Performance

Report

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| Name of service: | Lexington Gardens |
| Service address: | 18 Villa Road SPRINGVALE VIC 3171 |
| Commission ID: | 3640 |
| Approved provider: | Allity Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 27 September 2022 to 30 September 2022 |
| Performance report date: | 28 October 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 Lexington Gardens (**the service**) has been prepared by L Glass, 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.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

The service demonstrated it supported consumers to live the life they choose, is inclusive and was respectful of consumer choice, independence and privacy in relation to daily living. It demonstrated it had knowledge of consumers’ life history and cultural identity and documented this in care files along with the consumer wishes and individual choices and values for delivery of their care.

Consumers were shown dignity and respect by staff in delivery of care. Care plans sampled were respectfully written, individualised and reflected what was important to the consumer including their values and goals. Care plans were prepared in alignment with organisational procedures.

Staff described consumer preferences and choices in the delivery of care. Staff treated consumers with dignity and respect at all times. The employee handbook reinforced a culture of respect, integrity accountability and team work. This was reflected in staff interactions with consumers and each other.

The service had a mixed cohort of consumers coming from various cultures and backgrounds. A cultural diversity and safety policy promoted a culture of equality and non-discrimination, racial and religious freedom and acknowledgement of the right of all people to be treated with dignity and respect. This also aligned with the organisation’s strategy relating to diversity.

All consumers interviewed said they were satisfied the service supported their choices and preferences. They had the freedom of choice to do the things they enjoyed and maintained their relationships with family and friends

Where there was a potential risk identified the Choice and dignity of risk policy was followed and all consumer preferences were to be respected and consumers were supported to make decisions about their own care needs. All consumers sampled were satisfied the service supported them to do the things they wanted to do. Dignity of risk forms were completed where there was a risk identified and discussions were undertaken to mitigate and understand risks.

Communication with consumers and their representatives occurred regularly via the resident/representative meeting, newsletters and memos. Information is displayed on noticeboards around the service. Sight impaired consumers were provided with large print information. Staff who had undergone AUSLAN training communicated changes to the hearing-impaired consumers. On entering, the service determines the best way to communicate with each consumer based on what both the consumer and their family members advise. This is then practiced and can be as simple as using cue cards.

Consumers were kept informed of changes to menus, activities, and personal care. They felt informed via staff directly speaking with them about daily changes happening in the service. The staff were observed communicating current information to consumers and consumers had copies of the menu, activities, and newsletters in their rooms.

Consumers privacy was respected, and all their personal information was kept confidential. Staff followed the organisation’s Privacy policy and information was protected via physical, electronic and administrative safeguards to ensure information was protected from loss, misuse, alteration, theft, unauthorized access, or unauthorized disclosure. Discussions about consumers and handover meetings were conducted in the nurse’s station, or areas where consumers did not have access such as the staff room.

# 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

Consumers were satisfied the assessment and care planning processes informed safe and effective care. Care planning documentation included relevant assessment and risk identification, such as mobility, falls, pain, pressure injuries, respiratory distress and specialised care needs. Staff demonstrated knowledge of consumers’ risks and described strategies to ensure safe and effective care.

Care planning documentation reflected consumers’ current goals, wishes, needs and preferences and included documentation about advance care planning. Consumers said care and services were planned around what is important to them. Clinical staff work with consumers and/or their representatives to complete the consumer’s advance care plan. The understanding by staff of consumers’ needs, goals and preferences is consistent with care planning documentation.

Consumers described their participation and that of others with whom they wished to involve in assessments, planning and review of their care. Staff and management, consumers, representatives, other health professionals and external health services collaborated to contribute to care planning. File review reflected the involvement of the consumers and/or representatives in assessment, planning and review. Consumers and/or representatives confirmed regular involvement in care planning.

Care planning documentation reflected the communication of relevant information to the consumer and/or representative. Staff had electronic access to consumers’ care plans and demonstrated the use of handover sheets to inform care delivery. Care planning documents demonstrated care and services were reviewed regularly for effectiveness and when circumstances change or when incidents impact on the needs, goals and preferences of the consumer. Consumers said staff updated care plans and informed their nominated representative if changes were required to care. Staff described the monitoring and review process following incidents or changes in consumers’ care.

