Performance

Report

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| Name of service: | Kurrajong & District Community Nursing Home |
| Service address: | 129 Old Bells Line of Road KURRAJONG NSW 2758 |
| Commission ID: | 2694 |
| Approved provider: | Kurrajong and District Hospital Society Inc |
| Activity type: | Site Audit |
| Activity date: | 15 November 2022 to 17 November 2022 |
| Performance report date: | 16 December 2022 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Kurrajong & District Community Nursing Home (**the service**) has been prepared by D. McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives, and others.
* a continuous improvement plan submitted on 11 May 2021.
* a non-compliance notice dated 23 April 2021.
* a Performance Report dated 29 March 2021, from a Site Audit conducted between 27 January 2021 and 29 January 2021.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers said they were treated fairly, with dignity and respect, staff made them feel accepted and valued, and did not experience discrimination. Staff described how they respected and promoted cultural awareness in their everyday practice and were guided by documents, policies and procedures which had an inclusive, consumer-centred approach to delivering care and services.

Consumers said the service recognised and respected their cultural background and provided care consistent with their cultural traditions and preferences. Staff described how they adapted the care for individuals, to be culturally safe and respectful of each consumer. Training records evidenced most staff had completed cultural awareness and diversity training.

Consumers said they felt supported to maintain relationships and could make decisions about the people involved in their care and the way care and services were delivered. Staff gave consumers choice about when care was provided, and their choices were respected. Care planning documents identified the consumers’ individual choices for care delivery, who was involved in their care, and how the service supported them in maintaining relationships.

Staff were aware of the risks taken by consumers and supported them to live the life they chose. Consumers described how the service supported them to take risks and felt staff respected their choices to engage in activities involving risks. Staff completed dignity of risk assessments for consumers in line with risk assessment processes and policy.

Consumers said they received timely information delivered in a way they could understand and were kept updated by management on any changes via the service’s newsletter, emails, resident meetings, and daily rounds by staff. Documentation on care and services was provided to consumers and representatives in a timely manner and in a way that was clear, easily understood, and allowed them to make informed choices. Information was displayed throughout the service to support consumers decision-making.

Consumers confirmed staff respected their privacy and maintained the confidentiality of their information. Staff described strategies for ensuring confidentiality, including not having conversations about consumers in public areas, knocking on doors, asking permission to undertake care, and using password protection on electronic records. The service had protocols in place to protect consumer privacy, staff were observed being respectful of consumers’ privacy.

# Standard 2

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

Findings

Following a previous site audit the service was found non-compliant with Requirements 2(3)(b) and Requirement 2(3)(e), evidence within the Site Audit report supports the service has implemented improvements to address the non-compliance and is now compliant with these requirements, having had appropriately qualified staff review all consumer’s care documentation for accuracy, to ensure care plans were individualised, reflected each consumer’s current needs and preferences. Additionally, assessment and care planning policies and procedures were adjusted to allocate regular review of care plans to designated staff, consumers are to be re-assessed post an incident and the planned interventions are to be evaluated to determine if they remain effective and monthly audits of care planning documentation is undertaken to ensure care plans are current.

Consumers said they receive the care and services they needed, and they were partners in the care planning processes. Staff explained the care planning process, with a suite of assessments conducted over a 28-day period and described how the new process assists to identify risks to consumer wellbeing and informs the delivery of care and services. A review of care documentation showed the involvement of specialists and allied health professionals in assessing risks and supporting risk-taking in line with consumers’ wishes. Policies and procedures supported the planning of care considered consumers’ choices and right to take risks.

Care planning documentation evidenced consumer’s current needs, including mobility, were up to date, goals of care were personalised to the individual, and preferences for daily routine were identified to guide staff. Consumers advised, where they have chosen to discuss advance care and end of life, the service has noted, their preferences for comfort measure over life prolonging treatments. Staff confirmed they discuss the consumers preferences, on a 3 monthly basis, to understand if these have changed and update the care plan accordingly to ensure it remains current.

Consumers said they were involved in their care planning and review at all stages, and their chosen family members were also involved. Care documentation evidenced the care conferences were regularly held and involved the consumer, their chosen supports and a range of external providers. A schedule is used to ensure care conferences are held routinely and evidenced care conference had been undertaken as planned.

Staff said they communicate the outcomes of assessments to consumers by talking to them and their representatives and providing copies of their care documentation to them as they request. Consumers confirmed they are aware they can access, or they have been offered, a copy of their care plan. Documentation supports representatives are emailed copies of the care plan when it is updated.

