Performance

Report

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| Name: | Lorocco |
| Commission ID: | 5394 |
| Address: | 40 Scrub Road, CARINDALE, Queensland, 4152 |
| Activity type: | Site Audit |
| Activity date: | 9 September 2024 to 11 September 2024 |
| Performance report date: | 11 October 2024 |
| Service included in this assessment: | Provider: 1746 Queensland Rehabilitation Services Pty Ltd  Service: 5450 Lorocco |

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 Lorocco (**the service**) has been prepared by J. Bayldon, 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, 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

Consumers and representatives interviewed said staff are always treating consumers in a respectful manner while providing care and services. Care documentation reflected the identity, culture and diversity of consumers. Management and staff spoke respectfully about consumers and were able to provide examples of how they ensure each consumer’s dignity is respected.

Consumers said the service understands their cultural needs and preferences, and the service is delivered in a way makes them feel safe and respected. Consumer care documentation detailed how the service utilises the intake form to capture each consumer’s specific cultural background and preferences such as country of birth, language preference, religion and special requirements on admission.

Consumers are supported to make their own choices in various areas of daily life, such as who is to be involved in making decision of care and services, the time and frequency of receiving personal care, meal choices and options to attend activities that are of interest to them. Management and staff described how consumers are supported to make informed decisions and how services are provided in accordance with the consumers’ preferences.

Staff could demonstrate the steps they take to support consumers to live a life of their choosing. Management said if they believed a consumer was taking a risk, the service supports the consumer, and this would be discussed with the consumer and their nominated representative to ensure the safety and wellbeing of the consumer.

Consumers said they regularly receive information from the service, including but not limited to operational updates from the service, menus, activity calendars and newsletters on a regular basis. Representatives said they receive timely updates in relation to their loved ones’ care and health conditions via verbal communication, phone calls and emails.

All consumers and representatives interviewed said management and staff respect their privacy when delivering care and services. Management described how privacy is managed when consumer information is being shared with other parties involved in the delivery of care and services such as hard copy files are destroyed after being used or stored in a secured place.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 1 Consumer dignity and choice at the time of the performance report decision.

# Standard 2

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

Findings

The service was able to provide examples through care documentation of consumers where strategies to provide care and service had been developed following the assessment and planning process. The service was able to demonstrate how risk assessments are conducted to identify health and well-being risks to consumers, including falls, medication, continence and skin integrity on admission. Management described care plans are created within 24 hours on admission and tailored to each consumer’s individual needs, goals, and preferences.

Consumers and representatives said the service identifies and addresses consumer’s current needs, goals and preferences and advanced care planning is discussed upon admission to the service. Staff said they understand what is important to consumers through regular conversation, interactions with consumers and representatives and care plan reviews. Management said advanced care planning is discussed in line with the consumer’s preferences on admission and throughout the reassessment process based on the consumer’s wishes. The Assessment team evidenced care documentation includes information about their current needs, goals and preferences, including information relating to their end of life (EOL) wishes.

Consumers and representatives said the service prioritises the involvement of the consumer and other relevant individuals in the planning and delivery of care and services. Clinical staff described how other organisations and providers of care were involved in consumers’ care, such as dementia support services, geriatricians, podiatrists, speech pathologists, physiotherapists, and dietitians. Management explained how the assessment process works in partnership with other organisations and individuals in assessment and care planning and communicates regularly regarding the changing needs of consumers.

Consumers and representatives expressed they either have access to copies of their care plans or not wanting a copy because they are satisfied with the service's regular updates on the consumers’ condition. Care documentation such as progress notes reviewed evidenced the service updates consumers and representatives on care outcomes in-person, over the telephone or through emails.

A review of care documentation evidenced reviews are occurring on a regular basis or when circumstances change, such as in response to health deterioration or incidents including falls. Management and clinical staff said care plans are reviewed at least every 4 months as part of the review schedule.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 2 Ongoing assessment and planning with consumers at the time of the performance report decision.