# 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

Consumers and/or representatives reported consumers received the care they needed to optimise health and well-being. Documentation reviewed demonstrated consumer care delivery was individualised safe, effective and tailored to the specific consumer needs, goals and preferences. Clinical staff demonstrated the knowledge and skills to deliver individualised personal and clinical care for the sampled consumers.

The service demonstrated psychotropic medication was reviewed regularly and utilised as a last resort, once the non-pharmacological strategies were exhausted. Consumers with changed behaviours were referred to external organisations and specialists, such as a psychologist, social worker, geriatrician, Dementia Support Australia and the Aged Person’s Mental Health Team (APMHT). The consumer and/or substitute decision maker were informed of the potential risks and expected benefits associated with the psychotropic treatment and have given informed consent. The service demonstrated behaviour support plans were in place for consumers with altered behaviours and illustrated general contributing factors were identified and behaviour support strategies were in place. Staff were observed effectively utilising non-pharmacological strategies to support two consumers’ changed behaviours.

Skin care, wound management and pain management were delivered in line with best practice. Staff were able to discuss and explain in detail the clinical care needs for the sampled consumers. Pressure relieving aids were applied and set in the correct parameters (air-mattresses and pressure relieving cushions). Consumers were pain free and comfortable.

The service has a psychotropic self-assessment record and a range of clinical policies and procedures to guide staff practice in relation to wound management, pain management, skin integrity and restrictive practices.

High impact or high prevalence risks associated with the care of consumers were identified through assessment processes and management strategies were documented in care plans. Care files demonstrated appropriate assessment and management of risks, including behaviours of concern, falls, weight loss, dysphagia and diabetes. Staff demonstrated awareness of the high impact or high prevalence risks for consumers sampled and described strategies to mitigate the risks. Consumers and/or representatives said staff provided care that is safe and right for them.

The needs and preferences of consumers in palliative care were met while providing comfort care with dignity and respect. One consumer in palliative care expressed satisfaction with how the service responds to their declining needs, taking into consideration their choices and preferences. Staff described the palliative care pathway and the resources available to support consumers nearing the end of life.

Changes in a consumer’s capacity or condition was recognised and responded to in a timely manner. Care planning documentation and progress notes reflected the identification of, and response to, deterioration or changes in consumers’ condition. Consumers and/or representatives said the service recognises and responded to changes in condition in a suitable and timely manner. Deterioration was identified and triggered a medical officer review, hospital transfer if needed and a subsequent review of care planning documentation. Clinical staff were able to describe a range of signs related to deterioration, including changes in mobility, appetite, disinterest in activities, and changes in mood and behaviours.

Information about consumers’ condition, needs and preferences was documented in care plans, handover sheets and progress notes and was communicated within the service. Information was shared with external services and health professionals involved in care, as required. Staff confirmed they received up to date information about consumers at handover meetings. Consumers said they do not have to repeat their needs, goals and preferences as staff were ‘always aware’. Clinical staff were observed communicating consumer information in a thorough and discreet manner.

Allied health staff confirmed they received information about changes or updates about consumers through the service’s referral process, progress notes, verbal communication and incident reports. Consumers were satisfied with the access and referral to medical officers, allied health professionals and mentioned other external specialist services were available when required. Care planning documents reflected timely and appropriate referrals to individual health professionals, organisations and providers of other care and services. External health professionals were observed reviewing consumers.

The service demonstrated preparedness in the event of an infectious outbreak, including for a COVID-19 outbreak, and demonstrated best practice antimicrobial administration practices. Consumers were satisfied with the service’s management of COVID-19 precautions and other infection prevention and control (IPC) practices. The service has appointed IPC leads, who have completed the related competency training. Management had secured stock and quick access to antivirals, if required. The service promoted the benefits of vaccination to staff and consumers. COVID-19 vaccination records for both consumers and staff are available. The service has documented policies and procedures to support the minimisation of infection related risks through the implementation of IPC principles and the promotion of antimicrobial stewardship.

