**Performance**

**Report**

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| Name: | Just Better Care Hills District |
| Commission ID: | 201311 |
| Address: | 41/7 Sefton Rd, THORNLEIGH, New South Wales, 2120 |
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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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 8748 Alcyone Care Pty Ltd  
Service: 26420 Just Better Care Hills District

**This performance report**

This performance report for Just Better Care Hills District (**the service**) has been prepared by J Durston, 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 Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others

# Assessment summary for Home Care Packages (HCP)

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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 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 | | HCP |
| 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

The Quality Standard is assessed as compliant as six of the six specific Requirements have

been assessed as compliant.

Sampled consumers advised staff were kind, caring and respectful. Staff receive code of conduct training on an annual basis. Consumers interviewed from diverse backgrounds said they were satisfied with the management of their cultural needs, and the cultural care provided. However, the Assessment Team found cultural needs questions were often not completed in consumer documentation. Management acknowledged there was a need to educate staff to elicit and record cultural information from consumers during initial assessments and interviews.

The service demonstrated consumers are supported to exercise choice and independence, make decisions about who is involved in their care and are supported to maintain relationships. The service provides care to several partnered consumers who share their funding. One consumer advised their preferences for a particular care worker were met. One consumer advised they were supported in their preference to administer their own medications using alarm reminders.

Consumers are supported to do the activities they wish to do and access services to assist them, including the use of dignity of risk discussions and forms. The Assessment Team found the service provides consumers with current, accurate and timely information. However, some consumers said they did not receive their monthly statement for a few months. The service implemented a consumer mobile application that include the consumer’s scheduled services and staff, and their monthly statement.

Consumers reported that their privacy is maintained by staff. Staff and management demonstrated that information is kept confidential to maintain privacy of consumers. Computer logins are password protected and access limited according to role responsibilities. Staff are only able to access consumer information who they visit.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| 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, which are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

The Quality Standard is assessed as compliant as five of the five specific Requirements have been assessed as compliant.

The Assessment Team found assessment and planning considers risks to the consumer and informs the safe delivery of care. Sampled consumers and/or representatives advised they were satisfied with the assessment and planning process and indicated staff discussed ways to reduce risk and support their health and wellbeing. Consumer representatives advised that consumer risk assessments were conducted regularly. A thorough assessment of consumer care needs is completed for new consumers and during reviews, including consideration of risks related to health, falls, home safety, vulnerability, and emergency planning.

The Assessment Team found the service demonstrated assessment and planning meets the current needs, goals and preferences of each consumer. Most consumers and representatives confirmed this information was kept current through regular communication with staff. They advised they had been given the opportunity to discuss advance care planning if they wished during the initial assessment and care planning process, and at each care plan review. the Assessment and Review policy and procedure did not cover advance care planning conversations. However, case managers utilised an assessment tool to facilitate discussion. Care plans for sampled consumers showed individual care plans addressed current needs, goals, and preferences.

The service demonstrated planning is performed in partnership with the consumer and those they wish to be involved in their care, such as family and friends, brokered allied health providers and medical practitioners. Consumers and/or representatives said they are very involved in planning their care. This was reflected in progress notes and care plans. Assessment and planning are communicated to the consumer at the time of assessment and are available in the care plan. Sampled consumers and/or representatives said assessment and planning information was explained to them and most confirmed there is a copy of the care plan in the consumer’s home. Care documentation reviewed showed all sampled consumers had signed and dated comprehensive care plans.

The Assessment Team found overall consumers’ care and services are regularly reviewed including when circumstances change. Consumers and/or representatives confirmed care and services are mostly reviewed in line with the service agreement, and care documentation review for sampled consumers confirmed care plan reviews were completed within the 12-month timeframe. One representative advised they were not satisfied a comprehensive review of their consumer’s mobility needs had been completed when their condition changed. However, following feedback from the Assessment Team, the service has committed to urgently address the consumer’s HCP review.

# Standard 3

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| Personal care and clinical care | | HCP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission-based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

The Quality Standard is assessed as compliant as seven of the seven specific Requirements

have been assessed as compliant.

Consumers and/or representatives interviewed were satisfied the care received was tailored, safe and effective and optimised their health and wellbeing, and noted areas including management of falls risk and wound management. Care documentation reviewed showed evidence of best practice care and services tailored to consumer needs. The service has corporate policies and procedures and clinical workflow documents in relation to care provision that incorporate best practice guidelines. Management said they ensure safe and effective care by hiring a competent and suitably qualified workforce and screening and registration checks are performed prior to entering an agreement for brokerage services such as allied health.

