Performance

Report

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| Name of service: | Japara The Brelsford |
| Service address: | 45 Victoria Street COFFS HARBOUR NSW 2450 |
| Commission ID: | 2821 |
| Approved provider: | Calvary Aged Care Services Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 30 November 2022 to 2 December 2022 |
| Performance report date: | 23 December 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 Japara The Brelsford (**the service**) has been prepared by Denise McDonald, 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.
* a notice of non-compliance dated 26 May 2022.
* other information and intelligence held by the 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

Consumers said they were treated with respect and dignity and their identity, culture, and diversity was respected and valued. Staff were observed treating consumers with dignity and respect and understanding the consumers’ individual choices and preferences. Care planning documentation reflected what was important to consumers to maintain their identity.

Consumers said they felt staff valued their culture, and backgrounds. Staff said the care and services were respectful of consumers’ cultural and religious backgrounds, preferences, and what mattered most to them. Care planning documents reflected consumers’ cultural and spiritual backgrounds. A diversity and inclusion policy guided staff on upholding consumers' rights including their right to be treated with dignity and respect.

Consumers said they were supported to maintain relationships, make decisions about who was to be involved in their care and how it was delivered. Staff described how they enabled consumers to maintain relationships and ensured frequent communications for consumers and families, especially during periods of lockdown at the service. Care planning documentation was in line with the information provided by the consumers.

Consumers said they were supported by staff to take risks and live the best life they can. Staff described areas in which those consumers wanted to take risks, how the consumer was supported to understand the benefits and potential harm associated with engaging in activities that pose a risk. Dignity of risk forms stated consumer preferences and documented the benefits and risks of making choices as well as strategies to mitigate risk and support the consumers.

Consumers stated they were well informed about the activities, events and allied health services provided and were kept up to date through emails, verbally and posters on the noticeboards. The consumer handbook and newsletter provided information about services available and upcoming events. Staff confirmed they informed and prompted consumers with what was happening on the day and any changes.

Consumers said they felt their privacy and personal and confidential information were respected. Staff described how they maintained consumer’s privacy when providing care, such as by closing doors, keeping computers locked and using passwords to access consumers’ personal information. Staff were guided by a privacy policy updated in June 2022.

# 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

Following a previous performance assessments, the service was found non-compliant with Requirement 2(3)(e), evidence within the Site Audit report supports the service has implemented improvements to address the non-compliance and is now compliant with that requirement, having provided staff with additional training on reviewing care following an incident, having implemented a falls project to ensure root cause is able to be determined, increasing clinical oversight including daily progress notes reviews and strengthening clinical governance arrangements.

Consumers described how the assessment and care planning process considered their preferences including risks. Where risks were identified, through use of validated assessment tools, care documentation reflected strategies to mitigate risks. Policies and procedures guided staff in their practice for completing consumer assessments and care plans.

Consumers said staff regularly demonstrated awareness of and knew how to support their needs and preferences and advised staff had discussed and documented their preferences for end-of-life care. Staff described the needs and preferences of consumers, which aligned with consumer feedback and care planning documentation. Assessment and care planning documentation was individualised to consumer needs and reflected their preferences for care.

Staff confirmed consumers and their representatives are actively involved in discussions about the consumer’s care and services including on entry and on an ongoing basis. Care documentation evidenced the involvement of the consumer and a variety of medical or health professionals in understanding and supporting the consumer’s ongoing needs. Processes were in place to facilitate the inclusion of other organisations, individuals and providers of other care and services when required. Representatives confirmed case conferences are scheduled to discuss the consumer’s care and services.

Consumers stated they were always offered a copy of care plans and they had an accurate understanding of the care and services provided. Staff confirmed they have easy access to consumer care planning documents via several computer terminals throughout the service and identified handovers, diaries, and the electronic care management system, as methods for communicating. Care documentation reflected communication with consumers/representatives and others where care was shared.