Care documentation supports care and services have been reviewed regularly, following a change in consumers condition or incidents such as falls and have informed, where additional planned interventions have been required. Care plans were allocated to designated staff, to ensure the strategies identified for each consumer remain effective and the completion and accuracy of the reviews is monitored through an auditing program. Consumer confirmed their care is regularly reviewed and assessments by allied health professionals occur after incidents.

# Standard 3

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

Findings

Following a previous site audit the service was found non-compliant with Requirement 3(3)(a), Requirement 3(3)(b) and Requirement 3(3)(c), evidence within the Site Audit report supports the service has implemented improvements to address the non-compliance and is now compliant with these requirements, having provided staff with additional training, reviewed their policies and processes in relation to palliative care, restrictive practice, falls prevention, pain management and adjusted their practices to ensure use of restrictive practice is tailored to the needs of individuals and pain assessment, management and evaluation is in line with best practice. Additionally, clinical oversight and monitoring of high-impact and high-prevalence risk management has been strengthened through the appointment of a Director of Nursing, who has responsibility for ensuring new policies and procedures relating to high-risk areas of care was implemented and maintaining a register to monitor consumer risks and their prevalence. Furthermore, links have been established with palliative care specialists who support consumers at end of life.

Consumers and representatives said care and services were tailored to meet their needs and delivered in a way which optimised their health and wellbeing. Care documentation reflected individualised safe and effective care, including for pain management, which was tailored to the specific needs and preferences of the consumer. Policies and procedures supported the delivery of care provided, such as wound management, restrictive practices, falls prevention, skin integrity, and pressure injury prevention. Consumer’s beds were observed to be positioned away from the wall and where bedrails had been requested, the risk had been assessed, was regularly reviewed and consent documented.

Consumers and representatives said high-impact or high-prevalence risks were effectively managed. Care planning documentation contained effective identification of risk, with strategies to manage them recorded. A risk register was maintained to monitor high-impact and high-prevalence risks, with clinical data trended and analysed to assess whether risks to consumers were being effectively managed.

Consumers and representatives confirmed consumer’s end of life wishes were being met as staff had spoken to them about consumer’s advance care planning and end-of-life preferences. Care documentation supported, for consumers who had recently passed way, their preferences of having family present. Policies, procedures, and clinical protocols guided staff in the management of palliative care and end of life and staff demonstrated they were familiar with the changes in care to ensure a consumer was kept comfortable.

Staff provided recent examples of when deterioration or change in a consumer’s conditions had occurred and described how this was recognised and responded to. Care documentation recorded the identification of or changes in consumers’ condition and the actions taken by staff in response, including transfer to hospital or escalation to health professionals, when required.

Consumers and representatives said changes to consumer conditions were communicated between staff and others. Staff described how changes in consumers’ care and services were communicated through verbal handover processes, meetings, accessing care plans, and communication diaries. Staff demonstrated current knowledge of recent changes to consumer care needs.

Staff described the process for referring consumers to health professionals and allied health services. Consumers’ care documentation included input from other providers of care such as physiotherapists, occupational therapists, podiatrists, speech pathologists and dieticians. Communication books and observations of allied health professionals on site, evidenced prompt reviews following referrals.

The service had policies to guide infection control practices and all staff received training on infection control practices, including the correct wearing, and removal of, personal protective equipment and handwashing. Staff demonstrated an understanding of how to minimise the need for antibiotics, ensured they were used appropriately, and specialist staff oversaw infection control and ensured preventative strategies were maintained. Visitors were observed being screened for respiratory infection, prior to entering the service and staff were sanitising equipment after use.

# 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

Following a previous site audit the service was found non-compliant with Requirement 4(3)(a) evidence within the Site Audit report now supports the service has implemented improvements to address the non-compliance and is now compliant with the requirement, having implemented processes to ensure supports are in place for consumers to engage in meaningful activities promoting their independence and quality of life, including implementing an activities program and informing consumers of available activities through an activities calendar. Additionally, documentation evidenced consumer participation in activities is monitored and feedback is regularly sought on activities of interest.

Consumers said the service supported them to do the things they wanted to do and explained how services and supports for daily living had improved their independence, health, well-being, and quality of life. Care documentation detailed the consumer’s needs and required supports and staff described how this information is used to assist consumers to stay healthy and do as much for themselves as possible. Staff gave examples of additional activities, such as the establishment of a choir, and consumer led activities which have improved consumers quality of life.

