used validated tools to guide their practice in methodically assessing consumers for risks and developing their care plan. Care documentation evidenced risks to consumers, such as falls and pressure injuries, were identified during the assessment process and responsive strategies informed the delivery of safe and effective care.

Consumers confirmed they had discussed their care needs, goals and preferences, which included advance care and end of life planning, if they wished. Staff confirmed discussing end of life wishes with consumers during the entry process and revisited these discussions during scheduled care reviews. Care documentation evidenced consumers’ daily needs, goals and preferences, as well as an advance care directive for consumers who had chosen to have one in place.

Consumers and representatives confirmed they and health professionals, such as wound specialists, participated in the assessment, planning and review of consumers’ care and services. Staff explained consumers, representatives and input from specialist services was sought in the assessment and planning of consumers’ care, particularly when there was an assessed need for specialised care. Care documentation evidenced the assessment and planning of consumers’ care was coordinated with other organisations and providers of care, such as dementia specialists.

Consumers and representatives said they received regular updates about consumers’ care, and they had access to a copy of the consumer’s care plan. Staff explained the outcomes of assessment and planning were documented in the electronic care management system (ECMS) and shared with consumers and representatives. Care documentation evidenced timely and appropriate sharing of the outcomes of assessment and planning with consumers and representatives.

Consumers and representatives confirmed consumers’ care and services were reviewed regularly and in response to incidents, following which their changed needs were addressed. Staff said consumers were reviewed quarterly and explained incidents and changed circumstances may also result in a review of consumers’ needs and preferences. Care documentation evidenced consumers’ needs were routinely evaluated to determine effectiveness, and reassessment occurred when their health status, preferences or circumstances changed.

# 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 assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers and representatives gave positive feedback about the personal and clinical care consumers received, which they said was safe and right for them and met their needs and preferences. Staff explained best practice clinical care was achieved through constant review of consumers’ needs and follow-up and referrals to other care providers, such as to wound specialists, so their needs were met. Care documentation evidenced consumers received individualised care with specific strategies in place to deliver care in line with their assessed needs.

Consumers and representatives confirmed risks associated with consumers’ health, such as falls, were effectively monitored and managed. Staff understood the high-impact and high-prevalence risks for consumers, such as falls, changed behaviours and diabetes, and explained how these were managed. Care documentation evidenced risks to individual consumers were considered and interventions strategies were documented and in place, though in one instance a consumer’s condition was not reassessed in line with their management plan. However, the consumer’s representative gave positive feedback about how the consumer’s condition was generally managed and said there was no negative impact to the consumer.

Care documentation, for a consumer who had recently passed away, evidenced they were kept comfortable through provision of regular comfort care, pain monitoring and management of their emotional and spiritual care, as per the consumer’s wishes. Staff understood how to care for consumers nearing end of life to ensure their comfort and to meet their needs and preferences, with support available from palliative care specialists to assess, plan and deliver care. Policies and procedures guided staff in the provision of end of life care.

Consumers and representatives confirmed staff recognised changes in consumers’ conditions and responses were timely. Staff explained a symptom assessment tool was used to monitor consumers’ overall health condition, as well as changes in their behaviour, mobility, pain levels, appetite and fluid intake, with any changes documented and the consumer escalated to clinical staff for review, with support from local outreach services. Care documentation evidenced deterioration in consumers’ conditions were identified and responded to quickly.

Consumers and representatives gave positive feedback about how information was shared relating to consumers’ conditions. Staff explained changes in consumers’ care and services were documented and communicated during shift handovers and they accessed information such as medical charts in the ECMS. Care documentation evidenced sufficient information about consumers’ conditions which could be shared with others who had responsibility for their care.

Consumers and representatives confirmed consumers had access to other health care providers and referrals were timely. Staff explained the referral process and said consumers had access to a network of individuals and organisations, to ensure their diverse needs were met. Care documentation evidenced consumers were promptly referred to medical and other health professionals, whose recommendations were included in their care plans.

Consumers and representatives gave positive feedback about how infection-related risks were prevented and managed. Staff said they were trained in infection prevention and minimisation strategies and described how they minimised consumers’ need for antibiotics. Policies and procedures guided staff in antimicrobial stewardship and infection control management, particularly in the event of a COVID-19 outbreak.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers gave positive feedback about the services for daily living and confirmed they were supported to pursue activities of interest to them which optimised their independence, such as leaving the service independently and enjoying lunch with family at the onsite café. Staff understood what was important to consumers and explained their leisure and lifestyle plans were developed, reviewed and updated as needed, in consultation with the consumer and their representative. Care documentation evidenced consumers’ lifestyle preferences, pursuits they found enjoyable, and the supports needed to participate in activities of interest to them.

