Performance

Report

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| Name of service: | May Shaw Aminya |
| Service address: | 19 Cameron Street SCOTTSDALE TAS 7260 |
| Commission ID: | 8412 |
| Approved provider: | May Shaw Health Centre Inc |
| Activity type: | Site Audit |
| Activity date: | 5 September 2023 to 7 September 2023 |
| Performance report date: | 19 October 2023 |

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

**This performance report**

This performance report for May Shaw Aminya (**the service**) has been prepared by N Chahal, 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

Consumers and representatives confirmed they were treated with dignity, respect and their individuality, identity, culture, and diversity supported. Staff demonstrated an understanding of consumers’ preferences and choices, their backgrounds and the people who were important to them. Staff were observed engaging with consumers respectfully and described culture and diversity and what this meant to different groups of people. Management explained the service is in the process of developing a diversity plan and there was evidence of a policy for ‘diversity and inclusion’ as well as an LGBTIQA+ inclusion policy. Care planning documents included information on consumer life stories, preferences and the people who are important to them.

Consumers and representatives were satisfied the service provides care and services that are culturally safe. Staff described and provided examples of how they support consumer individual needs. Management described how they have access to communication cards to assist with communicating with cultural and language diverse consumers. A review of care planning documentation demonstrated most individual requirements were recorded.

Consumers and representatives confirmed they are supported to exercise choice, make decisions about their care and maintain relationships that are important to them. Staff described how they support consumers to make choices, maintain relationships and independence. A review of care planning documentation demonstrated how care is to be delivered and noted relationships of importance. The service also has an independence policy and procedure.

Consumers confirmed they were supported by staff with decisions to proceed with activities which involve risk. Staff described how risk assessments are undertaken to identify the risks involved in various activities and how these are used to facilitate consumers to make informed choices. The dignity of risk and consumer dignity and choice policies guide staff in supporting consumers with choice and decision-making and to take risks and the Assessment Team noted waiver forms and risk assessments in care planning documents. The Assessment Team observed information brochures and daily activity schedules on noticeboards throughout the service.

Consumers and representatives confirm they are confident their information is kept confidential, and that staff are respectful of their privacy. Staff described how they maintain consumer privacy when providing care and how the confidentiality of consumers personal information is protected. The service has a privacy policy outlining how they must manage, use, and disclose personal information aligned with key legislation and standards and how staff will provide care and services respecting privacy and confidentiality. The Assessment Team observed staff practice in clinical and communal areas respecting the privacy of consumers.

Based on the available evidence, I find Standard 1 is Compliant.

# Standard 2

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

Findings

The Assessment Team reviewed consumer care files and associated documentation with a range of risks identified including weight loss, skin integrity, falls, restrictive practice, changed behaviour, and other complex care needs. Where risks were identified, individual strategies to minimise risks were documented in the consumer’s care plan. Staff demonstrated knowledge of consumer risks and described strategies to ensure their safe and effective care.

Consumers and representatives confirmed they were satisfied with the service identifying what is important to consumers. A review of consumer assessments and care plans included individual goals, current needs, and preferences. Advanced care plans were developed with consumers and representatives reflecting consumer wishes and documented in care plans. The service has an end-of-life and palliative care policy to guide staff in discussions regarding end-of-life care with consumers and representatives. The Assessment Team noted some outstanding care planning documentation and management demonstrated a clear process to address outstanding documentation for completion.

Consumers and representatives described how they participate in the planning and review of consumer care. Management and staff explained how there is collaboration between consumers, representatives, and other health professionals to ensure an ongoing partnership meets consumer needs and preferences. The Assessment Team reviewed care planning documentation which demonstrated input from care providers such as dietician review and recommendations as well as consultation occurring between staff and others involved in consumer care.

Consumers and representatives confirm they receive effective communication regarding assessment and planning outcomes related to consumer care. Management and staff described how they access electronic care files and used handover sheets to inform care. A review of care files demonstrated care consultations occur regularly and as care needs change. There is a resident of the day process in place and a recently implemented 3 monthly schedule which supports a formalised review process. The Assessment Team noted some consumers and one representative indicated they were unaware about care plans or had not been offered a copy of a care plan recently. The service’s ‘Plan for Continuous Improvement’ includes detail on the update and review of these process is underway.