Consumers said they felt connected and engaged in meaningful activities which they considered satisfying and included acknowledging and observing cultural, and religious practices. Staff described that a social and cultural profile is developed in conjunction with the consumer to ensure their emotional, psychological, and spiritual well-being is able to be supported. Care documentation contained information about the consumers’ emotional, spiritual, and psychological needs, including requiring pastoral support and counselling from external psychologists.

Consumers said they participated in social activities and took part in their interests at the service, were supported to maintain personal relationships and take part in their community as they chose. Staff described how they worked with other organisations, community members and groups to help consumers follow their interests, social activities and maintain their connections. Consumer progress notes and the minutes of Resident Meetings showed services and supports were designed with each consumer to reflect their changing needs, goals, and preferences.

Staff described how the service informed them about each consumer’s condition, needs, goals and preferences. Staff described how accurate, up-to-date, and relevant consumer information is shared with relevant external providers. Consumer care plans reflected updates, reviews, and communication alerts, including information from multiple sources, updates from reassessments and their results.

Consumers said the service had established links with individuals, organisations, and external providers, to ensure they had access to a wide range of services and care to support their health and wellbeing. Care plans showed the service collaborated with other individuals, organisations, and providers to support each consumer’s diverse and individual needs. Staff described how they made referrals to external providers for consumers and provided examples of different organisations consumers were supported by.

Consumers gave positive feedback about the quality, quantity and variety of food provided and said they were consulted when menus were developed. Staff understood consumer’s nutritional needs, including preferred meal size, texture, dietary and cultural preferences. Consumers who required assistance to consumer their meals, were being assisted in a dignified manner.

Consumers said they felt safe when they used equipment and both consumers and staff knew how to report any safety concerns. The equipment the service provided was observed to be clean, well maintained and fit for purpose. Staff were trained to safely use the equipment and understand their responsibilities for the safety, cleanliness, and maintenance of equipment.

# Standard 5

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

Findings

Following a previous site audit the service was found non-compliant with Requirement 5(3)(c) evidence within the Site Audit report evidences the service has implemented improvements to address the non-compliance and is now compliant with the requirement, having significantly reviewed and replaced furnishings and equipment.

Consumers rooms were observed to be personalised, including using their own furniture and possessions of choice. Staff described how consumers were supported to make the service feel like home, and how they supported consumers to maintain independence. The environment was tidy, clutter free, easy to navigate, and consumers made their way around the service with ease. A new dining area had been added, and furnished with new furniture, tablecloths and decorations added to promote a home like environment.

Consumers and representatives said the facility is cleaned very well, and maintenance was completed quickly. Consumers were observed moving freely around the lounge and dining rooms, hallways, and gardens. Planned and preventative maintenance was conducted to ensure the consumers were safe and living in a well-maintained home.

Consumers said the service’s furniture and equipment was well maintained and clean. Staff said they had access to the equipment needed for consumer care, and confirmed new equipment including lifters, beds, mattresses, shower chairs, had been purchased, as necessary. Furniture and equipment for consumers, such as beds and hoists were maintained under scheduled maintenance with specialist contractors in place where required. Laundry and kitchen equipment was regularly serviced and additional equipment to keep meals warm had been purchased.

# 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 stated they had no concerns if they wanted to make a complaint or provide feedback, and they felt comfortable and safe. Staff and management detailed different methods of how consumers and representatives were encouraged to make complaints and provide feedback. Brochures and posters about the internal and external complaints system were displayed on the notice board and in other communal areas. Feedback forms and suggestion boxes were available for consumer use.

Consumers said they were aware of the Commission and advocacy services. Staff were familiar with external complaints and advocacy services available for consumers/representatives and described how consumers with a cognitive impairment and difficulties communicating would be assisted. Posters were displayed ensuring consumers were aware of language and complaint services.

Consumers said management addressed their complaints and feedback accordingly and promptly. A review of the complaints register identified the service documented feedback and suggestions from consumers/representatives, timely action was consistently taken, and an open disclosure process was applied. The service had policies and procedures to guide staff through complaints management and open disclosure processes.

Consumers described changes implemented as a result of their feedback and complaints. Management explained their process of reviewing complaints, feedback, and incidents and how this contributed to continuous improvement. The continuous improvement register evidenced feedback, complaints, and incidents were recorded, actioned, resolved, and used to improve the quality of care and services.