Consumers said they were informed when care needs changed, and care documentation evidenced reviews occurred on a regular basis, or in response to a change in condition, such as a change in pain levels or an incident, including a fall, occurred. Staff confirmed care plans were reviewed 6 monthly and when health or care needs changed and described how incidents generated a reassessment or review. Care documentation evidenced, consumers care is reviewed following an incident and planned interventions are changed to improve the effectiveness of 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

Following a previous performance assessments, the service was found non-compliant with Requirement 3(3)(a), and 3(3)(b) evidence within the Site Audit report supports the service has implemented improvements to address the non-compliance and is now compliant with these requirements, having implemented a psychotropic management project to accurately identify those consumer who were subject to chemical restrictive practice and provided staff with training on understanding the difference between diagnosis or behavioural symptoms and completion of behaviour support plans. Additionally, in response to a falls management project, an exercise program has been implemented to reduce the number of falls experienced by consumers, falls prevention and management policies were reviewed, a falls management committee was established and meet monthly, increased screening and data analytics for consumers who experience a fall is also undertaken.

Consumers provided positive feedback with the care provided and felt their personal and clinical care needs were met. Care planning documentation reflected individualised care safe, effective, and tailored to the specific needs and preferences of the consumer. Staff described consumers’ individual needs, preferences, and referred to the use of a psychotropic medication register which evidenced a reduction in the use of psychotropic medications and chemical restrictive practice. Care documentation demonstrated restrictive practices had been appropriately authorised, consent had been obtained and use of the restrictive practice was being monitored and reviewed regularly by medical officers, pharmacists and discussed at medication advisory committee meetings.

Consumers provided positive feedback with the management of consumers’ high impact or high prevalence risks including the strategies implemented to prevent falls and post fall management. Staff identified, described risks, and the related management for individual consumers. Care documentation evidenced consumers are reviewed by allied health professionals following a fall and care plans were updated with any new recommendations made to minimise further risk. Representatives confirmed the effectiveness of review, in reducing the number of falls, experienced by consumers. Documentation supported falls are a focus of discussions at handover, huddles and at committee meetings.

Consumers said they had advance care directives and end of life wishes in place. Policies and procedures informed staff practice in relation to palliative care, end of life care and engagement with external consultants. Staff described the way care delivery changed for consumers nearing end of life, and practical ways in which their comfort was maximised, and dignity preserved. Care documentation supported the wishes of consumers, who had recently passed away, were upheld by the service.

Consumers provided positive feedback in relation to the responsiveness of the service when there was a deterioration in condition, health, or ability. Staff demonstrated knowledge on identifying and recognising changes in consumers and confirmed escalation pathways are followed. Care planning documents reflected the identification of and response to deterioration or changes in condition. Policies, procedures relating to acute deterioration guided staff in identifying and responding to the deterioration of consumers.

Consumers stated they were confident consumer information was well documented and shared between staff and services. Staff reported information relating to consumers’ condition, needs and preferences were documented in the electronic care management system, easily accessible and communicated via handover, during clinical monthly meetings, daily leadership meetings and weekly huddles with carers. Comprehensive handovers between morning and evening staff were observed.

Consumer feedback stated the service had facilitated appropriate referrals when required. Staff described how input from other health specialists was arranged in response to an identified need, including the dietitian, speech pathologist and podiatrist. Care planning documentation reflected timely and appropriate referrals and contributions from individuals or other organisations in consumer’s care and services.

Consumers stated they observed staff consistently and appropriately wearing their personal protective equipment, including gloves and masks. Staff demonstrated knowledge of infection control practices relevant to their duties, consistently articulated strategies to reduce the need for antibiotics. Policies and processes on infection control matters were available to guide staff and staff were observed adhering to infection control practices throughout the audit.

# 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

Consumers said they get safe and effective service and support for daily living meet their needs, goals, and preferences. Staff showed an understanding of what was important to consumers and what they liked to do. Care planning documentation reflected what was important to consumers and what they liked doing including information about services and support required for consumers to optimise their quality of life, health, well-being, and independence.

Consumers interviewed said their emotional, spiritual, and psychological wellbeing was being supported within and outside of the service. Staff said they engaged with consumers the best way they could, using various methods appropriate for each consumer. Care planning documentation recorded consumer’s emotional and spiritual or psychological well-being needs and how to staff were to support them.

Consumers feedback confirmed consumers were actively engaged with their local community, supported to maintain relationships, and do things of interest to them. Staff said they supported consumers to keep in touch with family and friends virtually, by phone and email. Care planning documents included information about how consumers participated in the community, did things of interest, and stayed connected with family and friends.

Consumers said they felt information about their daily living choices and preferences was effectively communicated, and staff who provided daily support understood their needs and preferences. Staff said the handover process kept them informed about any updates to consumer care and services. Care planning documentation provided adequate information to support the delivery of effective and safe care.

