Performance

Report

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| Name of service: | Katoomba Views Care Community |
| Service address: | 2 Penault Ave KATOOMBA NSW 2763 |
| Commission ID: | 2279 |
| Approved provider: | DPG Services Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 28 June 2023 to 30 June 2023 |
| Performance report date: | 11 August 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 Katoomba Views Care Community (**the service**) has been prepared by K. Richards, 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 consumers/representatives, staff, management and others.
* the Performance Report dated 4 February 2022 for a Site Audit undertaken from 13 December 2021 to 16 December 2021
* the Performance Report dated 25 July 2022 for an Assessment Contact – Site undertaken from 21 June 2022 to 22 June 2022

The provider submitted an email on 14 July 2023 advising they did not intend to submit any further information.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

The Service was found non-compliant in Standard 1 in relation to Requirements 1(3)(a), 1(3)(b), 1(3)(c), and 1(3)(d) following a site audit in December 2021. Evidence in the site audit report dated 28 to 30 June 2023 supports that the Service has implemented improvements to address the non-compliance and is now compliant with these Requirements.

Consumers and representatives were satisfied staff treated consumers with dignity and respect. Staff described and demonstrated actions to ensure consumers were treated with dignity and respect, and said they access care planning documentation to ensure they understand consumer backgrounds and preferences. Care planning documentation includes information on consumer preferences, cultural and spiritual needs, and life history.

Consumers and representatives described how staff value their culture, spirituality, and preferences, and use it to develop personalised care and services. Staff provided examples of actions undertaken to support consumers identity and cultural needs. The service provides guidance and support for staff to provide care that is culturally safe through policies, procedures and training.

Consumers and representatives said they are supported to make choices about the way care and services are delivered, and to maintain relationships, and consumers are informed daily of available options. Staff described how they support consumers to communicate their choices and be as independent as possible. Care planning documentation captures choice and preferences for care and include details for representatives and primary contacts involved in each consumer’s care.

Consumers and representatives said staff and management understanding what matters to consumers, and support consumers to take risks in order to live their best life. Staff demonstrated awareness of consumers who chose to take risks and strategies to mitigate identified risks. Consumers who chose to take risk, including leaving the service unaccompanied, had completed Dignity of Risk assessments recorded within care planning documentation in line with the service’s policy.

Consumers and representatives said information provided is clear, timely, easy to understand, and sufficient to inform consumers of activities, events and other services provided. Staff described available written and verbal communication methods, including options to overcome language or sensorineural barriers. Care planning documentation captures communication needs for each consumer. Displayed information is available in several languages, and menus included written and pictorial choices.

Consumers and representatives were satisfied consumer privacy is respected. Staff described actions taken to maintain privacy, including closing doors whilst providing care, knocking and seeking permission before entering a consumer’s room, and maintaining consumer confidentiality. Personal information, including care planning documentation, is accessed through password protected electronic care management systems in staff only areas.

Based on the Assessment Team’s report, I find Standard 1 Consumer dignity and choice 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

The Service was found non-compliant in Standard 2 in relation to Requirements 2(3)(a), 2(3)(b), 2(3)(c), and 2(3)(e) following a site audit in December 2021. Evidence in the site audit report dated 28 to 30 June 2023 supports that the Service has implemented improvements to address the non-compliance and is now compliant with these Requirements.

Consumers and representatives said they are involved in comprehensive care planning, including assessment processes to identify risks, ensuring consumers feel safe. Clinical staff explained the care planning process, including initial clinical assessments using risk assessment systems and validated tools, to identify risks and inform safe and effective delivery of care. Sampled documentation demonstrated care planning is completed in line with the service’s procedures, identifying consumer risks and mitigating strategies.

Consumers and representatives advised they are regularly engaged in discussions about consumer care needs, with opportunities to discuss end of life wishes in detail if desired. Staff demonstrated an understanding of consumers’ personalised needs and preferences and described the approach to discussing advance care directives and end of life care with consumers and representatives. Care planning documentation included current needs, goals and preferences for each consumer, including advance care planning and end of life wishes and management directives.

Consumers and representatives described consultation processes and involvement in the assessment, planning, and review of consumer care. Staff explained processes followed to ensure the service partners with consumers, representatives, and other providers, including Allied health professionals, in undertaking assessment and review of care planning. Care planning documentation demonstrated involvement of consumers and/or representatives in evaluation of the care and services plan within case conference records.

