

**Performance Report**

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| Name: | Lachlan Lodge |
| Commission ID: | 0328 |
| Address: | 48D Burns Street, HILLSTON, New South Wales, 2675 |
| Activity type: | Site Audit |
| Activity date: | 26 November 2024 to 28 November 2024 |
| Performance report date: | 6 January 2025 |
| Service included in this assessment: | Provider: 1165 Lachlan Lodge Inc  Service: 344 Lachlan Lodge |

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 Lachlan Lodge (**the service**) has been prepared by M.Wyborn, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, older people/representatives and others.

# 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.

Consumers and representatives advised they are satisfied with how the service treats the consumers with dignity and respect, and how the consumers individual identity, culture and their diversity is valued. The service demonstrated that staff were knowledgeable in relation to how they ensure individual consumer dignity, diversity and culture is being respected. The service demonstrated effective care plans that highlight consumer identity, culture and diversity reflective of the individual consumer’s needs.

The service demonstrated that care and services delivered to consumers is culturally safe. Consumers advised of their satisfaction in the ways staff support them to maintain their individual cultural backgrounds and how staff communicate with them effectively. The service demonstrated consumer care planning documentation is reflective of individualised culturally safe information and staff demonstrated an understanding of each consumers cultural preferences.

The service demonstrated each consumer is supported to exercise choice and independence. Consumers advised they can make decisions in regard to how their care needs are delivered, communicate their needs, and make decisions about who is involved in their care. Furthermore, the service demonstrated that consumers are supported to make their own decisions in relation to making connections with others and maintaining relationships of choice. Consumer care plans and staff interviews demonstrate staff knowledge of the individual consumer preferences, and care plans are up to date and reflective of each consumers’ decisions.

The service demonstrated that consumers are supported to engage in risk to enable them to live the best life they can. The service undertakes dignity of risk assessments and risk mitigation strategies are documented in care plans. Consumers advised that the service routinely supports them to live the best life they can and staff support them to do this in a safe manner.

Consumers and representatives advised of their satisfaction that the service provides information that is current, accurate and timely, and is used by consumers to make informed decisions and choices. Consumers and representatives advised that the service regularly provides them with relevant information on events within the service.

The service demonstrated that consumer privacy and personal information is kept confidential. Consumers advised staff knock on their doors before entering to ensure their privacy. Staff advised they keep consumers personnel information confidential ensuring secure password protection and secure storage of documentation. Consumers advised they are satisfied that the service maintains protection of their personal information.

# 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 demonstrated that effective assessment and planning informs delivery of safe and effective care and services, and includes consideration of risks to consumer health and well-being. The service demonstrated a robust screening process and mitigation of risk on entry to the service and staff demonstrated appropriate knowledge in relation to individual consumer health needs.

Consumers and representatives advised of their satisfaction that assessment and planning routinely identifies their current needs, goals and preferences. The service demonstrated that consumer assessment and care planning appropriately includes advanced care planning and end of life care and that consumer care plans are individualised. Staff demonstrated appropriate knowledge of consumer individual needs and preferences.

The service demonstrated that consumer assessment and planning is based on ongoing partnership with the service and others which the consumer wishes to be involved in their care. Consumers advised of their satisfaction that the service routinely facilitates other individuals and service providers to be involved in their assessment, planning and delivery of care including physiotherapists, speech therapists and dieticians.

Consumers and representatives advised they are satisfied with their involvement in the care planning process. Consumer care and service plans are readily available if they wished to have a copy. The service demonstrated the outcomes of assessment and planning are effectively communicated, documented in a care and service plan and accessible to consumers, representatives and staff.

The service demonstrated that consumer care and services are reviewed regularly for effectiveness or when a consumer’s needs change. Staff demonstrated appropriate knowledge on when referrals are required, for example physiotherapist or other allied health professionals after an incident occurs. The service demonstrated up to date care and service plans reflective of individual consumer current needs, preferences and goals.

# 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 demonstrated that consumers receive safe and effective personal and clinical care and that the care consumers receive aligns with best practice guidelines, is tailored to individual consumer needs and optimises their health and wellbeing. Staff demonstrated appropriate knowledge of how individual consumers receive safe and effective care for diabetes, pain management and restrictive practices.

The service demonstrated appropriate management systems for high impact or high prevalence risks associated with each consumer. Staff demonstrated appropriate knowledge of how to best support consumers in this regard and consumer documentation highlighted that high impact and high prevalence risks are managed effectively. Representatives advised of their satisfaction with the consumers management of their care needs in relation to behaviour management.

