Performance

Report

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| Name of service: | Performance report date: |
| Jonathan Rogers GC House | 1 August 2022 |
| Commission ID: | Activity type: |
| 0821 | Site audit |
| Approved provider: | Activity date: |
| RSL LifeCare Limited | 14 June 2022 to 16 June 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 Jonathan Rogers GC House (**the service**) has been considered by Kathryn Spurrell, 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; 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
* the provider’s response to the Assessment Team’s report received 11 July 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 | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Non-compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

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

# Areas for improvement

* Requirement 2(3)(e) – The Approved Provider ensures that 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.
* Requirement 3(3)(a) – The Approved Provider ensures that each consumer gets safe and effective care that is best practice, is tailored to their needs, and optimises their health and well-being.
* Requirement 3(3)(b) – The Approved Provider ensures the effective management of high-impact or high prevalence risks associated with the care of each consumer.
* Requirement 3(3)(g) – The Approved Provider ensures the minimisation of infection related risks through implementing standard and transmission-based precautions to prevent and control infection.
* Requirement 5(3)(b) – The Approved Provider ensures that the service environment is safe, clean, well maintained and comfortable; and enables consumers to move freely, both indoors and outdoors.
* Requirement 8(3)(c) – The Approved Provider ensures it has effective organisation wide governance systems relating to information management.

# Standard 1

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| Consumer dignity and choice | | Compliant |
| 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 and representatives confirmed staff were kind and treated them with dignity and respect, and their identity, culture and diversity valued. Staff spoke of consumers in a respectful manner and demonstrated an understanding of their identity and culture.

Staff demonstrated respect and understanding of consumers’ personal circumstances and life journey and described the ways they enable and support consumers’ lifestyle choices and preferences on a day-to-day basis. Consumers expressed they felt safe within the service and staff respected their individual needs and preferences.

Consumers were satisfied they were supported to exercise choice and independence within and outside the service. Staff demonstrated awareness and understanding of individual preferences and described how they support consumers maintain relationships of importance to them.

Management and staff described how assessments of risk-taking activities occur in consultation with the consumers, representatives and health professionals. Risks are identified through the completion of a dignity of risk assessment, care plan and consent risk assessment. Consumers were able to describe the ways the service supports them to take risks to enable them to live the best life they can.

Consumers and representatives confirmed they received information that is current, accurate and timely and is communicated in a way that is clear, easy to understand.

Consumers and representatives confirmed their privacy and confidentiality is respected. The Assessment Team observed staff knocking on consumers doors and waiting for an answer prior to entering consumers’ rooms and electronic and physical records were kept secure when not in use.

# Standard 2

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| Ongoing assessment and planning with consumers | | Non-compliant |
| 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. | Non-compliant |

## Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirement is non-compliant:

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.

The Site Audit Report identified deficits in the recording of changes to consumers’ needs and goals in care documentation and brought forward evidence of four named consumers for who care plans had not been updated to reflect their revised care goals in response to deterioration or changes to conditions. Omitted information included outdated care goals and behaviour management strategies and delayed reviews such as skin assessments and dietitian reviews.

In its written response of 11 July 2022, the Approved Provider acknowledged the deficits in the recording of information and provided evidence that all care plans and documentation for the named consumers had been updated in response to the Site Audit findings, the Approved Provider further detailed actions such as ongoing reviews of documentation and policies and additional staff training and education to ensure documentation is correctly maintained.

I acknowledge the additional explanation and undertakings provided by the service; however, based on the totality of evidence, find that at the time of the Site Audit, the service did not demonstrate effective review of care and services. Therefore, I find requirement 2(3)(e) is non-compliant.

I am satisfied that the remaining four requirements of Quality Standard 2 are compliant.

Consumers and representatives confirmed they are involved in assessment and care planning and stated the care delivered meets consumer’s needs. The service demonstrated it undertakes comprehensive assessments on entry to the service including pain, skin integrity, oral and dental assessments, nutrition and behaviour charting.