Consumers and representative confirmed consumers’ emotional, psychological and spiritual needs were supported by staff, as well as through attendance at church services and receiving pastoral care visits. Staff advised they supported consumers by spending one-on-one time with them when their mood was low, arranging pastoral care and personalised Communion offerings and coordinating volunteer visits which provided emotional comfort. Volunteers were observed attending to consumers whilst staff spent one-on-one time with consumers in their rooms or communal areas.

Consumers and representatives confirmed consumers were supported to participate in the service and wider communities, maintain personal connections, follow their interests and enjoy their social lives. Staff explained consumers accessed the community with support from volunteer organisations, whilst social connections were encouraged through group activities, with dedicated areas where consumers could spend time with family. Care documentation evidenced consumers’ activities of interest and the supports needed to participate in the wider community.

Consumers and representatives said information about consumers’ daily living needs were effectively communicated, particularly as staff understood their current preferences. Staff explained changes in consumers’ care and services were communicated during shift handovers, by staff memos and dietary folders and they accessed care documentation in the ECMS. Care documentation evidenced information was accessible which facilitated sharing between those responsible for service delivery.

Consumers and representatives confirmed when additional support was needed, they were promptly referred to other organisations and service providers and gave positive feedback with the services they received. Staff explained volunteer programs were engaged to offer gardening support and spend meaningful one-on-one time with consumers. Care documentation evidenced timely referrals were made to other organisations and individuals to meet consumers’ diverse needs.

Consumers and representatives said meals were enjoyable, portions served were sufficient and consumers’ dietary requirements were met. However, a meal service was observed in the memory support unit (MSU) and consumers’ meals were not warm when served, with limited staff interaction and support offered during the meal. Feedback was provided to management, who took immediate steps to align meal service for consumers in the MSU with that of all other servery areas, which resulted in improvements being observed. All other observed meal services were calm, unhurried and consumers received assistance from staff, if required.

Consumers said they felt safe when using equipment provided by the service, such as mobility aids, and maintenance staff attended to issues promptly and efficiently. Staff explained the maintenance process and documentation evidenced equipment was routinely cleaned and inspected. Staff were observed cleaning shared equipment between each use and personal mobility aids were clean and suitable for consumers’ use.

# 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 assessed as Compliant as 3 of the 3 Requirements have been found Compliant, as:

Consumers and representatives said the service had a welcoming atmosphere and consumers felt at home, particularly as rooms were personalised with their own belongings and they could have lunch with loved ones at the onsite café, or in communal outdoor spaces. Consumers’ understanding of the service environment was supported by wayfinding signs, whilst communal areas were comfortably furnished and encouraged a sense of belonging and interaction with others. Consumers were observed spending time indoors and outdoors, socialising with each other, family and friends.

Consumers and representatives gave positive feedback about comfortability and cleanliness of the service, particularly consumers’ personal rooms, with maintenance issues promptly addressed. Staff described the cleaning and maintenance schedules, which evidenced tasks were completed as required. Consumers were observed moving freely around the service and accessing communal dining rooms, courtyards and gardens, which were free of obstructions.

Consumers and representatives confirmed fittings and equipment were clean, well maintained and suitable for consumers’ use, such as new garden furniture in the MSU’s garden. Staff explained, and maintenance documentation evidenced, cleaning was conducted routinely, and maintenance attended to promptly. Furniture, fittings and equipment were observed to be safe, well maintained and suitable for consumers’ use.

# 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 assessed as Compliant as 4 of the 4 Requirements have been found Compliant, as:

Consumers and representatives said they felt safe and supported to raise concerns as staff were approachable, and gave practical examples of avenues available to them, such as attending consumer meetings and completing feedback forms, which staff assisted them to complete, if required. Staff explained consumers and representatives could also make complaints and provide feedback by surveys, phone, email and at food focus meetings. Minutes from consumer and representative meetings evidenced feedback and complaints were a standing agenda item and concerns were actioned and addressed in subsequent meetings.

Consumers and representatives understood how to access external complaints services, language services and advocacy groups, whose information was observed in the consumer handbook. Staff described the complaints, advocacy and language services available to consumers and confirmed they would assist them to access these, if required. Posters, leaflets and brochures promoted access to the Commission, advocacy services and language services.