# 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

Staff had a good knowledge of consumers’ needs, goals and preferences and could describe how the service ensures care is best practice and tailored to the consumer’s needs. Management said consumers subject to restrictive practices are reviewed regularly by clinical staff and MO. Sampled consumers subject to restrictive practice have current consent forms and behaviour support plans (BSP) identifying the reason for the use of the restrictive practice, the risks identified, and the alternative strategies trialled first prior to the use of restrictive practice. The service has policies, procedures and assessment tools to guide staff practice in delivering personal and clinical care.

Consumers and representatives said they felt the service is adequately managing risks to consumers' health. Management said, and clinical indicator data evidenced falls is the highest impact and high prevalence risk at the service. Care documentation evidenced falls prevention plans and monitoring and review by MOs for consumers at risk of falls. The Assessment Team reviewed the meeting minutes of clinical meetings and evidenced clinical risks and incidents were discussed on an individual consumer basis.

Consumers/representatives expressed satisfaction with how the service provided care for consumers during EOL. Care documentation included an advance care plan, discussion and collaboration with representatives regarding palliative care and comfort care measures in place. Staff were able to describe how they approach conversations around EOL, and how they provide palliative care and maximise the comfort of consumers.

Consumers and representatives interviewed said the service is responsive to consumers’ care needs and would inform them of any deterioration to consumers’ health, along with planned management strategies. Care documentation and progress notes reflected the identification of, and in response to, deterioration or changes in condition. Staff described how they identify any change in consumer health status as staff work with consumers closely and any changes in appetite, mobility, continence or overall behaviour will be reported to management for further assessment and appropriate action.

Consumers and representatives said consumer's preferences and care needs were communicated effectively with them, between staff, and with external providers involved in their care. Management, clinical and care staff were able to describe how information is shared when changes occur through handover and staff meetings, and how changes are documented in progress notes. The Assessment Team observed staff handover with changes in consumers’ condition, upcoming tasks and referrals for consumers were discussed.

Clinical staff and management described how referrals are made to other providers of care and services such as dietitians, speech pathologists and the palliative care team who review consumers upon referral. Care documentation and progress notes evidenced the involvement of MOs, allied health professionals and specialists where needed.

The service has documented policies and procedures to support the minimisation of infection related risks, including a COVID-19 outbreak management plan. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. The IPC lead described their role in spot checking staff’s practice, educating staff on IPC procedures such as hand hygiene and personal protective equipment, and conducting IPC audits. Management said antibiotics are typically commenced following a confirmed pathology result to ensure its appropriateness and said antiviral medication was available to consumers if needed.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 3 Personal and clinical care at the time of the performance report decision.

# 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 and representatives described how consumers were supported to participate in activities they enjoy, and this aligns with their interests. Lifestyle staff said the lifestyle calendar is tailored to the interests of consumers through monthly consumer meetings, surveys, and verbal feedback from consumers. Consumers care documentation was individualised and outlined consumers’ preferences, interests, likes, and dislikes.

Consumers are satisfied their emotional, spiritual, and psychological well-being are promoted through services and interaction with staff. Lifestyle staff described how they promote consumers’ emotional and psychological wellbeing by providing customised one on one interaction. Care documentation included information on consumers' emotional, spiritual and psychological well-being needs, goals and preferences.

Consumers said they were supported to participate in the community within and outside the service environment, keep in touch with people they choose, and do things that are of interest to them. Lifestyle staff said the service’s activity schedules focus on engaging consumers as a community and encourage them to experience activities throughout the service. Lifestyle staff said they engage with external organisations to provide and support lifestyle activities for consumers. The Assessment Team reviewed the monthly activities calendars which evidenced a variety of activities, including bus trips, bingo, arts and craft, physical exercises and religious services.

All consumers interviewed said they were satisfied with how their condition, needs and preferences were communicated within the organisation. Staff described ways in which information is shared between individuals involved in a consumer’s care and how timely updates are given following changes to a consumer’s condition, needs or preferences. Care documentation for consumers evidenced information to support effective and safe care for consumers, as it related to services and supports for daily living.

Consumers said they are supported by providers of other care and services and referred to individuals and other organisations when needed. Care documentation identified referrals to other organisations and services such as volunteers, language service and other community services.