Consumers and representatives said they receive regular communication through formal and informal updates and are provided a copy of the care and services plan to sign and return. Staff detailed communication processes relating to care and services plans with consumers, representatives, and others involved in the delivery of care and services, such as Medical officers. A copy of the consumer’s mobility chart and summary care plan was observed to be accessible to consumers and staff, stored the back of consumers’ clothing wardrobe.

Consumers and representatives said they participated in the regular review of assessment and care planning, and where changes or incidents occurred it triggered discussion and review of consumer needs. Staff advised care plans are reviewed every four months or when health or care needs change, including following incidents such as falls, or development of wounds. Care planning documentation demonstrated review of care and services was undertaken regularly or following incident, in line with the service’s policies and procedures.

# Standard 3

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

Findings

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

The Service was found non-compliant in Standard 3 in relation to Requirements 3(3)(a), 3(3)(b), 3(3)(e), 3(3)(f), and 3(3)(g) following a site audit in December 2021. Whilst Requirement (3)(3)(d) was also found non-compliant at that time, the service was found compliant following an assessment contact undertaken for this Requirement only from 21 June 2022 to 22 June 2022. Evidence in the site audit report dated 28 to 30 June 2023 supports that the Service has implemented improvements to address the non-compliance and is now compliant with these Requirements.

Consumers and representatives were satisfied the care provided was safe and effectively met their tailored needs. Staff demonstrated familiarity with consumer personal and clinical care requirements, including preferences. The service has policies, procedures, and tools in place to guide staff in delivery of care using best practice principles, demonstrated in relation to restrictive practice use, skin integrity and wound care, and pain management.

Consumers and representatives were satisfied risks relating to their health and well-being are captured, assessed, and managed appropriately. Staff described high impact and high prevalence risks experienced by consumers and effective management strategies in line with care planning documentation. Management explained consumers identified as having high impact risks are monitored and reviewed during daily meetings, with effectiveness of strategies discussed at the monthly Quality meeting. Documentation within care files demonstrated risks relating to diabetes, weight loss, falls, and changed behaviours were identified and either effectively managed or responded to in relation to sampled consumers.

Consumers and representatives said they had discussed advance care planning incorporating end of life wishes. Staff described actions taken to maximise comfort and preserve dignity for consumers receiving end of life care, including supporting family members to be present. Care planning documentation demonstrated consultation with the representative prior to commencing end of life care, involvement of palliative care specialists, and monitoring for effectiveness of pain management regimes.

Consumers and representatives said the service responded promptly to signs of deterioration or change in consumer condition. Staff are guided on recognition of clinical deterioration through the service’s policies and procedures, and could describe escalation pathways when change was identified, ensuring representatives were kept informed. Care planning documentation demonstrated appropriate and timely responses made to changes of consumer health.

Consumers and representatives were satisfied there was effective communication about consumers’ condition, needs, and preferences, ensuring consistency of care. Staff explained how information is communicated, including through handover processes, progress notes, alerts, and discussed their responsibility to ensure information is documented within charting and progress notes. Management advised information documented within the electronic care management system is accessed and shared within the service and with Allied health professionals as applicable.

Consumers and representatives’ referrals are made to the Medical officer and Allied health professionals to meet consumer needs. Clinical staff explained referrals are made by the clinical manager, with management explaining this is to ensure referrals are appropriate and timely, and the service maintains a list of approved providers, including Allied health, Geriatricians and Mental health specialists. Correspondence emails, referral forms, and progress notes demonstrated referrals being made in response to changing consumer needs or goals.

Consumers and representatives described actions taken by staff to prevent and control infection and were satisfied with the service’s management of COVID-19. Staff demonstrated an understanding of precautions to prevent and control infection, and actions to minimise use of antibiotics, and were observed managing unwell consumers in line with policies and procedures. The service has a trained Infection prevention and control lead, and up to date Outbreak management plans.

# Standard 4

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

Findings

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

The Service was found non-compliant in Standard 4 in relation to Requirements 4(3)(a), 4(3)(b), 4(3)(c), 4(3)(d), and 4(3)(g) following a site audit in December 2021. Evidence in the site audit report dated 28 to 30 June 2023 supports that the Service has implemented improvements to address the non-compliance and is now compliant with these Requirements.