Consumers and representatives interviewed mostly expressed confidence that risks associated with their care are managed well. Care documentation for sampled consumers contained falls risk assessment tools, general risk management plans outlining falls risk mitigation strategies, and feedback related to falls. Staff interviewed understood the associated falls risks for sampled consumers and could describe the mitigation strategies in place. One representative expressed concern that the service had not contacted them after their consumer who experienced a fall in November 2023, to further assess risk and review their needs. This has been considered in Requirements 2(3)(e) and 8(3)(c).

Consumers and representatives expressed confidence that the service and all staff would quickly identify and respond to consumer deterioration or change. Support and nursing staff explained how they check consumer health status during each visit, what they look for and how they escalate issues to the office when deterioration occurs. A formal policy and procedure to guide staff in how to identify, document and report consumer deterioration were not evident. However, roles, responsibilities and tasks are outlined in the clinical workflow document. The incident register showed timely and effective escalation and response by support workers and clinical staff and case managers to deterioration of consumers’ condition.

Information about consumers’ needs goals and preferences is communicated within the organisation and with others who share their care, such as medical practitioners/services. Consumers and representatives advised they were satisfied with the service’s communication about consumers’ conditions, needs and preferences. Staff access consumer information through an electronic information management system. Support workers and field nurses access service details and care plans and record their feedback on a mobile phone application, and confirmed they receive sufficient information to perform their roles. Care documentation showed a lack of information provided by external providers including allied health subcontractors. Management acknowledged they would add an action to the continuous improvement plan to increase subcontractor communication.

The Assessment Team found that overall, the service demonstrated appropriate referrals were made to other providers and services in a timely manner. Most consumers and representatives confirmed they are satisfied that when needed, the service assists them with timely referrals to appropriate individuals involved in their care. Care documentation showed overall, case managers made allied health referrals and submitted applications for review of HCP levels when consumer personal or clinical needs increased.

The service demonstrated the minimisation of infection related risks through effective infection prevention and control infection (IPC) practices. Consumers and representatives confirmed they were satisfied with the measures taken by all staff to protect consumers from infection, noting correct use of personal protective equipment. Staff demonstrated their knowledge of infection control strategies. The service requires all staff to receive 3 COVID-19 vaccinations. Vaccination records and infection control staff training records were sighted by the Assessment Team. The service’s Covid Safe plan was sighted and noted to have been updated in August 2023. Care workers are provided with infection control training and personal protective equipment and additional supply is available at the office when needed.

# Standard 4

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| Services and supports for daily living | | HCP |
| 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)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

The Quality Standard is compliant as all of the Requirements assessed have been assessed as compliant.

Sampled consumers and representatives confirmed they participate in safe activities that optimised their independence, health, and quality of life, such as companionship provided at home or in the community, shopping trips, meal delivery, transport to appointments and gardening. Most consumers stated they were satisfied with the level of activities provided to maintain their independence and didn’t require any additional supports or services. Support workers outlined examples of individual consumer needs, goals, and preferences and how they support consumers in their chosen activities. Sampled care and service documentation such as care plans showed the service was capturing basic information about consumers interests, social needs and leisure activity preferences.

The Assessment Team found the service demonstrated services and supports for daily living promote consumers’ emotional, spiritual and psychological wellbeing. Consumers and their representatives said the ongoing relationships they have with their regular support workers supports their psychological wellbeing. They were confident staff would recognise mood

Changes, support them and communicate this appropriately. Staff described the needs of individual consumers, how they support them when they experience distress or low mood, and what they would consider when identifying any areas of concern.

Overall, consumers and representatives provided positive feedback about the opportunities available to them to participate meaningfully in their communities, have social relationships, and pursuing activities of interest if they wish. Sampled care and services documentation included information on important people and relationships in the consumers’ lives, and usually captured basic information about individual hobbies, interests, and preferred activities. Management advised consumers were not currently involved in community-based activities as this had not been identified as required and said the service would source safe and appropriate options if the need was identified.