The Assessment Team inspected care planning documentation that evidenced consumer and representative consultation throughout assessment and care planning, including advance health directives. Staff were able to describe how the consumer’s current needs, goals and preferences shape the way care is provided.

An inspection of care planning documentation demonstrated the inclusion of advance care planning and directives, including end of life wishes. Consumers and representatives confirmed this information is discussed with consumers and representatives on entry to the service; when the consumer wishes, during case conferences and as the consumer’s care needs change.

Consumers and representatives expressed that staff regularly check in and explain information regarding their care and services and they can access their care plans when needed. Staff described how changes to consumers’ care and services are communicated to staff, including progress notes and care plan reviews for any changes in consumer’s care requirements and said they regularly provide updates to consumers and representatives. The service demonstrated assessment and planning is based on a partnership with consumers and representatives and includes other organisations or individuals that are involved in the care of the consumer when required.

**Standard 3**

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| Personal care and clinical care | | Non-compliant |
| 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. | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-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. | Non-compliant |

## Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirement is non-compliant:

* Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

(i) is best practice; and

(ii) is tailored to their needs; and

(iii) optimises their health and well-being.

* Effective management of high impact or high prevalence risks associated with the care of each consumer.
* Minimisation of infection related risks through implementing:

1. standard and transmission based precautions to prevent and control infection; and

practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

The Site Audit Report identified deficits in the service’s ability to ensure the delivery of safe and effective care and services. The Assessment Team observed that not all consumers in receipt of chemical restraints have a restraint authorisation in place. A review of six chemical restraint consent forms demonstrated that two of the forms had not been signed by the consumer’s representative, and there were no records of verbal consent being provided. The Assessment Team further observed a lack of recorded, non-pharmacological strategies trialled prior to the administering of medications.

In its written response of 11 July 2022, the Approved Provider acknowledged the gaps identified in the management of chemical restraints and undertook the following: a review of all consumers in receipt of chemical restraints to ensure signed consents are in place for each, a review of behaviour support plans to identify individual triggers and managements strategies and additional staff education and training on the policies guiding restraint management.

I acknowledge the additional explanation and undertakings provided by the service; however, based on the totality of evidence, find that at the time of the Site Audit, the service did not demonstrate effective delivery of best practice care and services. I find requirement 3(3)(a) is non-compliant.

The service was unable to demonstrate the effective management of high impact or high prevalence risks associated with the care of each consumer. The Assessment Team identified deficiencies in the management and monitoring of risks associated with catheter management and falls and brought forward evidence relating to two named consumers who’s care documents evidenced that incidents were not always managed appropriately or communicated effectively with representatives. The Assessment Team observed, ineffective documentation of complex care needs, the management of high-risk falls was ineffective and associated documentation lacking.

In its written response of 11 July 2022, the Approved Provider acknowledged the gaps identified by the Assessment Team and undertook to provide additional training in relation to risk management for all staff, refresher training on incident management and reporting processes, all staff education on high impact risk identification, a review of all consumers with complex care needs and a review of care plans.

I acknowledge the additional explanation and undertakings provided by the service; however, consider the planned and implemented changes will take time to take affect and impact change. At the time of the Site Audit, the service did not demonstrate effective management of high impact risks. Therefore, I find requirement 3(3)(b) is non-compliant.

The Site Audit Report identified deficits in the service’s infection control practices, specifically, the Assessment Team observed staff not following infection control principles and protocols in relation to the wearing and use of personal protective equipment and the screening of individuals entering the facility in line with COVID-19 and local health directives. The Approved Provider immediately undertook the following actions – immediate one on one and all staff training on the correct protocols for entering the service and additional training and directives on donning and doffing and hand hygiene. Additional staff members were allocated to monitor those entering the facility to ensure all health requirements are met. And additional resources throughout the facility to guide staff education and understanding of infection control and mandatory education session on the wearing of masks.

I acknowledge the actions of the Approved Provider in response to the findings of the Assessment Team, however at the time of the Site Audit I am not satisfied the service demonstrated effective practices in relation to the minimisation of infection related risks. Therefore, I find requirement 3(3)(g) is non-compliant.

