Performance

Report

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| Name of service: | Kaniva Hostel |
| Service address: | 1-12 Arthur Vivian Close KANIVA VIC 3419 |
| Commission ID: | 3363 |
| Approved provider: | West Wimmera Health Service |
| Activity type: | Site Audit |
| Activity date: | 7 February 2023 to 9 February 2023 |
| Performance report date: | 06 April 2023 |

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 Kaniva Hostel (**the service**) has been prepared by D. Fekonja, 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.
* the provider’s response to the assessment team’s report received on 15 March 2023.

# 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

The service is encouraging, supporting and enabling consumers and/or their representatives to make decisions about their care and services, including who is involved in their care and maintaining relationships. Consumers’ care planning documentation included information about their individual preferences and details about people important to them. One consumer however felt the service could support them more in consistently providing culturally suitable meal choices. This will be covered in requirement 4(3)(d).

The Assessment Team found staff are engaging with consumers respectfully, ensuring that their personal privacy and dignity are respected and maintained. Staff demonstrated a strong understanding of consumers’ individual choices and preferences. Consumers are satisfied they are supported to take risks to live the best life they can including in their choices to self-medicate, drive their own vehicles and access the community.

Consumers and representatives were satisfied that the information they receive is current, accurate, timely, communicated clearly and easy to understand. A range of notices is on display within the service which includes the activities calendar, events on that day and complaints and feedback information. Consumers are invited to attend ‘Resident’ meetings and have access to meeting minutes.

Consumers and representatives were satisfied that consumers’ privacy is respected by staff and that their information is kept confidential. The service has policies and procedures regarding the confidentiality of personal information and disclosure of information. The Assessment Team’s observations of staff practice demonstrated staff respected consumers’ privacy.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

The service demonstrated assessment and planning processes includes the consideration of individual risks to each consumer’s health and well-being. Consumers and representatives said that they receive the care and services they need, and they are involved and have a say in the care planning processes.

The care plans reviewed demonstrated the service identifies and addresses consumers’ current needs, goals and preferences. Not all consumer files reviewed demonstrated that advance care planning and end of life (EOL) planning were consistently identified or updated with medical treatment wishes. However, staff stated that not all consumers at the service wished to complete advanced care directives.

The service demonstrated that it actively partners with consumers and others whom consumers wish to be involved in the planning and assessment of care. Care planning documentation showed evidence of care conferences, and the involvement of a range of external providers and services such as medical practitioners, wound consultants, outpatient services, physiotherapists, speech pathologists, podiatrist and dietitian services, in consumer care.

The service demonstrated that outcomes of assessment and planning are effectively communicated to consumers and representatives. Information is documented into a care plan that is readily available to the consumer and to those who are involved in their care. Consumers and representatives said they feel the service maintains good communication with them, particularly around changes in care and medication, and said that staff explain things to them clearly and will clarify clinical matters if needed.

Care planning documentation identified evidence of review on both a regular basis and when circumstances changed, such as consumer deterioration or incidents such as infections, falls and wounds. Care plan information and all other documentation related to consumers is reviewed monthly, at the ‘resident of the day’ audit, or in response to a change in health or when a clinical incident occurs.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

# Standard 3

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

Findings

The service has policies, alerts and work instructions for key areas of care including but not limited to, restrictive practices, wound management, pressure injury, diabetes management, infection management, reportable incidents and pain management, all of which are in line with best practice.

Interviews, observations and documentation demonstrated to the Assessment Team that consumers receive safe and effective personal and clinical care that is best practice, tailored to meet their individual needs and optimise their health and well-being.

Pain is managed by both pharmacological and non-pharmacological means. A new electronic pain assessment system used within the organisation is to be introduced at the service.

The service demonstrated wound management in line with best practice principles, with consideration to other factors such as pain which could affect a consumer’s wellbeing. Staff confirmed they refer consumers to a wound consultant when there are concerns about a wound.