Consumers and representatives advised they are satisfied with the management of consumer palliative care needs, goals and preferences. Furthermore, the consumer’s end of life care needs are recognised, respected and their dignity maintained in accordance with the consumers wishes. The service demonstrated documentation is reflective of consumers changes in care needs and the service undertakes regular consultation with consumers and representatives.

The service demonstrated consumers who have experienced a deterioration or change in their cognition, mental health or physical function have their needs recognised and responded to in a timely manner. Consumer documentation appropriately reflects the immediate needs for consumers who experience deterioration, as well as responses and strategies implemented to best support each consumer.

The service demonstrated that information about each consumer’s condition, needs and preferences is documented and communicated with staff and with others where responsibility is shared. Consumers and representatives provided positive feedback in relation to the ongoing communication with staff. The service demonstrated an effective referral system where recommendations are followed up and document in a timely manner.

The service demonstrated an effective system to support minimisation of infection-related risks. The service administers relevant infection control policies and staff demonstrated appropriate knowledge of infection control practices and understanding of antimicrobial stewardship. The service has an onsite qualified infection control lead (IPC) and a consumer and staff vaccination program. Consumers advised of their satisfaction related to staff practice to prevent and minimise infections.

# 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 demonstrated that each consumer receives safe and effective service and supports for daily living that meets their needs, goals and preferences and optimises their independence, health, well-being and quality of life. Staff demonstrated appropriate knowledge of the consumer assessment process and the service demonstrated appropriate documentation and support to encourage and ensure consumers daily living needs are met.

Consumers provided positive feedback in relation to how the service supports their daily living needs and how the service promotes each consumer’s emotional, spiritual and psychological well-being. Staff demonstrated that the service has access to internal and external services or organisations to best support individual consumers.

The service demonstrated that services and supports for daily living that are individualised in order to best support consumers. Consumers advised of their satisfaction of how they participate in activities within the service, undertake activities that are of interest to them and engage opportunities to join in with community events.

The service demonstrated that information about individual consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. The service utilises an electronic care management system which is password protected for staff and for external allied health professionals.

The service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services when required. Staff demonstrated appropriate knowledge of the service’s referral management systems and consumer documentation highlighted that consumer referrals are actioned in a timely manner.

The service demonstrated that meals provided are varied and of suitable quality and quantity. The service prepares meals onsite and a dietitian guides the menu and recipes. The service has appropriate systems to ensure that consumer feedback on the quality of food is provided. Consumer care planning documentation appropriately reflect individual consumer dietary requirements and meal preferences. Consumers and representatives advised of their satisfaction with the quantity, quality and variety of meals provided at the service.

The service demonstrated that the equipment to support provision of catering, cleaning, maintenance services and recreational and social activities is safe, suitable, clean and well-maintained. The Assessment Team observed that the equipment used to support lifestyle activities was suitable, clean and well maintained. Laundry, cleaning and catering equipment was clean, in working order and fit for purpose. Consumers advised of their satisfaction that the service ensures any equipment they use is assessed as safe and suitable, and is routinely cleaned and maintained.

# 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.

Consumers advised that the service environment is welcoming and they feel at home at the service. The service environment provides private and communal spaces to cater for consumers’ personal and social needs. Management demonstrated that the service provides focus to ensure the environment is welcoming and easy to understand and supports individual consumer sense of belonging, independence, interaction and function.

Consumers advised that the service is safe, clean and well maintained, and noted that they can move freely within the facility and outdoors. The Assessment Team observed the service environment to be safe, clean, well maintained and comfortable. The service demonstrated effective systems for cleaning and maintenance of the service environment, and for ensuring consumer safety within the environment. The service administers a reactive and a preventative maintenance program and the Assessment Team’s review of maintenance records and service reports demonstrated that reactive maintenance is carried out in a timely manner and preventative maintenance is undertaken according to the schedule. Consumers are aware of how make maintenance requests and advised of their satisfaction that the service takes action and is well maintained. Staff are routinely trained in fire safety, incident management and hazard reporting and health and safety is routinely discussed at staff and consumer meetings.