# 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 said staff provided their care and services in a timely way, and in accordance with their preferences. Processes to roster the appropriate number of staff with the range of skills needed enabled the organisation to assess, plan, and meet the needs of the consumers. Rostering documentation showed all shifts were filled and where staff were unwell or had planned leave, other employed staff were rostered to fill vacancies.

Consumers said staff treated them well, were supportive and respectful. Staff were observed interacting with consumers in a kind, caring and respectful manner. Staff were aware of consumers’ cultural and personal backgrounds and preferences and the lifestyle staff said that they conducted activities to acknowledge consumers’ cultural heritage.

Staff were provided guidance documents such as duties lists and position descriptions, policies, and procedures to support their roles. Ongoing competency assessments occurred for specific roles and duties, and when new equipment or processes were implemented. Targeted training was provided in line with consumer needs and preferences.

Consumers and representatives said staff are well trained and care for them well. Staff were recruited using a formal recruitment process including interviews, referee checks and qualification checks. Staff received training on commencement of employment and on an ongoing basis and position descriptions supported appropriate recruitment. Training records showed staff had completed mandatory training.

Staff said they had participated in performance reviews and management were supportive of their ongoing professional development. Policies and procedures explained how the service ensured staff practice, including by the board, was monitored and supported, including undertaking probationary and annual reviews with performance management processes initiated if concerns were identified. Documentation evidenced performance appraisals are planned or have recently been completed.

# Standard 8

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

Findings

Following a previous site audit the service was found non-compliant with Requirements 8(3)(c), 8(3)(d) and Requirement 8(3)(e), evidence within the Site Audit report supports the service has implemented improvements to address the non-compliance and is now compliant with these requirements, having appointed new management positions with responsibility for reviewing the governance systems including reviewing all policies and procedures, migrating storage of policies to an electronic platform to improve access, engaging external human resource consultants to strengthen human resource governance including reviewing all position descriptions, and staff contracts. Additionally, the membership of the board and its structural changes are being considered, to increase its experience and to focus on key areas of risk. Furthermore, risk management and clinical governance frameworks have been developed, endorsed by the board and implemented.

Consumers and representatives said they were encouraged to provide ongoing input into how care and services were delivered, and this was sought in a variety of ways including during regular care plan reviews, consumer meetings, focus groups, surveys, and face-to-face discussions. Feedback and suggestions provided by the consumers and representatives were included in the plan for continuous improvement for review, investigation, and action. Targeted and general consumer surveys were held, and trends or concerns were analysed and also included in the continuous improvement plan.

Consumers and their representatives said they were confident the organisation was well run, and their views helped shape improvements at the service. The governance body used information from consolidated monthly reports to identify the service’s compliance with the Quality Standards, initiate improvement actions to enhance performance, and monitor care and service delivery. The organisation drove improvements using data from internal audits, clinical indicator reports, incidents or near misses, consumer and staff feedback and visits from the Commission. A review of the board’s constitution and strategic plan have been commenced to ensure the sustainability of the service.

Documentation evidenced and staff feedback reflected organisation-wide governance systems are more effective with improvements made to accessing information, through the upcoming, or implementation of, electronic platforms including for care and medication management. Workforce governance has been strengthened through the review of position description to ensure staff are aware of their scope of practice, and their roles and responsibility. Continuous improvement systems have been demonstrated as effective through rectification of previous non-compliance and additional areas of improvement continue to be identified through consumer feedback and monitoring systems.

Effective risk management systems and practices were in place in relation to high impact and high prevalence risks, abuse, neglect and supporting consumers to live their best lives. Risks, including those associated with restrictive practices, were identified, assessed, and reviewed both at an individual consumer level and at an organisational level. All staff understood their responsibilities in relation to incident management and how to support consumers to live their best lives. Management described the ways in which incident trends have influenced service improvement. The introduction of electronic care and medication management systems will provide further improvements in the service’s ability to manage, report and monitor risks.

A clinical governance framework was endorsed by the Board in July 2022, which provided staff with clearer guidance on responsibilities, operational steps and the documentation required to be completed. Staff confirmed they have received training on the new policies and demonstrated knowledge of the policies requirements and their role in implementing them. Documentation confirmed the use of restrictive practices has been reduced, antimicrobial stewardship is undertaken in partnership with external health professionals and open disclosure in practiced when a complaint is made or when things have gone wrong.

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)