I am satisfied that the remaining four requirements of Quality Standard 3 are compliant.

Staff described the way care is provided to consumers that are palliating and practical ways staff ensure the comfort of consumers. Care planning documentation included advance care planning and outlined the needs, goals and preferences of consumers in the event end-of-life care is required.

Deterioration or changes in a consumer’s health is recognised and responded to in a timely manner, as confirmed by care planning documents reviewed by the Assessment Team. Staff described examples regarding how they recognised and responded to consumers’ health deterioration.

Representatives indicated the service provides regular communication between consumers, representatives and allied health professionals and are satisfied the consumer’s condition, needs and preferences are documented. Staff demonstrated that changes in the care and services of consumers are communicated within the service through progress notes and handover processes.

Care planning documentation evidenced timely referrals to medical officers, allied health therapists and other providers of care and services. Staff described how recommendations made by visiting allied health providers are documented within the consumer’s progress notes and care plan.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 and representatives felt that consumers received safe and effective services and supports for daily living that meet their needs, goals and preferences and optimise their independence, health, well-being and quality of life. Care planning documentation included information of what care and services are important to consumers and the supports needed to engage in these activities.

Consumers and representatives expressed that the service provides support for daily living to promote the emotional, spiritual and psychological well-being for each consumer. Care planning documentation included information about the emotional, spiritual beliefs and psychological needs of consumers and the strategies in place to support these needs.

Consumers and representatives reported that information about their daily living choices and preferences is effectively communicated throughout the service, and staff understand their needs and preferences. The Assessment Team sighted care notes, and referrals, on consumer files and evidenced the involvement of other organisations in the care for consumers.

Care planning documentation demonstrated the occurrence of timely and appropriate referrals to individuals, other organisations and providers of other care and services. Staff were supported by policies and procedures for making referrals outside of the service.

Consumers and representatives mostly expressed positive feedback regarding the quality and quantity of the meals provided by the service. Care planning documentation outlined the dietary requirements and preferences of consumers as well as if they required assistance during meals.

The Assessment Team observed that where equipment was provided, it was safe, suitable, clean, and well maintained and that staff undertook ongoing monitoring to ensure equipment was fit for purpose. The service conducts regular inspections on all equipment to ensure operational integrity and safety.

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# Standard 5

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| Organisation’s service environment | | Non-compliant |
| 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. | Non-compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

## Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirement is non-compliant:

* The service environment:

1. is safe, clean, well maintained, and comfortable; and

enables consumers to move freely, both indoors and outdoors.

The Site Audit Report identified risks within the service environment such as unsecured clinical waste bins, inappropriate types of waste bins throughout the service, trips hazards and poor infections control practices. However, consumers and staff felt the service was safe and well maintained and reported effective maintenance schedules to the physical environment.

In its written response of 11 July 2022, the Approved Provider acknowledged these deficits and submitted to undertake the following actions: chemical hazards were assessed and secured in locked rooms, new bins have been ordered with a foot pedal so as to avoid cross contamination, unused furniture that was taking up space was removed and put into storage freeing up space throughout the facility and removing any potential hazards.

While I acknowledge the Approved Providers response, I have considered the totality of evidence in the Site Audit report, and I am not satisfied the service demonstrated the service environment was safe and enabled consumers to move freely at the time of the Site Audit. Therefore, I find requirement 5(3)(b) is non-compliant.

I am satisfied the remaining two requirements of standard 5 are complaint.

Consumers and representatives said the service environment is welcoming and feels like home. Consumers’ room are personalised with photographs, decorations and other items of importance. The service was able to demonstrate that furniture, fittings, and equipment is safe, clean, well maintained, and suitable for the needs of the consumers. Consumers were satisfied the equipment provided and were observed to be using the furniture and equipment which appeared safe and well maintained.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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

Most consumers and representatives advised they felt safe to raise feedback and concerns with staff and management, were able to describe various processes for making complaints and expressed confidence that action would be taken.