The Assessment Team observed the furniture, fittings and equipment are safe, clean, well maintained and suitable for consumers. Consumers advised of their satisfaction that the furniture, fittings and equipment are safe, clean, well maintained, and meets their needs. Consumers were observed using equipment such as mobility aids and furniture in communal areas that was clean and well maintained. The service demonstrated that maintenance of furniture, fittings and equipment is included in the organisation’s maintenance program.

# 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.

Consumers and representatives advised that they are encouraged and supported to provide feedback and make complaints. Consumers are aware on how they can provide feedback to the service and advised they feel comfortable raising matters with staff and with management. The service administers relevant policies and procedures related to feedback and complaint handling and administer a complaint handling program. Information about the feedback and complaints processes is provided to consumers and representatives upon commencement with the service. The service also has notices, brochures, and forms for feedback on display and available throughout. A secure feedback box is available at the entrance to the service. The service facilitates regular consumer and representative meetings where participants are encouraged to provide feedback and raise any concerns. Training is delivered to staff in relation to feedback and complaints handling procedures.

The service demonstrated that consumers are provided relevant information about advocacy and language services, and other methods for raising and resolving complaints. Notices and brochures about advocacy services and external complaints mechanisms are on display and available throughout the service. The consumer welcome information pack and consumer handbook provide information about the mechanisms for making comments, suggestions and complaints, and includes information about internal and external complaint mechanisms, and advocacy services. The services feedback form includes the contact details for the chair of the Board and for the Aged Care Quality and Safety Commission.

Consumers and representatives advised that management are responsive to any matters they raise with the service. The organisation administers relevant policies and procedures for managing feedback and complaints, and for open disclosure. Feedback and complaints are recorded along with actions taken in response and the process is overseen and evaluated by senior management. The service demonstrated that staff undertake training related to open disclosure, and that principles of open disclosure are integrated into the organisation’s incident management processes.

The organisation demonstrated a robust and effective continuous improvement system, which includes the use of feedback and complaints to improve the quality of care and services for consumers. The organisation’s plan for continuous improvement demonstrated effective processes to review complaints and incorporate them into the continuous improvement system. This process is overseen by senior management. A summary of complaints are presented to the Board to support management and the service’s drive to improve the quality of care and services for consumers.

# 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 demonstrated that staffing levels and mix of staff are well planned for effective delivery of safe and quality care for consumers. Consumers and representatives advised that staff routinely meet their care needs reflective of consumer preferences.

Consumers and representatives advised that staff are consistently kind and caring, and consumers are treated with respect. They confirmed that consumers’ identity and culture is respected and the Assessment Team observed staff interactions with consumers to be caring and respectful. Management highlighted that the values of the organisation promote kind and caring interactions and respect for each consumer's identity, culture and diversity. Staff demonstrated appropriate knowledge of each consumer and spoke about them in a respectful manner.

The service demonstrated that staff are competent and maintain the qualifications and knowledge to effectively perform their roles. The service ensures that, via their recruitment process, staff are engaged who have the qualifications and knowledge to effectively perform their roles, including registered nursing staff maintaining current registrations. Management demonstrated that all staff are required to complete annual skills competency assessments for hand hygiene, donning and doffing of PPE, and manual handling. Competency is also assessed for any staff who administer medications. Consumers and representatives advised of their satisfaction that staff are meeting the needs of consumers and are satisfied that staff are appropriately trained and competent to deliver the care and services they require.

The service demonstrated that staff are recruited, trained, equipped and supported to effectively deliver safe and quality care and services. Recruitment is managed by the director of care and services in line with the organisation’s recruitment and workforce management policies and procedures. The service administers an orientation program, which includes mandatory training, competency assessment, and induction on site. The service facilitates buddy shifts to support new staff when they first commence employment.

The organisation undertakes an ongoing education program, which includes annual mandatory training on essential topics, online training modules, responsive training to address identified needs, training provided by external providers and suppliers, toolbox talks, and access to external education and training resources. The service administers an effective training calendar, records of attendance are maintained and monitored by management, and the training records demonstrated that staff are completing training as planned. Consumers and representatives advised that staff know what they are doing, and highlighted their satisfaction with the care they receive.

Management demonstrated a system for regular monitor and review of staff performance, including a formal process for performance review that is planned annually. Management also demonstrated that staff performance is monitored through observations, supervision and feedback from consumers, representatives and staff. The organisation maintains appropriate oversight of other data including investigation of incidents, review of clinical data, training records and staff meetings to ensure robust assessment and review of staff performance.