Consumers and representatives confirm they are kept informed regarding changes to consumers health including when incidents occur. Care and services provided to consumers are reviewed and evaluated regularly and in response to changing care needs. Management and staff described the monitoring and review process following incidents or changes in consumer care. A review of consumer files demonstrated evidence of care plan evaluation and review for effectiveness and as a result of incidents altering consumer care needs. The Assessment Team noted, although the formalised 3 monthly care plan review and evaluation process has not been fully implemented, consumer files reviewed demonstrated reassessment and review of care needs.

Based on the available evidence, I find Standard 2 is Compliant.

# 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 representatives confirmed they were satisfied, and confident clinical care was managed competently. Staff described practice consistent with best practice principles in areas of skin integrity, pain, restrictive practices, and complex care needs to optimise consumers’ health and well-being. A review of care documentation reflected clinical care is monitored and reviewed. The Assessment Team noted effective management of specific strategies for consumers at increased risk of wound deterioration and pressure injury, pain related to falls and long-term chronic conditions, as well as use of chemical restraint and effective restrictive practice.

The service demonstrated they provide safe and effective care for consumers with complex care needs. Management and staff described the high-impact and high-prevalence risks to consumers at the service and how risk is minimised to ensure safe care. A review of care planning documentation demonstrated high-impact and high-prevalence risks were identified and effectively managed particularly related to pressure injuries, falls, changing behaviours and unexplained weight loss. The Assessment Team noted evidence of a responsive approach by staff to incidents such as falls, poor appetite and weight loss consistent with clinical policies.

Consumers and representatives confirmed end of life wishes were discussed and documented. The service has policies and procedures to inform the delivery of care related to end of life wishes and palliative care. Care documentation reflected goals, needs and preferences for consumers when nearing the end of life which are recorded in advance care directives and most end-of-life care plans. Staff described the end-of-life pathway to maximise consumer comfort and the resources available to them to support consumers nearing their end of life.

The service demonstrated how deterioration and change in consumer condition is recognised and responded to in a timely manner. Staff described how deterioration or changes were identified, actioned, and communicated. A review of care documentation reflected appropriate actions taken in response to deterioration or change in a consumer’s health including escalation of care. The service has a policy on recognising and responding to health deterioration and a process to guide staff practices. The Assessment team noted the policy outlines specific clinical conditions to be aware of that may occur and require identification and response.

A review of care files, progress notes, care planning documentation and handover sheets reflect current information about consumer conditions, needs and preferences. Staff described how they receive updated information at handover and demonstrated how information is shared with external services involved in care as required. The Assessment Team observed a large white board with clinical care prompts and communication book used by staff to record appointments and other related consumer information.

Care planning documentation reflects timely referrals to providers of other care and services and recommendations are documented. Management and clinical staff described the service’s referral processes and provided examples of referrals completed.

There are policies and procedures to guide staff practice in relation to infection prevention, outbreak management and minimising the use of antibiotics. The service maintains a COVID-19 outbreak management plan which provides guidance and resources for the service to support their response to a COVID-19 outbreak. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. The Assessment Team reviewed the outbreak management plan and observed effective and appropriate hand hygiene practices, access to Personal Protective Equipment (PPE) as well as evidence of training completion related to infection control principles.

Based on the available evidence, I find Standard 3 is Compliant.

# 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 are satisfied with the support they receive to meet individualised needs, goals, and preferences that promote their independence and optimise their well-being. Management and staff demonstrated knowledge of consumers preferences and individual needs to support their well-being. Documentation including care plans outlined the consumer’s individual needs and preferences.

Consumers were satisfied that the service supports their emotional, spiritual, and psychological well-being. Staff demonstrated knowledge of consumers’ spiritual needs and discussed examples of how they provide individual emotional support. Care planning documentation reflected consumers’ spiritual beliefs and practices, and strategies for emotional support.

The service supports consumers to do the things that interest them, maintain relationships, and participate in their community. This was confirmed by consumer and representative accounts. Staff demonstrated knowledge of consumers personal relationships, their individual interests and how they encourage participation within the community. A review of care planning documentation reflects information in relation to consumers’ interests and relationships that are important to them. Documentation including social calendars demonstrated that the service encourages consumer participation within and outside of the service by celebrating significant days and organising trips to community attractions.