Staff were able to describe the avenues available for consumers and representatives should they want to provide feedback or make a complaint, and the process they follow should a consumer or representative raise an issue with them directly. Information regarding internal and external complaints and feedback processes and advocacy services were displayed on noticeboards and brochures in communal areas of the service.

Staff were able to describe strategies for supporting consumers who have difficulty communicating or cognitive impairments to provide feedback or make complaints.

The Assessment Team reviewed the service’s written materials, such as the Residential Aged Care Handbook, feedback forms, brochures and posters displayed throughout the service, all of which provide information regarding internal feedback and complaints processes, and contact information for external assistance and advocacy services

Staff demonstrated a shared understanding of internal and external processes in place to provide feedback and complaints. Most consumers and representatives interviewed said that they were satisfied with the service’s response when concerns were raised and felt confident that if there were any issues in the future, they would be resolved by the service.

Consumers and representatives indicated that the service takes appropriate action in response to complaints and the practice of open disclosure is utilised. Staff demonstrated a shared understanding of the open disclosure process and provided examples of how they have applied open disclosure in practice.

Staff explained how the organisation records, analysis and acts on feedback and complaints to address concerns raised and improve care and services. Management provided examples of changes that have occurred throughout the service in response to feedback, including renovations, refurbishments, and changes to processes.

**Standard 7**

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| Human resources | | Compliant |
| 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

Consumers and representatives felt that although busy, there are sufficient staff to meet their needs and staff usually respond promptly when assistance is required. The Assessment Team observed staff assisting consumers in a way which was respectful and did not rush consumers through their daily care tasks.

The Assessment Team observed staff engaging with consumers in a respectful, kind and caring manner. Consumers and representatives expressed positive feedback regarding their interactions with staff and indicated that staff were kind and caring.

Management advised the competency of staff is monitored formally and informally through feedback and observation of staff in practice. Recruitment processes include verification of minimum qualification and registration requirements for respective roles.

The Assessment Team reviewed mandatory training documentation that demonstrates the service has an electronic system to monitor when mandatory training is due or expired for each staff member. The service undertakes annual competencies and the service demonstrated that staff had completed mandatory training, including the Serious Incident Response Scheme.

The service uses multiple strategies to assess and, monitor staff performance. Management demonstrated the current process for conducting annual performance review for staff, which covered a wide range of topics including attendance and punctuality, interpersonal communication, teamwork and collaboration, technical competency, person centred care, mandatory training, and development opportunities.

**Standard 8**

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| Organisational governance | | Non-compliant |
| 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. | Non-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

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirement is non-compliant:

* 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.

The Assessment Team found the service did not demonstrate that all governance systems are effective, specifically information management. Staff reported difficulties accessing online information to perform their roles and the Assessment Team identified inconsistent practices for the storage of private and confidential records. The Assessment Team found records stored, unlocked in the unused hairdressing salon. Management advised they were unaware the folders contained records, believing them to be empty and unused. Further issues were identified in records that identified a potential privacy breach in December 2021.

In its written response of 11 July 2022, the Approved Provider acknowledged the deficiencies identified by the Assessment Team and provided additional information to demonstrate that private and personal documents had been appropriately destroyed or archived and additional education provided to staff in relation to the storage of confidential information.

I agree with the Assessment Team that the organisation wide governance systems relating to information management and workforce governance were ineffective at the time of the Site Audit and find Requirement 8(3)(c) is non-compliant.

I am satisfied the remaining four Requirements of Standard 8 are complaint.

Most consumers and representatives considered the service is run well, and are satisfied with their engagement in the development, delivery and evaluation of care and services. Staff described how consumers are encouraged to be engaged and involved in decisions about their services, such as through open door policies, the use of feedback forms and informal gatherings.

Management described how the Board considers relevant information regarding changes at the service through regular meetings. The governing body satisfies itself that the Quality Standards are being met within the service by conducting independent audits of the service, visiting the service in person and reviewing data provided through the moving on audit and monthly reporting.

The service demonstrated the organisation’s clinical governance systems and framework ensure the quality and safety of clinical care, and promoting antimicrobial stewardship, the minimisation of restrictive practices, and the use of an open disclosure process.

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)