Consumers said they were connected and referred to other organisations and providers as needed and per request. The lifestyle team, and local churches provided religious services, one-to-one support, and connections with the community. Care planning documents reflected the involvement of others in the provision of support.

Consumers gave positive feedback about the variety, quality, quantity, and temperature of meals. Staff were knowledgeable about consumers’ preferences and dietary requirements. Care documents noted consumers’ dietary needs, dislikes, allergies, and preferences including where they liked to dine.

Consumers said they felt safe when using the service's equipment and it was easily accessible and suitable for their needs. Staff described how maintenance requests were recorded in the daily maintenance logbook and signed off when the service was completed. Equipment used for activities of daily living was observed to be safe, suitable, 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

Following a previous performance assessments, the service was found non-compliant with Requirement 5(3)(c), evidence within the Site Audit report now supports the service has implemented improvements to address the non-compliance and is now compliant with these requirements, having reviewed the call bell system, including linked telephones and provided staff with training in its use to ensure correct deactivation of call bells and sensor alarms.

The service environment featured several design elements which were welcoming and easy to understand. The corridors on each floor were wide and uncluttered with gathering areas looking out at the hinterland or down the coast. Staff described how they worked to enable the consumers to feel at home and seek out ways of providing support where needed. Staff were observed welcoming and chatting with families and visitors with volunteers, members of the lifestyle team engaging with families and consumers.

Consumers agreed the service was very clean, well maintained, and comfortable. Staff described the process for documenting, reporting, and attending to maintenance issues. The service environment was observed to be clean, well maintained, and comfortable, and enabled consumers’ free movement within and outside of the service. All areas of the service were safe, well serviced, and the building was maintained at a comfortable temperature.

Consumers and representatives said the equipment was well maintained, safe and clean and had not experienced any issues with the call bell system since it had been reviewed. Furniture, fittings, and equipment were observed to be safe, clean, well maintained, and suitable for the needs of the consumers. Maintenance staff were observed checking, cleaning, and repairing equipment used by the consumers. Maintenance staff confirmed the call bell system was checked every 3 months and confirmed funds had been set aside to replace the system in the coming year.

# 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 said they were encouraged and supported to provide feedback and make complaints, completing the feedback forms or by talking directly to staff or management. Staff described how they were guided by the feedback policy and procedure which outlined the process followed when a complaint was raised either internally to the organisation or to the Commission. Feedback forms and post boxes were observed in various locations around the site.

Consumers said they were aware of advocacy services, language services and also identified how to provide feedback and complaints both internally and externally. Staff were aware of how to access advocacy services and interpreters. Posters, brochures, and other information regarding advocacy services were displayed throughout the service.

Consumers stated staff acknowledged their concerns in a timely manner and appropriate action was taken in response to their complaints. Staff showed an understanding of open disclosure in practice, including the complaints management process and described how they applied open disclosure with consumers when something had gone wrong. The complaints register showed use of open disclosure and timely management of complaints.

Consumers said their feedback was used to improve the quality of care and services. Staff described how feedback and complaints were trended, analysed, and used to improve the quality of care and services. Documentation reflected results from surveys, trends from feedback, complaints, and compliments were used in continuous improvement and management reporting.

# 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

Following a previous performance assessments, the service was found non-compliant with Requirement 7(3)(a), and 7(3)(d) evidence within the Site Audit report supports the service has implemented improvements to address the non-compliance and is now compliant with these requirements, having strengthened processes to ensure consistent staff fill any vacant shifts, increasing budget allocations to cover additional staffing costs and implementing call bell monitoring processes. Additionally, all staff have been required to recomplete mandatory training, and demonstrate competency within the past 6 months and registered staff were required to complete a 2-day clinical training program.

Consumers said the service now had enough staff and care was provided in a timely fashion. Staff sampled said there was sufficient staff and if staff were on leave their shifts were filled. Rostering documentation showed staff on unplanned and planned leave and been replaced. Management described the efforts to recruit registered and care staff, including working with a registered training organisation to encourage traineeships for registered and care staff. Call bell documentation demonstrated staff were responding promptly to consumers when they called for assistance, and if a delay is identified, management investigate with staff why the delay occurred.

Consumers said the staff were gentle and caring when providing care. Staff talked about the consumers, who they were, what care they liked and what they required assistance with. Staff were observed greeting consumers by their preferred names and demonstrated they were familiar with the consumers’ identity.