Consumers and representatives confirmed that their needs and preferences are communicated effectively to staff delivering their care and said they are confident staff know their specific needs. Staff were able to detail the process for communicating internally and externally to others where responsibility for care is shared. Documentation including progress notes and care plans outline consumer’s needs, preferences, and schedules that they wish to attend.

Consumers and representatives confirmed there is a good variety of freshly cooked meals to choose from. Consumer dietary needs and food preferences are assessed, documented, and communicated to catering staff. A review of care planning documentation includes consumer dietary needs, dislikes, allergies, and preferences. Staff demonstrated an understanding of individual consumer preferences and dietary requirements. The Assessment Team observed consumers being served a variety of meals and alternative food choices demonstrating individual choices being provided.

Staff have access to appropriate equipment when it is needed and described checking and maintenance processes. A review of maintenance documentation demonstrated proactive cleaning schedules for equipment and a reactive maintenance process for repairs. The Assessment Team observed equipment to be clean and well-maintained.

Based on the available evidence, I find Standard 4 is Compliant.

# 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

Consumers and representatives confirmed they felt welcome and were comfortable at the service. Staff discussed examples of providing dementia-friendly room designs to optimise the consumer's sense of belonging, independence, and function. Consumer’s rooms were observed to be personalised with memorabilia, photographs, and furnishings. The Assessment Team observed consumers and representatives using communal areas and moving independently around the service.

Consumers and representatives are satisfied with the cleanliness and maintenance of the service. Consumers said the environment felt safe, homely, and comfortable. Staff were able to describe the cleaning processes and provided examples of creating a safe garden area for consumers to spend time outdoors. The service has maintenance processes including preventative and reactive maintenance to ensure equipment is safe, clean, and well-maintained. Consumers were observed to be moving around freely and accessing all areas of the service both indoors and outdoors.

Consumers and representatives said they are satisfied with the cleanliness and maintenance of the furniture, fittings, and equipment, and that it is safe and well maintained. Staff demonstrated knowledge of maintenance processes at the service. The Assessment Team observed furniture, fittings, and equipment to be safe, clean, and well-maintained.

Based on the available evidence, I find Standard 5 is Compliant.

# 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 confirmed they are encouraged and supported to provide feedback and make complaints. Staff described how they support consumers to provide feedback and refer complaints to management. Management described the complaints and feedback processes, consumers can provide feedback through the ‘Resident and Representative Meetings’, submit verbally, or use hardcopy forms. The service also has consumer to represent other consumers of the service at the organisational ‘quality and risk committee’ meetings. The Assessment Team observed the availability of information regarding internal and external feedback mechanisms throughout the service.

The service has advocacy and language service information available, however not all consumers said they were aware about alternate complaints mechanisms. In response, management actively distributed a letter with a feedback form to all consumers, representatives and culturally and language diverse (CALD) consumers in appropriate languages. The service’s admission pack included feedback forms, information and contact details of the Aged Care Quality and Safety Commission’s complaints department, Advocacy Tasmania brochure and the Charter of Aged Care Rights brochure. Management described how they direct consumers to information on advocacy and complaints services if required. Staff explained how consumers can provide feedback using feedback forms and identified the availability of information about advocacy services. However, staff were not aware of the availability of interpreter services for consumers. The services Plan for Continuous Improvement (PCI) outlined that actions relating to staff knowledge on advocacy and language services are underway.

Consumers and representatives confirmed that actions had been taken to resolve issues that were raised. Staff and management were able to describe utilising open disclosure principles in their handling of feedback and complaints. The Assessment Team observed policies and procedures in place for complaints management and open disclosure to guide staff. The Assessment Team noted each documented complaint contained action taken, person responsible, risk rating and prompts to add actions to the PCI if applicable.

Consumers and representatives confirmed and provided examples that their feedback has been used to improve the quality of care or services. Management and staff demonstrated knowledge of the complaints process and provided examples of consumer feedback leading to improvements including actions taken to improve temperature of meals following consumer complaints. Documentation reviewed including complaints register and PCI demonstrated that complaints were captured, reviewed, and used to improve the service.

Based on the available evidence, I find Standard 6 is Compliant.