Consumers were satisfied they received safe and effective services in line with their goals and preferences. Staff said consumers needs, goals, and preferences are discussed on admission and captured in care planning documentation, with ongoing feedback collected to influence activities, services, and supports.

Consumers and representatives described supports provided to meet consumers spiritual, emotional, and psychological requirements, including church services and visits, staff spending one-on-one time, and the ‘meaningful mates’ program. Care planning documentation incorporated emotional and spiritual supports, and staff said if they noted consumers’ mood to be low, they would escalate for review.

Consumer feedback reflected that they felt supported to participate in activities of interest within the service and outside community, as well as maintain personal relationships. Staff said they ensured all consumers are encouraged to participate in activities and demonstrated familiarity with people and activities of importance to consumers.

Consumers and representatives said staff were familiar with needs and preferences and updated with changes. Staff described methods of communicating consumer information, and care planning documentation demonstrated changes to needs and preferences for consumers were updated promptly, with consent to share information captured where required.

Consumers and representatives said referrals were timely and appropriate. Staff described collaborating with other services to meet needs of consumers, including National Disability Insurance Scheme, volunteer programs, and pastoral care.

Consumers and representatives were satisfied with meals provided in line with the nutritionist reviewed seasonal menu, and staff described how they incorporated consumer feedback, cultural preferences and dietary needs into the meal service. Fresh fruit was observed on offer during the day, with kitchenettes available for coffee and tea between meals and morning/afternoon tea services.

Consumers and representatives said the service ensures equipment and service environment is clean and well-maintained. Staff said they have access to sufficient equipment, and repairs are made in a timely manner. Maintenance undertakes audits of consumer equipment and demonstrated adherence to reactive and preventative maintenance schedules.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

This Quality Standard is compliant as 3 of the 3 Requirements have been assessed as compliant.

The Service was found non-compliant in Standard 5 in relation to Requirement 5(3)(b) following a site audit in December 2021. Evidence in the site audit report dated 28 to 30 June 2023 supports that the Service has implemented improvements to address the non-compliance and is now compliant with this Requirement.

Consumers said the service environment is welcoming, way-finding signs provide guidance for newcomers, they are encouraged to decorate their room with belongings and photographs, and they feel at home. Common areas were available for consumers to socialise and relax, and staff described renovations undertaken in the outdoor courtyard to include heating and raised garden beds for consumers.

Consumers and representatives said the service’s cleaning standards were good and they can move freely indoors and outdoors. Staff demonstrated familiarity with reporting maintenance issues and described cleaning processes in line with documented schedules. The service was observed to be clean, well-maintained, and safe for consumers to move around.

Consumers and representatives said the furniture, fittings and equipment are safe, well maintained, and suitable. Staff said equipment is fit for purpose and well maintained and allows them to provide care in a safe manner, and maintenance described process to assess suitability for usage. Maintenance tasks are documented in a schedule which is adhered to, with external contractors engaged for specialised tasks.

# Standard 6

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

Findings

This Quality Standard is compliant as 4 of the 4 Requirements have been assessed as compliant.

The Service was found non-compliant in Standard 6 in relation to Requirement 6(3)(d) following a site audit in December 2021. Evidence in the site audit report dated 28 to 30 June 2023 supports that the Service has implemented improvements to address the non-compliance and is now compliant with this Requirement.

Consumers and representatives said they knew how to provide feedback and felt the service welcomed them to do so. Staff gave examples of receiving feedback verbally, escalating where needed or assisting consumers complete paper feedback forms, with management describing collating feedback for oversight. Feedback forms and boxes were observed throughout the service, consumers are encouraged to provide feedback in newsletters, the consumer handbook, and on information boards, and the Feedback register recorded all feedback, including compliments, suggestions and complaints, to inform continuous improvement.

Consumers and representatives said they were aware of advocacy services and avenues to escalate complaints. Staff said they assist consumers to express themselves and can access interpreters to support consumers if required. Management said they discuss availability of advocacy services, and information was observed to be promoted through newsletters, consumer meetings, and displayed on posters, including in languages other than English.