Consumers at the service with dietary needs said their needs were accommodated and all staff were knowledgeable regarding their needs. Kitchen staff said they conduct temperature checks before the meals are transferred from the main kitchen to serveries and second temperature checks conducted prior to plating for consumers. A review of the menu evidenced options available for main meals each day and additional snacks and drinks were available between meals, and alternative meals were available for consumers if they did not like what was served during mealtimes.

Consumers said they had access to equipment, including mobility aids and shower chairs, to assist them with their daily living activities. Staff described how equipment is maintained, kept safe and cleaned. The Assessment Team observed personal mobility aids were cleaned and well maintained.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 4 Services and supports for daily living at the time of the performance report decision.

# 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 Assessment Team observed the home environment to be welcoming and easy to navigate. Consumers’ rooms were identified with a name plate and were decorated with personal items, photos and ornaments.

Staff described their cleaning schedule, and the Assessment Team evidenced this on an electronic device. The service has a maintenance officer on site and utilises a roving maintenance officer to cover any leave. Maintenance has an emergency management plan and a reactive and preventative maintenance schedule which is overseen by management. The Assessment Team observed consumers participating in activities and consumer in the MSU walking with a 4-wheel walker around the courtyard of the MSU.

Consumers and representatives said the furniture, fittings and equipment assists them to be independent and they are kept clean and well maintained. The Assessment Team reviewed records that demonstrated reactive maintenance items are regularly completed within 1 – 3 days and the service has an electronic preventative maintenance schedule which is developed and monitored by management.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 5 Organisation’s service environment at the time of the performance report decision.

# Standard 6

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

Findings

Consumers and representatives said they are comfortable speaking directly with management or sending an email relating to feedback or complaints, completing a feedback and complaints form available at the service, and attending consumer/representative meetings. Staff could describe the processes available to consumers if they wished to provide feedback or raise a complaint including assisting the consumer to complete a feedback and complaints form.

Consumers and representatives said they are aware of external advocate organisations and language services available to assist in making complaints. Staff provided a shared understanding of the external services available and how they would support the consumer/representative and management described how advocacy and language services were promoted within the service. The Assessment Team observed posters displayed on the service’s information stand promoting The Commission, Older Person’s Advocacy Network (OPAN), Aged and Disability Advocates (ADA) and Queensland Community Care Network (QCCN) and translation services.

Consumers/representatives were able to provide examples of the service acknowledging, responding, and providing an apology. Management and staff demonstrated a shared understanding of the process when feedback or a complaint is received and when an open disclosure process is to be applied. The Assessment Team reviewed the complaints management system which details actions taken in response to addressing or resolving complaints along with the complaints and open disclosure policy which outlines the requirement for open disclosure.

Consumers provided examples of where the service has actioned feedback. Staff said feedback and complaints are discussed during staff meetings and handover to provide staff the opportunity to contribute to improvements and be part of the solution. The service’s plan for continuous improvement (PCI) and complaints register demonstrated the continuous improvement actions undertaken by the service as a result of feedback or complaints.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 6 Feedback and complaints at the time of the performance report decision.

# 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 considered there are enough staff at the service to meet their needs. Staff said there are adequate staff to provide care and services in accordance with consumers’ needs and preferences and they generally have enough time to undertake their allocated tasks and responsibilities. Management has contingency plans in place to replace staff when required and rosters are reviewed on a regular basis to ensure staff allocations are adequately meeting changing consumer needs and preferences. The Assessment Team observed staff responding to call bells and attending to consumers in a timely manner with consumers observed to have call bells within their reach.

Consumers and representatives provided feedback that staff engage with them in a respectful, kind, and caring manner, and are gentle when providing care. Management said the service monitors staff interactions with consumers and representatives through observations, and formal and informal feedback and complaints mechanisms. The Assessment Team observed staff interacting kindly and respectfully with consumers and representatives during the Site Audit.