# 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

Consumers were supported to be independent and were encouraged to do the things they wanted to do. The lifestyle program was developed by taking into consideration the assessments conducted on the consumer’s upon entry to the service. A personal history of interests, likes and dislikes were noted in the care plan of each consumer. The care plans were reviewed after annual consumer surveys that included questions on consumer activity preferences and feedback about activities enjoyed informing pursuits and support for individuals’ interests. Progress notes were reflective of this process. An activity calendar is produced weekly based on feedback from consumers. Consumer’s suggestions were taken into consideration and planned for after clinical care staff and the physiotherapist were consulted, and where necessary a dignity of risk form was completed prior to an activity.

All activities must meet the organisation’s requirement to include cognitive, emotional, independence sensory and physical elements. Cultural celebrations were also incorporated into the calendar. When there was a cultural celebration coming up lifestyle will work with the kitchen to ensure that the celebration met the cultural needs of consumers.

The lifestyle calendar was sent out to consumers weekly with the newsletter. Reminders to attend were called out over the PA system and lifestyle staff visit consumer rooms to encourage them to attend. Their choice not to attend was always respected. A range of activities were observed involving consumers from across the service.

The service demonstrated that it had systems and processes for communicating information about consumers’ conditions, needs and preferences within the organisation and with others where responsibility for care is shared. The service had processes for internal communication including manager/staff meetings, handover meetings, care plans, and progress notes and this was reflected in documentation sighted. Interviews with management, care, kitchen, and lifestyle staff demonstrated a shared knowledge of individual consumer likes and dislikes, their needs and preferences. Community groups support the service. Where a need is identified, a consumer was referred for additional support for example to social workers, the NDIS, Dementia Support Australia, Vision Australia and Deaf Australia.

Consumers were happy with the quality, meal size and variety and if they were not happy with the meal, they were able to have something else. The chef speaks directly with the residents to ensure that they are happy with the food.

Consumers were observed using a variety of equipment throughout the service that was clean and in good repair. Staff reported having access to the equipment they need to support consumer participation and independence. Equipment was clean and issues were reported.

Lifestyle and kitchen staff had access to the equipment needed to provide services to consumers and explained the maintenance request process. Staff confirmed that if equipment failed maintenance were quick to respond however they had back up plans.

# 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

The service was welcoming and provided comfortably furnished communal areas that optimised consumer interaction and engagement and had single bedrooms with an ensuite. Management demonstrated a range of mechanisms consumers can use to provide feedback about the service. Consumers said they felt welcome and comfortable at the service and were encouraged to personalise their rooms. Consumers and visitors were observed using communal areas and moving independently around the service.

Consumers and/or their representatives reported the environment was comfortable, and well maintained. The maintenance staff demonstrated the service’s preventative and reactive systems and schedules ensured the service was safe, and well maintained. Consumers freely access internal and external areas in the service, and the living environment was generally suitable for use. Preventative and essential services maintenance was scheduled, and documents viewed confirmed regular preventative maintenance occurs with oversight of the organisation. Reactive maintenance was documented in logs, timely resolution occurred, and maintenance staff sign off when issues were resolved.

Consumers and representatives expressed satisfaction with the furniture and equipment used consider it suitable for their needs. Furniture, fittings and equipment were safe and clean. The equipment in use was in good working order.

# 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 were aware of the processes available to give feedback and make complaints and generally gave verbal feedback at consumer meetings or spoke to staff.

If a consumer or representative raised a concern or complaint, staff addressed the issues raised if able to do so and referred the issue to management to action if the matter could not be resolved immediately. Feedback forms and boxes were available around the service. The staff handbook and consumer handbook also referred to complaint and feedback processes.

The ‘feedback and complaints register’ and continuous improvement plan reflected a range of concerns relating to cleaning raised by consumers and/or representatives. These were noted in the continuous improvement plan and the service was in the process of changing the cleaning service from a contracted to an in-house service.

The service had processes in place that supported consumers to access advocacy and language services if required. Brochures and posters were on noticeboards around the service relating to advocacy and interpreter services in different languages and advocacy services were accessed on behalf of consumers whenever necessary or at a consumer's request and information is provided about the feedback and complaints process, access to interpreters and advocates when a consumer enters the service. Staff and consumers confirmed they were aware of the services available. The Resident Handbook explained the complaints process and welcomes feedback from consumers.