# 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.

Consumers and representatives advised that the service is well run and highlighted that they feel comfortable making comments, suggestions and complaints. Consumers advised that management is responsive when concerns are raised. The organisation demonstrated that management and staff encourage and support consumers and representatives to participate in the development, delivery and evaluation of care and services via regular consumer and representative meetings, food focus groups, consumer experience surveys and the establishment of a consumer advisory body.

The organisation demonstrated that the Board of Directors promote a culture of safe, inclusive and quality care and services. The Board's commitment to a culture of safe, inclusive and quality care is captured in the organisation's vision, mission, and philosophy and reflected in the organisation's policies and procedures, orientation program, and mandatory training for staff. The Board demonstrated accountability of ensuring the Quality Standards are being met within the service through regular reports from the director of care and services. These involve collection and analysis of relevant data including key performance indicators, clinical data, feedback/complaints, incidents, high-impact/high-prevalence risks, recruitment, staffing/rostering, continuous improvements, quality indicators, surveys and education.

The organisation demonstrated effective organisational governance systems for information management; continuous improvement; financial governance; workforce governance; regulatory compliance; and feedback and complaints. The service administers information systems to provide stakeholders with the information they need and consumers routinely receive information about the care and services they receive. Management and staff utilise the organisation’s electronic clinical documentation system, handover discussions at each shift, daily huddles, messaging systems, and the education/training program. Robust reporting mechanisms are established for staff and management, and there is a program of regular meetings for consumers, representatives, staff, and management. Feedback mechanisms are established for all stakeholders and policies and procedures are available to staff. The organisation’s continuous improvement system effectively identifies opportunities for improvement through input from consumer feedback, complaints, surveys, staff suggestions, review of clinical indicators, incidents, meetings, organisational initiatives, and external reviews. The Board and management routinely monitor aged care regulations and legislation, and changes are identified through information from the industry peak body and government departments. The organisation demonstrated appropriate and timely implementation of new policies and procedures in line with current legislation. The organisation demonstrated that relevant communication and training is provided to staff in relation to changes in legislative requirements.

The organisation demonstrated an effective risk management framework which underpins its risk management strategies, sets out responsibilities, reporting mechanisms, and includes relevant policies and procedures. The risk management system is monitored by senior management through clinical assessment review, daily review and ongoing monitoring, collection and analysis of clinical data. The service administers a policy and procedures for risk management and high impact and high prevalence risks are identified through individual consumer assessments, review of incidents and analysis of clinical data. The service maintains a clinical risk register, which records the clinical risks for each consumer, and these risks are reviewed by senior management and reported regularly to the Board. The organisation administers relevant policies and procedures related to identifying and responding to elder abuse and neglect, as well as for incident management which includes mandatory reporting and serious incident response scheme (SIRS). Training in relation to SIRS is mandatory for all staff. The organisation administers a policy on dignity and choice which includes dignity of risk and supporting consumers to live the best life they can. The service uses a risk consultation process to assess the risk and discuss with the consumer how they can best be supported. The process includes a dignity of risk form, and consumers and representatives advised they are routinely supported in their choices.

The organisation administers an incident management policy and procedures, which include roles and responsibilities, and management of reportable incidents. Staff are trained in incident management procedures. Incidents are managed through effective reporting, escalation and review processes.

The organisation demonstrated an effective clinical governance framework which includes policies and procedures, responsibilities, planning, monitoring and improvement mechanisms that are implemented to support safe and quality clinical care. Clinical care is managed and monitored by senior management and the organisation administers relevant reporting mechanisms and processes for collection and reporting of data relating to clinical indicators, incidents, complaints, and surveys. The clinical governance framework includes an antimicrobial stewardship policy. Infections are monitored, and antimicrobial stewardship is routinely discussed at medication advisory committee meetings. The organisation demonstrate that staff have undertaken education and training in antimicrobial stewardship and staff demonstrated appropriate knowledge in how they minimise the use of antibiotics. The organisation demonstrated an appropriate policy and procedures relating to the use of restrictive practices, as well as a policy for incident management which includes the process for open disclosure. The organisation demonstrated that staff have undertaken relevant training in minimising the use of restrictive practices and applying the principles of open disclosure. The service maintains a register of psychotropic medications, which includes records of authorisations and consent for the use of these medications. The service maintains a restrictive practice register and restrictive practice documentation highlighted that restrictive practices are used in accordance with the organisation’s policy and legislative requirements, and that management provide focus on minimising the use of restrictive practices.

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)