Consumers and representatives advised they were satisfied the service has effective and regular communication systems in place and were confident support workers provided feedback to the office about their condition, needs and preferences. Progress notes for sampled consumers showed evidence of phone calls and support worker feedback following services in relation to needs and preferences. Case managers explained how consumer information was shared internally through meetings, the information management system, emails and phone calls and to external providers, primarily through emails. Support workers said there was sufficient information about the consumer’s needs and preferences to complete services and that they regularly provided feedback to the office. However, one support worker noted the information she reviewed on the phone application for a consumer they were to visit for the first time did not contain information such as the consumer required the use of a walker. Feedback was provided to management, who acknowledged the lack of detail and updated the care plan during the Audit. The Assessment Team found there was no discernible consumer impact on consumers due to the few communication gaps noted.

The Assessment Team found the service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services. Most consumers and/or representatives said referrals are made for additional services or supports for daily living services as required and in a timely manner. Review of care documentation showed evidence of referrals to occupational therapists for equipment prescription and home modifications and referrals for gardening and cleaning of slippery outdoor surfaces to reduce falls hazards. Case managers outlined referral processes and networks including a social connection program.

The service demonstrated, where equipment is provided, it is safe, suitable, clean and well maintained. Consumers and representatives who had purchased or leased equipment through a home care package confirmed were satisfied with the safety and quality of the equipment and noted support workers demonstrated how to use the equipment. Support workers described the equipment being used by consumers, confirmed there were no safety issues, and advised they would notify case managers if equipment was found to be faulty.

The Assessment Team did not assess Requirement 4(3)(f) as the service does not provide meals or food within the organisation’s service environment.

# Standard 6

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| Feedback and complaints | | HCP |
| 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

The Quality Standard is assessed as compliant as four of the four specific Requirements have

been assessed as compliant.

The Assessment Team found the service demonstrated consumers, their families and representatives are supported provide feedback and make complaints. All consumers interviewed stated that they would call the office or their coordinator to provide feedback if they needed to and had been provided with information when their services commenced. One consumer noted, if they have an issue the service responds positively, apologise and informs them of the action to be taken. Information about how to make complaints is provided in the initial consumer information pack. The complaints and feedback register showed that this information is captured, investigated and resolved by management. The organisation completes biannual consumer surveys most recently in 2022.

Consumers and/or representatives said they were happy to make complaints and did not require advocacy or language services, including those for whom English was their second language. All consumers stated they knew how to raise a complaint and were happy to contact management to raise these concerns. The service provides consumers with information in the consumer handbook about advocates, what they are and how they can assist. The service also provides information on the National Aged Care Advocacy Program (NACAP).

The Assessment Team found that overall, the service demonstrated appropriate action is taken in response to complaints and generally open disclosure is practiced. This was evidenced in the complaints register, consumer documentation and consumer interviews. However, one consumer provided feedback that the services response to their emotional state associated with a complaint was not addressed effectively by the service. The management Team acknowledged the need to improve their open disclosure approach to support the emotional wellbeing of the consumer.

The service demonstrated feedback and complaints are reviewed to improve the quality of care and services. This was evidenced in the feedback and complaints register. One consumer provided positive feedback about the mobile application introduced that provides the service schedule for the consumers including updates if there are changes to times or staff will. The consumer said the app meant they no longer needed to ring the office to complain about not being notified of changes.

# Standard 7

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| Human resources | | HCP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The Quality Standard is assessed as compliant as five of the five specific Requirements have

been assessed as compliant.

The Assessment Team found that overall, the service demonstrated its workforce is planned to enable the delivery and management of safe and quality care. The service’s care management system includes staff skills and qualifications that are matched to the needs of consumers for service provision. Management confirmed the service can access staff from their other franchise services, but have not needed to as yet. As an additional contingency, the managing director is also used to replace clinical staff on leave. The Assessment Team identified a gap in clinical management occurred when the managing director was on leave at the same time as another clinical staff member. However, this was considered in Requirements 2(3)(e) and 3(3)(b).

The organisation demonstrated that interactions with consumers were kind and caring and staff were respectful of consumer's identity, culture and diversity. All consumers reported satisfaction with how the workforce treated them.

The Assessment Team found overall, the organisation demonstrated the workforce was competent and has the qualifications and knowledge to perform their roles effectively. Consumers stated they were very happy with their workers, and all stated that they were well qualified and perform their duties well. The organisation employs one registered nurse, one endorsed enrolled nurse and one care worker who is a qualified registered nurse but chooses to be employed as a community support person. The main registered nurse was on extended leave but director and clinical staff were managing the workload, except for the period considered in Requirements 2(3)(e) and 3(3)(b).