Consumers were satisfied actions had been taken to resolve their respective issues. Staff apologised when something went wrong and addressed consumer concern or passed it on to the facility manager who consumers found very responsive and approachable. Open disclosure principles are used in handling feedback and complaints. The feedback register demonstrated that all feedback and complaints were managed in line with the organisation’s policies and procedures. Open disclosure process is embedded in the services risk management system.

Consumers were informed about what was being done in response to complaints made. Management engaged directly with consumers to ensure outcomes were acceptable. Examples provided of how consumer feedback had led to improvements for the consumers.

The plan for continuous improvement and complaints documentation reviewed identified prompt action was taken by management and demonstrated how services were improved.

# 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

The workforce was planned to ensure the correct skill mix and number of staff in various roles to enable the delivery of safe and effective quality care and services. Consumers and representatives expressed satisfaction with staffing numbers, confirming call bells were generally answered promptly. Staff were observed responding to call bells in a timely manner. Staff were allocated needs required and where possible staff were allocated to a dedicated neighbourhood to ensure continuity of care.

Consumers and/or their representatives were satisfied staff were kind, caring and gentle when providing care. This evidence aligned with observations of positive and respectful interactions between staff and consumers. Staff were knowledgeable and respectful of consumer backgrounds and cultural preferences.

The service demonstrated the workforce was competent and members of the workforce have the qualifications and skills to effectively perform their roles. Staff are required to complete role based annual mandatory refresher training. Consumers and or their representatives expressed their satisfaction with staff knowledge and there is an onboarding process, including orientation and buddy shifts.

Consumers and/or their representatives were satisfied staff were trained and supported to provide quality care and services to meet their needs. Staff expressed satisfaction with the training provided and were able to access additional training where required. The service’s training records demonstrated that all active staff were up to date with their mandatory training.

The service had policies and procedures in relation to staff performance and disciplinary matters. The service had formal and informal processes for monitoring and reviewing the performance of each member of the workforce. This process included day to day monitoring and a formal documented performance appraisal. Staff confirmed they have had their performance appraisal for 2022 and were able to request topics of interest for their development, such as palliative care and dementia training.

# Standard 8

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

Findings

Consumers and/or their representatives felt safe at the service and lived in an inclusive environment with the provision of quality care and services. The organisation had a suite of policies, procedures and work instructions that supported and guided management and staff to provide a safe and inclusive culture for consumers and stakeholders.

The organisation’s governing body promoted a culture of safe, inclusive and quality care and services and its involvement in this delivery and communicated effectively through a range of forums. The culture was informed by an Organisational and Clinical Governance Framework.

The service demonstrated effective governance systems in relation to information management, continuous improvement, financial and workforce governance and regulatory compliance. Staff confirmed they could readily access the information they need to perform their roles which includes care plans, incident management system, training, policies and procedures via online portal which is password protected. Opportunities for continuous improvement were identified through results from surveys and audits, data and trend analysis, feedback from consumers and other stakeholders individually or through meeting forums and incident reporting and actions taken. These were also evaluated. The Board oversees and approved all of the expenditures. The organisation had policies and procedures relating to workforce planning, staff recruitment and screening, orientation and mandatory training, performance monitoring and staff retention. Regulatory compliance was managed centrally by the executive team who received updates to legislation changes. Changes or updates to policies and procedures at the service were communicated via staff meetings, emails, and newsletters and policies and procedures sighted reflected the relevant legislative requirements. The service had a feedback and complaints management system in place that informed the continuous improvement plan and actions then improved the service and care provided to consumers.

The service had risk management systems implemented to monitor and assess high impact or high prevalence risks associated with the care of consumers. Risks were reported, escalated and reviewed by management at the service level and organisation level. Feedback was communicated through service and organisation meetings leading to improvements to care and services for consumers. High impact and high prevalence risks were proactively identified, monitored and reviewed. Risk areas were identified and addressed in policies and procedures such as an ‘incident management and reporting procedure’. Roles and obligations in relation to mandatory reporting were understood and documentation confirmed incidents were actioned and recorded as per legislative requirements. Staff described, and training records demonstrate, that identifying and responding to elder abuse forms part of their on-line training module.

The service demonstrated it has a documented clinical governance framework that provides overarching monitoring and guidance for clinical care. The framework addresses antimicrobial stewardship, open disclosure and minimising the use of restrictive practices. The organisation has an antimicrobial stewardship policy to guide staff

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)