Consumers and representatives gave practical examples of carpet being replaced with vinyl flooring in some areas of the MSU, as appropriate action taken in response to their complaints of malodour. Staff described the complaints management process and confirmed consumers received an apology when complaints were made. Complaints documentation evidenced effective reporting processes and the use of open disclosure in complaints management.

Consumers and representatives gave practical examples of how their feedback and complaints were used to improve the quality of care and services, such as installing snack fridges in common areas where consumers could independently share food with visiting family. Staff explained feedback and complaints were regularly reviewed to identify trends, which were added to the continuous improvement plan (CIP) for ongoing monitoring and action. Complaints documentation evidenced feedback and complaints were used to improve consumers’ care and services and inform continuous improvement activities.

# 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 assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers and representatives gave positive feedback about staffing levels and confirmed consumers’ needs were promptly met throughout the day and during the night. Management explained the roster was developed based on consumers’ feedback and their clinical needs, with a focus on staff member continuity and familiarity for consumers. Rostering documentation evidenced all shifts were filled and a registered nurse was always available.

Consumers said staff were kind, caring, respectful and understood their preferences when care was provided. Staff were familiar with consumers’ needs and preferences and explained how they spent time building rapport, which supported friendly interactions during care delivery. Staff were observed treating consumers with care and respect during activities, meal services and general interactions evidenced familiarity with consumers’ preferences, such as calling them by their preferred names.

Consumers and representatives confirmed staff were suitably skilled, knowledgeable and competent in meeting consumers’ care needs. Management explained, and staff confirmed, their competency was determined through orientation and buddy programs, consumer and peer feedback, regular training which reflected the Quality Standards, competency assessments and ensuring professional registrations were current. Personnel records evidenced staff had position descriptions which required competencies and qualifications relevant to their roles.

Consumers and representatives confirmed staff were well trained and gave positive feedback about their skills when providing personal and clinical care. Management explained, and staff confirmed, an aged care educator and clinical nurse educator were onsite 5 days a week to observe, coach, mentor and support staff, in addition to an orientation program for new staff and ongoing training for all staff. Training records evidenced staff attended mandatory training in topics such as minimising restrictive practices, incident management, infection control, the Aged Care Code of Conduct and the Serious Incident Response Scheme (SIRS).

Management explained staff performance was assessed through an annual performance appraisal which included feedback from consumers and representatives, clinical managers, internal audit results and clinical data which monitored staff practice and competencies. Staff gave positive feedback about their performance reviews and said it was an opportunity to evaluate their performance and receive feedback about areas for improvement, as well as request training to enhance their knowledge. Personnel records evidenced all staff performance appraisals were completed.

# 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 assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers and representatives confirmed they were supported to evaluate consumers’ care and services through direct feedback, care planning meetings, surveys and attending a range of group meetings, and said their input was evident in improvements made to care and services, such as an upgrade to the internet speed so consumers could use their devices without issues. Management explained consumers and representatives further contributed to service evaluation through feedback and complaints which were reviewed and included in the CIP. Meeting minutes, survey results and complaints documentation evidenced consumers were engaged in evaluating their care and services.

Consumers confirmed they felt safe and lived in an inclusive environment with access to care and services. The organisation’s board of directors (the board) was accountable for service delivery and satisfied itself the Quality Standards were being met through committees focused on clinical governance and medication management, and it received regular reports on routine audits, consumer and representative feedback and complaints, reported hazards and risks and clinical incident data. Meeting minutes evidenced operational management reports were submitted to the board and benchmarked with other services in the organisation to identify and address wider trends in service delivery.

The organisation had effective governance systems which supported information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. Management explained the governance systems, which were underpinned by policies, processes and systems to support compliance with the Quality Standards.

The organisation had effective risk management systems and practices related to managing high-impact or high-prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live their best lives and managing and preventing incidents. Staff explained they received education in falls management, wound management, maintaining skin integrity and understood risks to consumers, as well as their reporting responsibilities under the SIRS. Staff were guided by policies and processes in identifying and managing risks to consumers.

The clinical governance framework promoted antimicrobial stewardship, the minimisation of restraint and the use of open disclosure and involved consumers as partners in their own care. Management and staff understood antimicrobial stewardship, restrictive practices and open disclosure and described how these were applied in care delivery. Staff practice was guided by clinical governance policies and procedures.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)