The service demonstrated that high impact and high prevalence risks are effectively identified and managed, through regular clinical data monitoring, trending and implementation of suitable risk mitigation strategies for individual consumers.

The high impact and high prevalence risks for consumers at the service are mainly unwitnessed falls due to the nature of independent living at the service compounded by the geographic location and set up of the units. In response to this, the service has implemented alarm systems including pendant alarms worn by consumers to assist staff in responding in a timely manner. Consumers and representatives stated that staff respond to the call alarm very quickly and they feel safe at the service.

All incidents are reported through a management line of authority system and an incident severity rating is applied. The organisation investigates and performs clinical reviews on all incidents with ISR 1 or 2 ratings.

Consumers and representatives also said they felt that the service is adequately managing risks to consumers' health, particularly for falls, weight loss fluid restriction, medication management and potential for COVID-19 infection/outbreak.

A further risk identified is the management of consumers who administer their medications independently and the potential for administration error. This risk is mitigated with individualised assessment, regular auditing of dose administration aid/packs, cognitive assessment undertaken at each medication self-administration risk assessment, daily monitoring process, and a rigorous ‘resident of the day’ audit, which includes progress notes, care plan, review of incidents and medication profile monitoring of as required (PRN) medication usage and consistency of administration.

There are no consumers palliating at the service but the electronic end of life wishes assessment which populates the palliative care domain of the care plan has been completed in all consumers’ files who are currently living at the service.

The service was able to demonstrate changes in a consumer’s capacity or condition are recognised and responded to in a timely manner and timely referrals made to other providers or organisations. Deterioration is discussed during handovers, and staff meetings, and may trigger a medical review or hospital transfer if needed and a subsequent review of care planning documentation is undertaken. Furthermore, clinical and care staff were able to describe to the Assessment Team a range of signs that they identify as related to deterioration, including changes in health, mobility, mood, and cognition.

The service demonstrated that information about consumers’ condition, needs and preferences are documented and effectively communicated with those involved in the care of consumers. However, the Assessment Team noted nutrition information about needs and preferences utilised in the catering department did not contain current information. Refer to Standard 4 Requirement (3) (d) for further information.

The service was able to demonstrate preparedness in the event of an infectious outbreak, including for a COVID-19 outbreak, and best practice antimicrobial practices. Consumers and representatives interviewed said they were satisfied with the service’s infection control management. The service has documented policies and procedures to support the minimisation of infection-related risks through the implementation of infection prevention and control principles and the promotion of antimicrobial stewardship. The Assessment Team observed all staff, visitors and contractors are subjected to a thorough screening process prior to entry, which includes a questionnaire and declaration, temperature check, and rapid antigen test (RAT) upon entry and surgical masks are to be worn at the service.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

# Standard 4

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

Findings

The Assessment Team found requirement 4(3)(d) as not met as the service did not demonstrate that consumers’ meal information particularly related to allergies, preferences, likes, and dislikes, is communicated through a streamlined or systematic process. The Assessment Team found that vital information about consumers’ allergies, likes, and dislikes was contained in care plans but that information is not collected or populated within the catering department’s information sheet. Although clinical staff said they populate vital information on the menus when they are asking each individual consumer what they would prefer to order the ‘diet sheet’ does not reflect the information required for catering staff to serve appropriate food items safely and consistently.

* Staff stated the ‘diet sheet’ is utilised by the chef when preparing food and by catering staff when they are serving food. They said that this form was of high importance and should reflect all consumer’s specific needs in relation to diet preferences and allergies.
* Of the nine consumers living at the service, only two of four consumers with allergies or sensitivities had that vital information listed and only one of nine consumers had ‘dislikes’ recorded, and one consumer was not listed at all.
* One consumer also stated that their cultural needs were not being met by the food provided at the service.

Staff also stated that another consumer’s allergies and diet needs were not included on the diet sheet as only allied health staff members have the authority to document this on the form and the Assessment Team found this had not been done. The Assessment Team was told by the chef that as the rotating menu was endorsed by a dietician there was no flexibility to ensure that cultural preferences were incorporated.