Consumers and representatives said staff perform their duties effectively, and they are confident that staff are suitably skilled to meet consumers’ care needs. Management was able to describe the processes that are in place to ensure staff are competent and capable in their role, including qualifications of staff, position descriptions, skill assessments, orientation, and onboarding. Staff said they regularly complete online training modules, including mandatory modules required during orientation in addition to the service delivering and facilitating in person training when a skill deficiency has been identified. Staff described satisfaction with the support the service provides to them in learning new skills.

Staff described the orientation and onboarding process which includes mandatory training, competency assessments, role specific training, training on the Quality Standards and buddy shifts. A review of training records identifies staff have completed mandatory training including, but not limited to, the Serious Incident Response Scheme (SIRS), infection control, manual handling, minimising restrictive practices and fire safety.

Staff said the service has probationary and ongoing performance review systems in place, with staff indicating they have been involved in a performance appraisal since commencing with the service, and within the last 12 months. A review of the performance review and orientation register confirmed 67% of staff had engaged in a performance review within the last 12 months except for a small number of staff on leave and 15 performance reviews scheduled within the next 30 days.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 7 Human resources at the time of the performance report decision.

# Standard 8

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

Findings

Consumers and representatives said they considered the service is well run and they can provide feedback and suggestions to management through various mechanisms. The service conducts monthly consumer and representative meetings, regular surveys, and provides feedback forms to encourage consumers in providing feedback. Management provided examples of recent changes at a service and organisational level which involved the input of consumers and representative’s feedback.

Management described the various ways in which the organisation communicates with consumers, representatives, and staff regarding updates on policies, procedures, or changes to legislation. The Assessment Team reviewed the organisation’s policies which identified the leadership structure which outlines the roles and responsibilities of the Board, governance committees, service management, and quality management processes.

The service had effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback, and complaints. For example:

* Interviews with consumers and representatives demonstrated they are provided with information through consumer and representative meetings, email correspondence, case conferences, and can request to receive information about their care and services. Staff said important information including changes to consumer care needs and preferences, and to organisational and service level processes, is communicated to them via shift handovers, regular meetings and email correspondence from management.
* The service has a plan for continuous improvement (PCI) that determines the overarching direction of the service and tracks progress against timeframes. The Assessment Team reviewed the service’s PCI which identifies the planned and completed improvement actions in relation to various areas of care and service delivery.
* Management said they are responsible for managing the day-to-day budget for the service, and additional expenditure more than the budget or changes to the budget are referred to the financial controller for approval. Management said the organisation has been responsive to requests for budgetary changes to support the needs of consumers.
* The service has a workforce governance framework in place to ensure staff are skilled and qualified to provide safe, respectful, and quality care and services to consumers.
* Management said changes to legislative requirements are monitored and brought to the organisation’s attention through correspondence received from the industry associations and regulatory bodies, such as the Commission.
* The service demonstrated systems are in place to encourage the provision of consumer feedback and complaints and ensure appropriate and proportionate action is taken. There was evidence of open disclosure within staff practices and the Assessment Team observed the pathway capturing consumer feedback and complaints and how this positively contributes to improvement initiatives and outcomes.

Staff demonstrated an understanding of consumers with high impact or high prevalence risks and demonstrated how they implement the service’s policies in alignment with best practice. The service has policies and procedures in relation to incident reporting which capture types of incidents to report under SIRS and reporting timeframes. Management and staff were able to describe, and review of the incident management system and reportable incidents register demonstrated, how incidents are managed through the electronic incident management system (IMS) and how the service identifies, responds and reports incidents, including serious incident reporting through the SIRS.

Clinical management and staff demonstrated an understanding of the clinical governance framework and provided practical examples of how antimicrobial stewardship, minimising the use of restraint and open disclosure was implemented on a day-to-day basis. Staff demonstrated an understanding of how they practice open disclosure, including being open, transparent, and apologising when things go wrong. A review of mandatory training documentation demonstrated staff had completed training on the Quality Standards, infection control processes (including antimicrobial stewardship), minimising the use of restrictive practices and open disclosure as part of their ‘on boarding’ orientation and training.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 8 Organisational governance at the time of the performance report decision.

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)