The Assessment Team found the workforce is recruited, trained, equipped and supported to deliver the outcomes required by the standards. A yearly education calendar is maintained including policies and procedures, cultural awareness, safety and clinical issues, and staff complete mandatory training during induction and annually. A compliance report is run weekly to ensure staff first aid certificates, insurance and immunisations are current, with reminders of expiry sent to staff. In response to Assessment Team feedback, management recognised that additional training was needed in relation to eliciting and documenting consumers’ cultural needs and preferences to inform the provision of culturally safe services.

The service demonstrated workforce performance is regularly assessed, monitored and reviewed through annual performance reviews and regular consumer feedback from consumers about staff performance. The Assessment Team found a representative raised concerns about a support worker’s performance and the service followed up and discussed the incident with the staff member.

# Standard 8

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

Findings

The Quality Standard is assessed as compliant as five of the five specific Requirements have

been assessed as compliant.

The Assessment Team found the service supports consumers to engage in the development, delivery and evaluation of care and services. Consumers and their representatives are consulted about assessment and care planning. Sampled consumers advised their services met their needs, and they would engage with coordinators and management if changes were needed. Consumer surveys are conducted biannually and the themes from complaints are included in a report that informs continuous improvement. Management advised they twice sent expressions of interest to form a consumer advisory body, but no consumers wished to take up the positions, and confirmed they will obtain consumer feedback to present to the board quarterly.

The governing body promotes safe, inclusive and quality care and services through their quality activities which include auditing and benchmarking with other franchise operators. The service has established its own local governing body to comply with the aged care governance reforms that commenced in December 2023. The organisation has a strategic plan which includes risk management, recruitment, innovation, community responsibility, insurance, operations, quality.

The service demonstrated it has effective organisation-wide governance systems to be overseen by its local governing body in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints; noting that under the franchise model, the organisation is also governed by and accountable to the franchisor. The care management software system is used to manage consumer and staff information, and consumers have access to a phone application linked to the organisation’s care management software, which provides current information about their care, services and budget statements.

The organisation has a continuous improvement plan in place, addressing critical incidents, clinical indicators, complaints, consumer advocacy, staff education, sub-contractor surveys, falls risk assessment and reviews, and implementation of aged care reforms. The organisation employs an external accountant and bookkeeper to review finances which are monitored by the managing director.

In relation to workforce governance, while management staff appeared to have multiple roles, such as the director providing relief for clinical staff on leave, and the structure appeared complex with overlaps, the team members were able to articulate their responsibilities and accountabilities. Contracted services were observed to be monitored for compliance of insurances. However, the Assessment Team observed there were gaps in professional registration records for health professional staff. In response to this feedback, management stated it would modify the registration form and request professional registration information from the relevant health professionals.

Within the franchise model, the organisation is overseen by their parent company and information and reporting flows through this structure. Regulatory compliance is mainly initiated and supported by the franchisor that advises the organisation on changes to legislation and aged care reforms. Feedback and complaints are collected and monitored by the organisation to identify issues and themes and inform continuous improvement activities.

The Assessment Team found the organisation maintains an effective risk management system, including an incident management system and assessment and care planning identifies risks to individual consumers. High impact high prevalence risks were identified in consumer documentation, which showed when risks such as falls are identified for a consumer, timely assessments are conducted, recommendations made and actions taken to mitigate risk. For other significant health issues, consumers are reviewed by clinical staff for assessment and further risk management or referrals. To minimise the risk of abuse and neglect, the service ensures that multiple staff attend to consumers, especially those who live alone. SIRS training has been completed by staff. Management confirmed there have been no SIRS for consumers at this stage.

The organisation has a clinical governance framework that supports the care consumers. This is set by the franchisor and disseminated to individual franchises. The framework includes clinical guidelines and pathways, auditing, education and professional development, and monthly updates and notifications to the organisation. The managing director of the organisation provides clinical oversight.

The Assessment Team found antimicrobial stewardship education was provided to clinical staff. However, the organisation does not currently provide medication management and consumers visit their medical officer when unwell. Open disclosure is practiced when incidents occur. Consumer feedback and documentation reviewed demonstrated this process occurs. Staff have been trained in the identification of restrictive practice. However, there were no identified restrictive practices in place.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)