The approved provider in their response provided clarifying information and evidence that the issues identified by the Assessment Team have been rectified. Improvements have been made to the Nutrition and Hydration policy to ensure changes to the diet sheet are able to be made by the Director of Nursing and/or nurse unit managers for both existing and new consumers. The policy has also been updated to include steps for the completion of consumer likes and dislikes on the preference sheet.

All consumers with allergies and special dietary needs have had their information updated on the diet sheet, in their care plan, on the preference sheet, and on the handover sheet.

Based on the further information provided I find the approved provider has made the necessary improvements to ensure that the consumers’ dietary needs and information is being effectively managed and that the service is compliant with requirement 4(3)(d).

The service demonstrated that each consumer’s individual goals, needs, and preferences in relation to their independence, health, well-being, and quality of life are identified, documented, and communicated to staff. Seven of seven consumers and/or their representatives interviewed indicated they are satisfied consumers and are provided with support to optimise their independence, health, well-being, and quality of life.

Activities are based on the preferences of the consumers and social and lifestyle care plans include individualised goals and preferences. The level of participation and enjoyment is monitored and individual support is provided for consumers who do not wish to participate in group activities.

Consumers and representatives confirmed their emotional, spiritual and psychological needs were supported and they can stay in touch with family or friends for comfort and emotional support. The service provides counselling services, church services, and supports to maintain relationships with family and friends.

Consumers and representatives said they are satisfied the services and supports enable them to participate in the community, have relationships and do things of interest to them including bus trips and supporting consumers to attend the community. The service also facilitates consumers to access other services such as a hairdresser, the library, Men’s Shed activities, and other services as required or requested by the consumer.

Most consumers expressed satisfaction with the quality and quantity of food. Two consumers and their representatives stated they like the food here and enjoy the opportunity to receive groceries which enables them to cook some meals independently. The service demonstrated that a variety of meals are provided based on a four-week-seasonal rotating menu with the oversight of a dietitian. Alternative dietary options are available if requested and consumers who prefer to cook for themselves are provided with groceries to enable this.

Consumers and representatives said they have access to equipment, including mobility aids, shower chairs, and personal alarm pendants which assist them with their activities of daily living and support their safety. Staff said they have access to equipment when they need it and stated equipment is kept safe, clean, and well maintained.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

# 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

Consumers and representatives find the service welcoming and it encourages a sense of belonging and independence. The service consists of ten independent townhouse-type units set around a driveway with paved pathways and well-maintained gardens. The two-bedroom units are equipped to enable consumer independence and privacy with the opportunity for consumers to host guests overnight. There are both internal and external communal areas for consumers to come together and participate in activities.

The service is safe, well-maintained, and comfortable. Consumers and representatives said the units are generally cleaned to their satisfaction but there was an issue with shower mould which the service is actively seeking to resolve. Consumer units were observed to be mostly well-maintained, clean and comfortable.

Consumers confirm they are able to move freely, both indoors and outdoors, and have unimpeded access to communal areas and gardens. The consumers feel safe after hours and the office is locked when not attended such as after hours or when staff are performing other duties.

Consumers and representatives are satisfied furniture, fittings and equipment are safe, clean and well-maintained. Engineering and maintenance staff described to the Assessment Team the processes for planned preventative maintenance and demonstrated this through documentation. The call bell for each unit is checked at the commencement of each shift.

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives interviewed are satisfied they are encouraged and supported to provide feedback and make complaints. Consumers stated they provided feedback, through staff, during meetings and when care is provided and the service is receptive to this feedback. The consumer and staff handbooks include information on ways to provide feedback internally, and this is also communicated in the organisation’s newsletters.

The organisation has a Communications and Consumer partner to whom stakeholders may direct complaints or feedback. Community stakeholders are part of key governance meetings, and a representative was recently invited to provide feedback directly at a Board meeting.