Consumers and representatives were satisfied the service acted when complaints were made, and provided an apology when things went wrong. Staff demonstrated an understanding of the principles of open disclosure and gave examples of when it would be used. Information reviewed within the Feedback register and incident reporting detailed investigations undertaken and responsive actions taken, including use of open disclosure.

Consumers and representatives gave examples of where improvements had been made in response to feedback. Staff said feedback was regularly discussed in meetings along with improvement actions, with management describing how feedback informs continuous improvement activities and providing examples of changes being made in response to complaints. Consumer meeting minutes demonstrated updates are provided on actions taken in response to feedback.

# Standard 7

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

Findings

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

The Service was found non-compliant in Standard 7 in relation to Requirement 7(3)(a), 7(3)(b), 7(3)(c), 7(3)(d), and 7(3)(e) following a site audit in December 2021. Evidence in the site audit report dated 28 to 30 June 2023 supports that the Service has implemented improvements to address the non-compliance and is now compliant with these Requirements.

Consumers and representatives were satisfied there were sufficient staff to provide the required level of care, and staff responded promptly to call bell use. Staff said they felt there were sufficient staff to complete their workload and provide safe care. Management described recruitment and rostering processes to meet targeted care minutes by October 2023, and sampled rosters demonstrated all shifts were filled.

Consumers and representatives provided positive feedback on interactions with staff, saying they felt respected. Staff explained receiving training on customer service, described how they show consumers respect, and interactions with consumers were observed to be kind and respectful. Management said recruitment processes use values-based screening processes and reference checks to ensure staff will have the right attributes.

Consumers and representatives said they were confident with staff skills and competency. Management described strategies for attracting qualifies staff and the service provides mentorship, traineeships, and sponsorships to upskill staff and enable succession planning. Staff participating in education programs explained the guidance and support they receive, including onboarding and probation activities.

Consumers and representatives were satisfied staff were adequately trained to perform their roles. Staff said they can access online learning and attend face to face education sessions, with yearly manual training undertaken. Audits, incidents, and feedback are used to identify areas for improvement, with responsive training developed and delivered.

Staff said they receive constructive feedback on performance through probation or annual appraisals and can request additional training within this process. Management described monitoring of staff performance through buddy shifts, and appraisal processes, and appraisal documentation was observed to include areas for improvement with corresponding actions. The service had identified an absence of monitoring of completion of annual performance reviews, with continuous improvement actions developed, with targeted completion of all staff appraisals by August 2023.

# Standard 8

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

Findings

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

The Service was found non-compliant in Standard 8 in relation to Requirement 8(3)(c), 8(3)(d), and 8(3)(e) following a site audit in December 2021. Evidence in the site audit report dated 28 to 30 June 2023 supports that the Service has implemented improvements to address the non-compliance and is now compliant with these Requirements.

Consumers and representatives described input into the development, delivery, and evaluation of care and services through consumer meetings, feedback surveys, and conversations with management. Management provided examples of engaging consumers for input on care and services, giving examples of actions taken in response, including designs, services and name for a new café for consumer and representative use.

Consumers and representatives said they felt the service was well run and spoke highly of management. The governing body demonstrates accountability for the delivery of safe, inclusive, and quality care and services through auditing programs to identify improvements, and monthly scorecard reporting for performance.

Governance systems were managed and monitored by the Board, with staff familiar with training and resources provided to inform care and services. Management described their obligations in enacting, reviewing and reporting to the Board on workforce governance and financial expenditure, and continuous improvement activities. Regulatory compliance and information management is overseen at organisational level with timely changes to policies and procedures.

Staff receive training on detecting and responding to abuse, and policies and procedures guide on supporting consumers to take risks in order to live their best lives. Consumers with identified high impact and high prevalent risks are included in a risk register, which is monitored and reviewed daily by management, and analysed for trends which are used to inform continuous improvement. Incident reporting demonstrated identification, investigation and reporting through the Serious Incident Response Scheme.

A clinical governance framework, including policies and procedures, guides staff in provision of clinical care, with service and organisational monitoring of antimicrobial stewardship and use of restrictive practice. Monitoring is undertaken using clinical indicator information, reviewed at monthly Quality meetings, with supportive responsive actions taken.

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