Consumers said staff were capable and had the knowledge to provide care and support. Staff said they were well supported by management to undertake the orientation training when they commenced work at the service as well as ongoing training provided to them. Management confirmed staff competencies are checked through a buddy system prior to staff commencing providing care independently. Staff documentation demonstrated staff had the qualifications required for their position and a process was in place to ensure staff qualifications were current.

Consumers said staff knew what they were doing. Staff confirmed receiving orientation education, ongoing training including annual mandatory training, completing core competencies, and felt comfortable requesting additional training they required to perform their roles. Management advised training is delivered, managed and monitored through an electronic training system and the training calendar is discussed at an organisational level to ensure modules are reflective of the Quality Standards. Training records and documentation contained evidence of the completion of mandatory training and confirmed all staff were up to date.

Staff confirmed they have completed their annual performance appraisal, or it was being progressed and during orientation, their performance is assessed at specific intervals. Management said staff performance is monitored continually through informal processes while staff are on the floor and more formal processes are initiated including performance management, if a complaint or incident occurs. Policies, procedures and the staff handbook support staff to understand performance review processes.

# Standard 8

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

Findings

Following previous performance assessments, the service was found non-compliant with Requirement 8(3)(a), and Requirement 8(3)(b), Requirement 8(3)(c), and Requirement 8(3)(d), evidence within the Site Audit report now supports the service has implemented improvements to address the non-compliance including implementing consumer and food focus group meetings, with plans in place to further broaden consumer involvement in working parties at a service and organisational level. Additionally, electronic information management and reporting systems had been implemented to assist with access to information including, the governing body’s ability to access data on the quality of care provided by the service and a weekly reporting process had been initiated between the service and regional management personnel. Furthermore, governance and risk management systems were strengthened to ensure staff were able to access information when needed and consumer who were at risk were identified and processes where in place to support consumers who chose to engage with risk.

Consumers said they were engaged in the design, delivery, and evaluation of services. Management advised consumers and representatives were actively supported and engaged in the development, delivery, and evaluation of care. The service had documented strategies to support the involvement of consumers in the development of service delivery, such as a consumer voice in reporting to the executive, and involvement in advisory committees. Staff described the involvement of consumers in the development of the menu and surveys were conducted to determine consumer satisfaction with the meals delivered. Minutes of meetings were documented and evidenced, consumers providing suggestions and their involvement in the selection of new artwork.

Management described how the organisation’s governing body promoted a culture of safe, inclusive, and quality care and services and its involvement in this delivery. Staff described how clinical indicators; quality initiatives and incidents were collated and provided to the board and committee meetings for discussion. Management said the organisation governance structure includes the direct feeding of information to the organisational management team from the front-line managers of each service. Management confirmed information is disseminated from the Board to staff via meetings, emails, newsletter and training is provided when policies change.

Documentation evidenced and staff or management feedback demonstrated effective organisation-wide governance systems concerning areas including, but not limited to, continuous improvement, workforce governance, regulatory compliance, and feedback and complaints. The organisation had improved its reporting system across all areas of governance with an emphasis on incident management, feedback and complaints with all staff and board members having received education on governance systems with a mandatory training program also embedded. Staff demonstrated they could access information when needed, they had increased knowledge on key areas of care, they understood their role, responsibilities and scope of practice.

A system was in place for reporting, recording, and reviewing of incidents and a register was maintained for this. The service utilises an electronic incident reporting system which was in line with the Commission’s current guidelines. Incidents were reviewed by the quality team and the executive team at the organisational level and trends and analysis with areas of improvement were presented at Board meetings. Staff demonstrated an understanding of identifying abuse and neglect of consumers and were able to describe their reporting responsibilities when they become aware or have a suspicion of a reportable incident. The incident register showed timely reporting of incidents, investigations and individualised actions taken for consumers to reduce recurrence of incidents.

Consumers confirmed when things went wrong, the service’s management and registered staff contacted them, provided an explanation for what has occurred and offers an apology. Staff and management described how clinical care practice was governed by policies and procedures pertaining to antimicrobial stewardship, restrictive practice, and open disclosure. The service had a clinical governance framework supporting clinical care practice within the service. Review of care planning documentation for consumers interviewed demonstrated compliance with the service’s policies for antimicrobial stewardship, minimising the use of restrictive practices and open disclosure.

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