Consumers and representatives are generally made aware of how to access advocates and other ways of raising and resolving complaints. The consumer handbook includes contact details for advocacy services and external complaints bodies. Posters displayed in communal areas are limited to promoting external complaints mechanisms. The approved provider has in their response advised the consumer handbook has been updated to include how consumers can access language and interpreter services.

Consumers and representatives are satisfied appropriate action is taken in relation to complaints. Representatives described how the formal complaints submitted in the feedback system to management had generally been addressed to their satisfaction. Staff described how they try to resolve complaints as soon as they are raised by the consumer or representative.

Records of complaints lodged at the service shows they are addressed appropriately and in a timely manner. Management demonstrated a working understanding of open disclosure and staff were able to describe how they practise open disclosure.

The service demonstrated effective processes to review and use feedback and complaints to improve the quality of care and services. The service’s plan for continuous improvement includes items raised by staff and consumers/representatives through surveys, meetings or formal feedback. At an organisation level, trends of complaints, direct feedback, and meeting forums are analysed and discussed with a view to implementing service level and organisation-wide improvements.

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

# 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

Consumers and representatives are satisfied staff are available to attend to consumers’ needs when required. Consumers and representatives spoke highly of the quality of care delivered by staff. The service demonstrated the workforce is planned to enable the delivery of safe and quality services to the service. The organisation has recently completed a workforce planning review that includes strategies to both attract and organically develop relevant skills to meet local needs. While shifts are filled, the organisation has experienced challenges filling unplanned leave resulting in staff working extended shifts.

Consumers and representatives are satisfied staff interact with them in a kind and caring manner. Staff demonstrated they were familiar with individual consumers’ needs and identities. Staff interactions with consumers and their representatives were observed to be kind, caring and respectful, including staff addressing consumers by their preferred name.

Staff working in the hostel are recruited to role-specific minimum qualifications and consumers and representatives are satisfied staff have the competency to deliver required care and services. The service tests competency in key areas as part of the induction program and as part of the mandatory education program each year.

The service has an extensive suite of mandatory education topics that are required to be completed annually and compliance with this is monitored. Staff stated they are taken off the roster if training has not been completed. A handover forum is used for targeted training and there are displays throughout the handover room where new information is communicated.

All staff are required to participate in an annual performance appraisal and new starters have a six-month probation period. The service follows up with individual staff following a complaint or feedback about staff performance or an incident report. The outcomes of this process may inform individual or group education.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

# 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

Consumers and representatives are satisfied the service is well run and they participate in the way care and services are provided at the service. The service has processes and structures to enable consumer engagement including various meeting fora, business processes, and feedback mechanisms, including surveys, care consultations and community newsletters inviting engagement with management. Representatives from the service have been part of the Community Advisory Committee that meets regularly and is attended by senior management and members of the West Wimmera Health Board. A representative of the community attends quality and safety governance meetings.

The organisation’s governing body promotes a culture of safe, inclusive and quality care and is accountable for its delivery against the Quality Standards. The organisation’s vision, values, strategic objectives and expected standards are shared with consumers, staff and other stakeholders through engagement processes, which include induction days, policies and procedures and handbooks and training.

The organisation and service demonstrated it had processes and mechanisms to support effective organisation-wide governance systems in relation to continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The organisation has identified and responded to recent changes in legislation, including implementation of the Code of Conduct for Aged Care, amendments to restrictive practices legislation, and the Serious Incident Response Scheme (SIRS) with policies and procedures and education to guide staff. Staff are also alerted to changes in legislation and policies through email and handovers.

A documented risk management framework is in place with policies outlining how high impact high prevent risks are managed in the service. Abuse and neglect of consumers are identified and responded to, and supporting consumers to live the best life they can. The service uses an electronic incident management system to record and manage incident reports.

There is a clinical governance framework in place that provided specific policies in relation to antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Clinical data, clinical reviews and recommendations through medication advisory committee meetings are discussed at meetings of the organisation’s quality and safety governance committee. The service demonstrated antibiotic use is monitored and tabled at the safety and quality governance committee meetings.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

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