# 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 confirmed that there is adequate staff at the service to provide safe and quality care. Staff confirmed they have sufficient staffing and discussed that they rely on agency staff. Management provided evidence of strategies implemented by the service to manage the impact on consumers due to the increased usage of agency staff this includes setting extended contracts with agency staff and providing orientation and buddy shifts to agency staff. The Assessment Team noted the service has systems and processes in place to ensure there are enough staff to provide safe and quality care.

Consumers and representatives confirmed staff are kind and caring and have an awareness of what is important to each consumer. Staff were able to describe consumer backgrounds, diversity, and preferences which enabled them to tailor consumer care to individual needs. The Assessment Team observed interactions between staff and consumer that were kind, caring, and respectful.

Consumers and representatives expressed confidence in staff knowledge and skills and said staff perform their roles effectively. Management described the organisational process of monitoring and reporting relevant staff registration and ensuring mandatory training is completed by all staff. The Assessment Team reviewed position descriptions and noted they are specific to staff roles and responsibilities and require the workforce to have relevant qualifications and registrations.

Consumers and representatives said staff have the appropriate skills and knowledge to ensure the delivery of safe and quality care and services. Staff confirmed they have completed their mandatory training, however, could not describe receiving any other training. The Assessment Team provided this feedback to management, in response management outlined that they had identified the deficit in June 2023 and have scheduled training for staff in September 2023 and October 2023 by engaging an external consultant, this was also confirmed through the review of the Plan for Continuous Improvement (PCI). Management described the organisation’s recruitment and onboarding process including the staff induction process that ensures staff understand consumer needs to provide safe and quality care.

The service could demonstrate a performance review process was in place, however not all annual reviews had been conducted. All staff were able to describe the performance review process. The Assessment Team reviewed the performance review schedule and could see where staff had their review completed, were in progress or outstanding. All staff were able to describe performance review processes. Management explained they were in the process of conducting the staff performance reviews.

The service has formal and informal processes for monitoring and review of staff performance. While the service could demonstrate a performance review process was in place, a review of performance records demonstrated that not all annual reviews had been conducted. In response to the Assessment Team’s findings, management actively conducted performance reviews during the site audit and explained that informal discussions with staff may occur at any time to discuss performance. All staff were able to describe the performance review process. Management explained that for new staff performance is monitored at 3 months, 6 months, and 12 months of employment.

Based on the available evidence and no impact on the care and services delivered to consumers, I find Standard 7 is Compliant.

# 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 are engaged in the development, delivery, and evaluation of care and services. Management also confirmed that consumers and representatives contribute through their participation in consumer meetings and organisational committee meetings. The Assessment Team observed the service has effective systems in place to engage and support consumers in the development, delivery and evaluation of care.

Consumers and representatives confirmed they felt the service environment is safe and inclusive and they are receiving quality care and services. Management described the monitoring and review process of the quality of care provided that facilitates adherence and accountability at the organisational and service level. Management and staff were able to describe how the governing body promoted a culture of delivering safe and inclusive quality care and services. The organisation has policies relating to dignity and respect, choice, and independence, supporting consumer relationships, and privacy and confidentiality that guide staff to provide safe and inclusive care.

The organisation demonstrated it has effective organisation-wide governance systems in relation to continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. Management demonstrated an understanding of the policies and processes that supported each of the governance systems. The service’s information management system was demonstrated to be effective and fit for purpose, with staff confirming access and knowledge of its use.

Consumers and representatives confirmed satisfaction with incident management at the service. The service has risk management systems and practices to monitor and assess high-impact or high-prevalence risk and identifying and responding to abuse and neglect of consumers. The service has an incident management and reporting process, flowchart, policy, and risk management policy to guide staff practice. Staff were able to describe their role in incident reporting relevant to their positions. Management and staff described how consumers are supported to take risks and live the best life they can by informing the consumer and their representative of the risks involved and completing a dignity of risk form.

The service has an effective clinical governance framework, guidance documentation for practicing antimicrobial stewardship, policies, and procedures relevant to restrictive practices and open disclosure. Staff displayed a limited understanding of antimicrobial stewardship, this feedback by provided to the management. In response, management outlined that they are aware of the deficit, and further training has been scheduled for staff in September 2023, this was also confirmed by the Assessment Team through the review of the Plan for Continuous Improvement (PCI). All staff and management were able to discuss the principles of open disclosure and demonstrated knowledge of restrictive practice.

Based on the available evidence, I find Standard 8 is Compliant.

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)